

Position Statement



Tackling the addiction: proposals to reduce sugar consumption and improve oral health

Introduction

It is concerning that the average five-year-old eats and drinks their own weight in sugar each year, posing a risk to both their weight and oral health.¹ Yet proposed measures to reduce sugar consumption in the UK have so far been grounded in their potential to tackle obesity. Given the impact of sugar on tooth decay, such measures also have great potential to improve the population's oral health, which is in a concerning state. Almost a quarter of five-year-olds² and a third of adults in England suffer from tooth decay, and it is by far the most common cause of hospital admissions among five- to nine-year-olds.³ This is despite the fact that tooth decay is largely preventable through moderate sugar consumption, regular brushing, adequate exposure to fluoride and routine visits to the dentist.

In August 2016 the Government published its long-awaited Childhood Obesity plan. The Faculty welcomes a number of policies announced in the plan, including:

1. The soft drinks industry levy
2. The reformulation of high sugar food and drinks

However, we believe that opportunities remain to strengthen these measures further and place greater focus on oral health. In addition, the Faculty feels that there is a strong case for additional action

to tackle poor oral health, including through:

3. Restrictions on price promotions and in-store location of products
4. Restrictions on advertising high sugar food and drinks
5. Promoting sugar-free schools
6. Addressing workplace "cake culture"

This statement sets out the full range of measures that the Faculty believes should be introduced to decrease sugar consumption, in order to address oral health alongside obesity.

1. The soft drinks industry levy

Sugary drinks make up 30% of 11 to 18-year-old children's sugar intake.⁴ A levy on soft drinks will help to decrease the amount of sugar children are consuming by encouraging companies to reformulate their products (to avoid paying the levy) and discouraging members of the public from buying non-reformulated products since they will become more expensive (to enable companies to pay for the levy).

The Faculty very much welcomes the confirmation in the Childhood Obesity plan that a new levy on soft drinks will be introduced in 2018. We were pleased to see that it has been designed to promote reformulation as the primary goal, and hope companies will make use of the two

year period to reduce sugar in their products.

Fruit juices will be exempted from the levy, but we recommend that the Government should keep this under close review once the levy is introduced as fruit juices can make up a significant proportion of children's sugar intake in their own right.⁵ Furthermore, ***we also believe that the proposed exemption for milk-based products should be tightened so that only products which are at least 95% milk are exempted***, which would bring the levy in line with the School Food Standards.

The Childhood Obesity plan indicated that the proceeds of the levy will be used to promote school sport and healthy breakfast clubs. ***We would encourage the Government to consider investing some of the money raised by the levy in initiatives to promote children's oral health.*** Such initiatives could learn from the 'Childsmile' and 'Designed to Smile' initiatives in Scotland and Wales.

2. The reformulation of high sugar food and drinks

The Childhood Obesity plan announced that Public Health England will lead a reformulation plan aimed at reducing the overall sugar content of a range of products consumed by children by 20% by 2020, including a 5% reduction in the first year. The programme will initially focus on the nine categories of product which make the largest contributions to children's sugar intakes (breakfast cereals, yoghurts, biscuits, cakes, confectionary, morning goods such as pastries, puddings, ice creams and sweet spreads) before covering remaining relevant products, including those which may be out of the scope of the soft drinks industry levy.

The Faculty is supportive of all initiatives aimed at reducing the sugar content of

products consumed by children, and we note that reformulation initiatives have been successful in the past, such as the Public Health Responsibility Deal's salt reduction programme which managed to reduce the salt content of all foods by around 15% between 2001 and 2011.⁶ However, concerns have been voiced that the voluntary nature of the reformulation initiative announced in the Childhood Obesity plan may mean targets are not achieved.⁷ The plan includes a clear statement that "If there has not been sufficient progress by 2020 we will use other levers to achieve the same aims"⁸ and ***we urge the Government to stand by its commitment to the sugar reformulation targets and take whatever action is necessary to ensure these are met over the coming years.***

