

Action on Sugar Consultation response to the draft SACN Carbohydrates and Health report

About Action on Sugar

Action on Sugar is a group of specialists concerned with sugar and its effects on health. It is working to reach a consensus with the food industry and Government over the harmful effects of a high sugar diet, and bring about a reduction in the amount of sugar in processed foods. Action on Sugar is supported by 21 expert advisors. www.actiononsugar.org

Our comments to the draft report will focus on the section concerned with free sugars.

Evidence-base:

We would like the authors to note that any calls for double blind trials for free sugars, or other outcome or systematic reviews is just a delaying tactic particularly favoured by organisations that are backed (or surreptitiously backed) by the food industry: the evidence is already overwhelming. It is impossible to keep people on different diets for long periods of time, plus the numbers of people needed to show a significant difference in outcome are so great and costly, that these studies will never be done. Calling for such studies is akin to “moving the goalposts”; as reducing the intake of free sugars will be stridently opposed by commercial vested interests, we will be continually vigilant for such attempts to undermine public health.

Free sugars play a very important role in causing obesity and dental caries and we should not be waiting for outcome trials. At this crucial point in time we don't need further research, we need action – the obesity crisis is highly pressing that any further delays would have a huge deleterious impact on health in the UK.

We direct you to the separately submitted response to SACN from Professor Sheiham and Professor James regarding the evidence, and urge SACN to consider widening the search criteria; in particular we suggest SACN consider including studies published pre 1990, the exclusion of which does not have a strong rationale.

Additionally, new evidence published since the SACN report we would like to see appraised includes:

- New evidence from Te Morenga *et al* has emerged on the role of free sugars in inducing blood pressure and other cardiovascular risk factors when body weight is stable¹.
- New analyses of the relationship between free sugar intakes and dental caries from Sheiham and James suggest that 5% free sugars should be the absolutely upper limit for individuals, with population averages of 2-3% or less².

¹ Te Morenga LA, Howatson AJ, Jones RM, Mann J. Dietary sugars and cardiometabolic risk: systematic review and meta-analyses of randomized controlled trials of the effects on blood pressure and lipids. *Am J Clin Nutr*. 2014 May 7;100(1):65-79. <http://ajcn.nutrition.org/content/early/2014/05/07/ajcn.113.081521.abstract>

² Sheiham A, James WPT. 2014b. A new understanding of the relationship between sugar, dental caries and fluoride use: implications for limits on sugars consumption. *Public Health Nutrition* 2014 Jun 3:1-9

This must be conducted concurrently with implementation of any current evidence-based action, and not delay a decision on the less than 5% recommendation.

Free sugars:

We agree that the definition of ‘free sugars’, as used by the World Health Organization, captures all sugars added to foods and those present in fruit juice and honey but does not apply the figure of 50% of sugars in dried and cooked fruit. Therefore, the definition of free sugars is similar to non-milk extrinsic sugars but overcomes the problem of trying to account for the additional sugars from processed fruit. In addition, the term non-milk extrinsic sugars is used exclusively by the UK and does not lend itself to being easily understood compared to the term free sugars or added sugars.

We agree that the UK adopts the definition of ‘free sugars’ in place of ‘non-milk extrinsic sugars’. Free sugars are defined as all monosaccharides and disaccharides added to foods by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups and unsweetened fruit juices. Under this definition, lactose naturally present in milk and milk products and sugars contained within the cellular structure of foods would be excluded, and ‘syrup’ appears to be the only addition to the NMES definition. How weaning foods fits in to this category, needs to be more clearly defined. The inclusion of fruit juices in the definition of free sugars will likely require some adjustment to the existing 5-a-day fruit and vegetable message.

We caution that this term is not currently recognised or understood by UK consumers and will need educational reinforcement.

We also agree that the term ‘sugars’ is used, because this enables other sugars (e.g. glucose, fructose, lactose) to be included in addition sucrose. This is important because it will ensure that any replacement of sucrose by high fructose corn syrups (isoglucose) in the production of food and drinks is captured.

Individual intakes:

As the data show a clear dose response relationship such that total energy intake increases as the percentage of energy from sugars increases and even though there is limited evidence relating to sugars intakes below 10% of energy intake, there is little reason to doubt that the relationship continues to be approximately linear at lower percentages of energy from sugars. Similarly for the link between sugars intake and oral health, specifically caries, new evidence from Sheiham and James have suggested there is a continuous benefit as percentage energy from sugars decreases to less than 3% even when fluoride is widely used.

SACN relies heavily on the National Diet and Nutrition Survey (NDNS) data for intakes of sugars, data which, as stated in the report, highly underestimates actual intakes yet does not appear to take this into consideration in their final recommendations.

