ACTION ON SUGAR—ADVOCACY OR ACTIVISM?

Dr Aseem Malhotra
Science Director – Action On Sugar
Consultant Clinical Associate, Academy Of Medical Royal Colleges
Honorary Consultant Cardiologist- Frimley Park Hospital

Special thanks to Professor Simon Capewell, Professor Robert Lustig, Professor Graham Macgregor, Katherine Jenner
UK: The fat man of Europe?

- 2/3 adults obese or overweight
- Obesity will double by 2050
- 1/3 children obese or overweight
- Obesity costs NHS £5billion+
  \[\uparrow \uparrow \text{£10 billion by 2050}\]
Snack Foods Are Everywhere

- Car washes
- Book stores
- Hardware stores
- Gas stations
- Office buildings (vending machines)
- Health clubs/gyms
- Video stores
- Car repair shops

Brownell & Warner
Milbank Quarterly, 2009
Guys Hospital
St Thomas Street
200 yards
SUGAR
Why pick on poor old SUGAR??
Cola commercials in the 1950s

“How soon is too soon? Not soon enough.....”

“Laboratory test have proven....”

“.. for a lifetime of guaranteed happiness ”
1972

PURE WHITE AND DEADLY

John Yudkin
John Yudkin: Hung out to dry
John Yudkin  *SUGAR; Pure white & deadly* (1972)

- Message *not* welcomed by sugar & processed food industries
- These INDUSTRIES
  - used various methods to impede Yudkin’s work.
  - Interfered with his research funding & publication

(listed in the final Chapter of “Pure, White and Deadly”)
John Yudkin  *SUGAR; Pure white & deadly*

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  (listed in the final Chapter of “Pure, White and Deadly”)
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  - Funded US epidemiologist **ANCEL KEYS**
    - Ancel Keys proposed that saturated fat was primary cause of CHD
    - used rancorous language & personal smears to dismiss the evidence that sugar was the true culprit

- **Food industry successfully discredited case against sugar**
- **Yudkin died in 1995. His warnings were no longer taken seriously**
• Message not welcomed by sugar & processed food industries
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• Food industry successfully discredited case against sugar
• Yudkin died in 1995. His warnings were no longer taken seriously
Robert Lustig
"Sugar: The Bitter Truth"
YouTube (2009) 4,800,000 views
### Nutrition Facts

Serving size 1 Teaspoon (4g)
Servings Per Container About 567

<table>
<thead>
<tr>
<th>Amount Per Serving</th>
<th>% Daily Value*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Calories</strong></td>
<td>15</td>
</tr>
<tr>
<td><strong>Total Fat</strong></td>
<td>0g</td>
</tr>
<tr>
<td><strong>Sodium</strong></td>
<td>0mg</td>
</tr>
<tr>
<td><strong>Total Carbohydrate</strong></td>
<td>4g</td>
</tr>
<tr>
<td>Sugars</td>
<td>4g</td>
</tr>
<tr>
<td><strong>Protein</strong></td>
<td>0g</td>
</tr>
</tbody>
</table>

*Percent Daily Values are based on a 2,000 calorie diet.

**INGREDIENTS:** SUGAR
Fructose is not glucose

Common wisdom: A calorie is a calorie, and “Sugar is just “empty calories”

Elliot et al. Am J Clin Nutr, 2002
Bray et al. Am J Clin Nutr, 2004
Teff et al. J Clin Endocrinol Metab, 2004
Gaby, Alt Med Rev, 2005
Le and Tapp, Curr Opin Clin Nutr Metab Care, 2006
Wei et al. J Nutr Biochem, 2006
Rutledge and Adeli, Nutr Rev, 2007
**Fructose is not glucose**

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But:

- Chronic fructose exposure promotes liver fat accumulation, which promotes Metabolic Syndrome

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Bray et al. Am J Clin Nutr, 2004  
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Fructose is not glucose

Common wisdom: A calorie is a calorie, and “Sugar is just “empty calories”

But:

• Chronic fructose exposure promotes liver fat accumulation, which promotes Metabolic Syndrome (toxicity)

• Metabolic syndrome (3 of hypertension, dysglycaemia, increased triglycerides, decreased HDL, and increased waist circumference)

• 66% of those admitted with acute myocardial infarction have metabolic syndrome with 50% increased mortality or hospital readmission at 1 year.