Other measures to reduce sugar consumption

In addition to the policies announced in the Childhood Obesity plan, the Faculty believes that a number of further measures are necessary to address the problem of poor oral health. These include stronger restrictions on price promotions and advertising of high sugar products, which were proposed in reports published by Public Health England in 2014⁹ and 2015¹⁰ that considered the evidence behind a range of measures that have the potential to tackle obesity and tooth decay. In addition, we believe more can be done to tackle sugar consumption at school and in the workplace:

3. Restrictions on price promotions and in-store location of products

a) Price promotions

Food and drink on price promotion represents around 40% of expenditure on food and drink in the UK, compared to around 20% in other European countries.¹¹ The increased volume of

sugary foods bought as a result of price promotions is not thought to reduce non-promoted sugary food purchasing. Therefore restricting price promotions would be likely to reduce overall sugar purchasing, rather than just make consumers switch to non-promoted sugary foods.

The Faculty encourages the Government to work with retailers to restrict price promotions on high sugar food and drinks, and consider legally enforcing such restrictions if necessary. Agreement between the major supermarkets to reduce price promotions would account for over 73% of the UK grocery market, so the potential effects would be significant. In addition, agreements should be sought with other outlets including convenience stores, restaurants and cafes. A voluntary approach would have to be monitored to identify adherence to agreements and determine whether legal enforcement was required.

b) In store location

There is a large body of evidence suggesting food products placed at the point of sale (POS) and end of the aisle are sold in higher quantities.¹² For example research suggests that end of aisle promotion can increase sales of carbonated drinks by over 50%. Given that 89% of the products displayed in convenience supermarkets at the POS have been deemed unhealthy¹³, removing unhealthy foods from POS has the potential to reduce unhealthy food purchasing and therefore consumption.

The Faculty recommends that the Government initiates and monitors a voluntary agreement with retailers to replace high sugar foods at the point of sale with healthier alternatives such as

fruit and nuts, and, if necessary, introduces legislation in the future.

4. Restrictions on advertising high sugar food and drinks

A systematic review has found that exposure to unhealthy food advertising is associated with greater food intake in children, but not adults.¹⁴ Several studies have associated television food advertising with an increase in children's snacking, and the consumption of energy-dense snacks in particular.¹⁵ A review by the Food Standards Agency found that an advert for a specific brand of junk food will make a person more likely to buy that brand, but also more likely to buy that kind of junk food in general.¹⁶ This suggests that restrictions on advertising have the potential to reduce the amount of sugar children consume.

The Faculty supports the restriction of advertising of high sugar foods until after a 9pm watershed on television, and in online and non-broadcast media advertising. At present adverts for foods that are high in fat, sugar and salt (HFSS) are banned during programmes classed as being children's television, but are still allowed to be shown during other programmes popular with children and families.

5. Promote sugar-free schools

There is scope to reduce children's sugar intake by minimising the availability of sugary foods and drinks in schools, making them sugar-free.

In 2013 the Government introduced the School Food Standards, which are widely credited with having improved the nutritional quality of school meals. The Standards prohibit the availability of drinks with added sugar, crisps, chocolate or sweets in school meals and vending machines,¹⁷ but still allow desserts, cakes

and biscuits (although not confectionery) to be served at lunchtime. The Standards apply to all state-funded schools and academies founded before 2010 or after June 2014.¹⁸ The Standards do not apply to academies founded between 2010 and June 2014 because the relevant clauses were not included in their funding agreement, although many have signed up voluntarily.¹⁹

The Childhood Obesity plan announced that the Department for Education will be revising the School Food Standards in light of new advice on sugar and nutrition, and ***we recommend that the Government should take this opportunity to ensure that no sugary food and drinks are served as part of a school meal under the updated Standards.*** The Childhood Obesity plan also indicated that the Secretary of State for Education will be leading a campaign encouraging all schools to commit to the School Food Standards, which the Faculty welcomes.

