

Raft of ideas to tackle sugar reduction could include human rights approach

By Adrian O'Dowd

Health leaders from various disciplines are considering a range of approaches to achieve reductions in sugar content of food and drinks including a human rights approach, regulatory steps, voluntary reformulation of products and smarter communication.

At a recent summit on sugar and oral health held by the BDA on 13 November 2018 in London, delegates discussed what needed to be done to tackle the growing problem of ill health and poor oral health due to sugar in the nation's diet.

The summit, initiated by BDA president Susie Sanderson, was attended by around 50 delegates including representatives of diverse health professional bodies, health charities, international organisations, central government agencies and local government, who considered various steps including an approach that could mean the sale of overly-sugared products to children would be considered as a breach of human rights.

During the all-day event including question/answer (Q&A) sessions and round-table discussions, delegates recognised the introduction of the UK soft drinks industry levy in April 2018

and other steps towards curbing the oral and general health impacts of sugar, but discussed how to tackle the challenges that remained and further measures required to address them.

The BDA's Health and Science Chair, Russ Ladwa said: 'Dentists see the damage Britain's sugar addiction does every day. We've won the argument for a sugar tax, but that must not mark the end of tough action on a common agent fuelling epidemics of tooth decay and obesity.'

'We've set out to bring together leading voices from across healthcare, academia and advocacy, with heavyweight UK and international experience. Our objective is to look at the latest evidence and innovative policies that can open up the next front on the war on sugar.'

Dr Arianne Matlin, Head of Health and Science Policy at the BDA, said: 'We had a good series of discussions and we are going to produce a consensus report which will both outline what happened on the day, but also start to draw out some policy implications and areas for future work for us and partners due out maybe next spring.'

'We will be considering a human rights-based approach to sugar and the right of children to have their health protected by the state which can be paramount in considerations even when balanced against things like commercial trade interest and freedom of expression in the form of advertising.'

'One of our speakers was a professor of law and public health who introduced that angle. We also had a discussion on general health inequalities and where sugar and oral health fit into the global agenda on non-communicable diseases.'

The BDA has developed mutually-supportive partnerships with key players outside the direct sphere of oral health including obesity, cancer and other health organisations, and said it aimed to work towards an inter-disciplinary consensus on key messages for the public, media and policymakers.

The various organisations present at the summit included the British Medical Association (BMA), Children's Food Campaign, Action on Sugar, World Health Organisation, Cancer Research UK, Public Health England, Royal College of Paediatrics and Child Health, Liverpool University, British Dietetic Association, Society of British

Dental Nurses, and the British Society of Paediatric Dentistry.

During the summit, national and international case studies were presented from other fields where there have been initiatives such as tobacco control and reducing salt content in foods.

'Salt and tobacco have had very different approaches,' said Matlin. 'For tobacco, it's been a much heavier-handed, regulatory type approach whereas salt was tackled under the radar. There's been a huge reduction in salt content of processed food over the last few years, but most people aren't even aware that it has happened. It's almost been a stealth approach to alter peoples' taste preferences. I think sugar is somewhere in the middle of those two approaches and there are lessons we can draw on from both of those examples.'

Another focus in the report expected next spring is likely to be around communication and how to communicate effectively with patients and the public, using partnership working with other professions outside dentistry in relation to children's oral health.

'We want to get an inter-disciplinary consensus around communication and part of that will be looking at the messages where oral health doesn't necessarily align completely with general health messages,' explained Matlin.

'There are some messages that are specific to oral health around how frequently and when you consume sugar and alternative diet drinks, so we will try to resolve some of those conflicts between our messages and other peoples' messages without overloading the public and reaching public health saturation.'

The expert report is due in the spring. ■