*“Inaccurate information on intakes undermines our ability to understand obesity and to take action against it.”*³ Professor Winkler goes on to state that in one study of soft drinks, subjects in the National Diet and Nutrition Survey claimed to be drinking barely a quarter of the products that manufacturers reported they were selling. In the UK, separate research using a biomarker, ‘doubly-labelled water’, showed that adults under-report their calorie intakes by 25%⁴, late adolescents by 34%⁵.

Average consumption of free sugars as a percentage of total energy intakes according to NDNS thus appears to range from 11.2% among adults to 15.4% in adolescents. The actual range of intakes on NDNS is much wider than the ‘population average’ of 11.2% for adults suggests; with the lower percentile estimated to be consuming 2.5%, and the upper percentile at a huge 25%⁶; both of which are, again, likely to be underestimated.

We note that the WHO 797 report set the lowest limit at 0% free sugars on the grounds that it is a totally unnecessary dietary ingredient⁷. As a public health target for individuals, a 0% target would be the only conceivable way that intakes could be lower than 5%, which would have the best benefit on dental health.

Therefore we disagree with the recommendation for free sugars to provide ‘**no more than 10%**’ of dietary energy for individuals. We suggest a more reasonable recommendation would be that free sugars should provide ‘**less than 5%**’ for individuals, in line with the recommended population target, which is likely to lead to a population average free sugars intake of around 5% of total energy.

Population-average intakes:

We think the population average free sugars intake should be ‘**less than**’ 5% of dietary energy and not ‘**no more than**’ 5%, particularly when considering the evidence behind the importance of reducing dental caries on a population level, and the current high free sugar intake levels.

Sugar-sweetened beverages:

Also we feel the recommendation on the consumption of sugars-sweetened beverages should be stronger and it should state that sugars-sweetened beverages should not be given to children and should be generally avoided in adults. Sugar-sweetened beverages have minimal or no nutritional value and therefore should not be given to children at all.

Additional comments on the general report

Action on Sugar welcomes the publication of the Scientific Advisory Committee on Nutrition (SACN) draft report on Carbohydrates and Health. The report, though a long time in coming, is very comprehensive in its

³ J Winkler. Obscurity on Obesity. *BMC Medicine* 2014, 12:114 <http://www.biomedcentral.com/1741-7015/12/114>

⁴ Rennie K, Coward A, Jebb S: Estimating under-reporting of energy intake in dietary surveys using an individualised method. *Br J Nutr* 2007, 97:1169-1176.

⁵ Rennie K, Jebb S, Wright A, Coward A: Secular trends in under-reporting in young people. *Br J Nutr* 2005, 93:241-247

⁶ <http://webarchive.nationalarchives.gov.uk/20130402145952/http://transparency.dh.gov.uk/2012/07/25/ndns-3-years-report/>

⁷ World Health Organization. Diet, nutrition, and the prevention of chronic diseases. Report of WHO study group. WHO technical series report no 797, Geneva 1990

consideration of the evidence, and we congratulate the authors on the transparent and robustness of the approach taken in their assessment of the evidence.

We echo comments related to the public health interpretation of this report made in Professor Winkler's separately submitted response to SACN that *"to make a reasoned estimate of the true level of sugar intakes is an entirely legitimate part of its [SACN's] role, even in a report that maintains such a disciplined focus on evidence. After all, it is an "informed judgment on the evidence", not published research, that ultimately underlies the most significant point in the whole report, SACN's recommendation to set the DRV for free sugars at 5%."*

Although policy recommendations are out of scope of this response, it must be recognised in the report that the revised recommendations must be accompanied by a robust policy response from Government to ensure that the reductions in intake - and the accompanying health gains - are achieved. We draw your attention to our seven-point Childhood Obesity Action Plan prepared for Jeremy Hunt – Secretary of State for Health⁸. The plan is an effective strategy to prevent obesity in children, by changing the food environment (modelled on the successful salt reduction programme in the UK), which outlines 7 key actions required to prevent obesity in children:

1. Reduce added sugars by 40% by 2020 by reformulating (similar programme to salt)
2. Cease all forms of marketing of ultra-processed, unhealthy foods and drinks to children
3. Disassociate physical activity with obesity via banning junk food sports sponsorships
4. Reduce fat in ultra-processed foods, particularly saturated fat – 15% reduction by 2020
5. Limit the availability of ultra-processed foods and sweetened soft drinks as well as reducing portion size
6. Incentivise healthier food and discourage drinking of soft drinks by planning to introduce a sugar tax
7. Remove responsibility for nutrition from the Department of Health and return it back to an independent agency

⁸ Action on Sugar Childhood Obesity Action Plan
<http://www.actiononsalt.org.uk/actiononsugar/Press%20Release%20/133979.pdf>