However, while the Standards apply to all meals served by the school itself, they do not cover packed lunches. There are currently no nationwide guidelines round the nutritional content of packed lunches, meaning they are not subject to any limitations on sugar content. This is significant as in some instances the majority of children bring a lunch from home rather than eating a school meal – the APPG on School Food has estimated that this is the case for 56.5% of Key Stage 2 pupils.²⁰ ***The Faculty therefore believes that the Government should introduce nutritional guidelines around packed lunches, including limitations on sugar content,*** a proposal which has also been advocated by the Health Select Committee²¹ and APPG on School Food.²²

6. Address workplace ‘cake culture’

For many adults, the workplace is the main place they will eat sugar. Managers understandably want to reward staff for their efforts, colleagues want to celebrate special occasions, and workers want to bring back a gift from their holidays.

While the Faculty is by no means suggesting a ban on such treats, ***we believe there should be a change in office culture, with responsible employers taking a lead and avoiding such snacks.*** When people are going out to the shops and buying cake and sweets they should at least consider offering healthier alternatives like fruit platters, nuts, or cheese. Where sugar is consumed it is better for any sugar to be made available alongside a meal as this reduces the negative impact on teeth.

We welcome NHS England’s moves to introduce its own sugar tax across the NHS estate²³ as this will help staff, patients and visitors reduce their sugar consumption. In a similar vein, the Royal College of Surgeons recently changed the content of its vending machines to offer healthier alternatives and is actively decreasing the number of meetings offering biscuits. We encourage other organisations to consider doing the same.

References

- ¹ Public Health England. Press release: 5 year olds eat and drink their body weight in sugar every year. 4 January 2016.
- ² Public Health England. 2014/15 Survey of 5 year old children. Published May 2016.
- ³ Hospital Episode Statistics (provisional), Health and Social Care Information Centre, 2013. Data provided after FOI request.
- ⁴ Public Health England, Why 5%? – the science behind SACN, July 2015, p6
- ⁵ Public Health England, Sugar reduction: responding to the challenge, London: PHE; 2014 (Table 1)
- ⁶ Public Health England, Sugar reduction: responding to the challenge, London: PHE; 2014
- ⁷ British Medical Association. Press release: BMA response to the government's disappointing childhood obesity strategy. 18 August 2016.
- ⁸ HM Government. Childhood Obesity: A Plan for Action, p5
- ⁹ Public Health England (2014). Sugar reduction: Responding to the challenge
- ¹⁰ Public Health England (2015). Sugar Reduction: The evidence for action
- ¹¹ Public Health England (2015). Sugar Reduction: The evidence for action Annex 4: An analysis of the role of price promotions on the household purchases of food and drinks high in sugar.
- ¹² Pomeranz (2012). Advanced policy options to regulate sugar-sweetened beverages to support public health. *Journal of Public Health Policy*
- ¹³ Horsley, J. (2015). The proportion of unhealthy foodstuffs children are exposed to at the checkout of convenience supermarkets. *Public Health Nutrition*: 17(11), 2453–2458.
- ¹⁴ Boyland et al. 2016. Advertising as a cue to consume: a systematic review and meta-analysis of the effects of acute exposure to unhealthy food and nonalcoholic beverage advertising on intake in children and adults. *Am J Clin Nutr* February 2016; 103: 519-533.
- ¹⁵ British Heart Foundation (2014). Policy Statement. Unhealthy food and drink marketing to children.
- ¹⁶ Hastings et al (2003) Review of the research on the effects of food promotion to children. Food Standards Agency.
- ¹⁷ UK Government. School meals – healthy eating standards. 6 February 2015.
- ¹⁸ The Requirements for School Food Regulations 2014. http://www.legislation.gov.uk/ukxi/2014/1603/pdfs/ukxi_20141603_en.pdf
- ¹⁹ UK Government. Press release: New school food standards. 17 June 2014.
- ²⁰ All Party Parliamentary Group on School Food (2016). Position Paper for Packed Lunch Standards Framework, p2
- ²¹ Health Committee (2015) Childhood obesity – brave and bold action: First report of Session 2015-16, p39
- ²² All Party Parliamentary Group on School Food (2016). Position Paper for Packed Lunch Standards Framework, p3
- ²³ NHS England. News: NHS to introduce new financial incentive to improve staff health. 5 March 2016