Elliot et al. Am J Clin Nutr, 2002
Bray et al. Am J Clin Nutr, 2004
Teff et al. J Clin Endocrinol Metab, 2004
Gaby, Alt Med Rev, 2005
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Rutledge and Adeli, Nutr Rev, 2007
“EXCLUSIVE” VIEW OF OBESITY AND METABOLIC DYSFUNCTION

240 million adults in U.S.

72 million

Obese (30%)

168 million

Normal weight (70%)
Obese (30%)
Obese and sick (80% of 30%)
Total: 57 million sick

Normal weight (70%)

240 million adults in U.S.
72 million
168 million

“EXCLUSIVE” VIEW OF OBESITY AND METABOLIC DYSFUNCTION

Total: 57 million sick
240 million adults in U.S.

- Obese (30%): 72 million
- Obese and sick (80% of 30%): 57 million
- Normal weight (70%): 168 million
- Normal weight, Metabolic dysfunction (40% of 70%): 67 million

Total: 124 million sick
The Fiction

“Beating obesity will take action by all of us, based on one simple *common sense* fact: *All calories count*, no matter where they come from, including Coca-Cola and everything else with calories…”

- The Coca Cola Company, “Coming Together”, 2013
The Science

- Some Calories Cause Disease More than Others
- Different Calories are Metabolized Differently

- A Calorie is Not A Calorie
  - Fiber
  - Protein
  - Fat
  - Fructose
Are All Calories The Same?

"It's extremely naive of the public and the medical profession to imagine that a calorie of bread, a calorie of meat and a calorie of alcohol are all dealt in the same way by the amazingly complex systems of the body. The assumption has been made that increased fat in the bloodstream is caused by increased saturated fat in the diet, whereas modern scientific evidence is proving that refined carbohydrates and sugar in particular are actually the culprits."

Professor David Haslam, Guardian 24th January 2013
SSB’s and BMI-adjusted risk of diabetes in EPIC-Interact (Europe)

Table 2 HRs (and 95% CIs) for type 2 diabetes according to type and amount of sweet beverage consumption in the EPIC-InterAct study

<table>
<thead>
<tr>
<th>Variable and model</th>
<th>&lt;1 glass⁹/month HR</th>
<th>1–4 glasses⁹/month HR (95% CI)</th>
<th>&gt;1–6 glasses⁹/week HR (95% CI)</th>
<th>≥1 glass⁹/day HR (95% CI)</th>
<th>p for trend</th>
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</thead>
<tbody>
<tr>
<td>Juices and nectars (median intake, g/day)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. cases</td>
<td>5,837</td>
<td>1,702</td>
<td>3,425</td>
<td>720</td>
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<tr>
<td>Crude model</td>
<td>1.00 (ref)</td>
<td>0.88 (0.80, 0.98)</td>
<td>0.89 (0.83, 0.94)</td>
<td>0.97 (0.85, 1.11)</td>
<td>0.64</td>
</tr>
<tr>
<td>Adjusted model</td>
<td>1.00 (ref)</td>
<td>0.91 (0.80, 1.02)</td>
<td>0.96 (0.88, 1.04)</td>
<td>1.00 (0.87, 1.15)</td>
<td>0.63</td>
</tr>
<tr>
<td>Adjusted model+EI</td>
<td>1.00 (ref)</td>
<td>0.91 (0.81, 1.02)</td>
<td>0.96 (0.88, 1.04)</td>
<td>0.99 (0.86, 1.14)</td>
<td>0.84</td>
</tr>
<tr>
<td>Adjusted model+EI+BMI</td>
<td>1.00 (ref)</td>
<td>0.97 (0.86, 1.10)</td>
<td>1.04 (0.96, 1.13)</td>
<td>1.06 (0.90, 1.25)</td>
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<tr>
<td>Total soft drinks (median intake, g/day)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. cases</td>
<td>5,794</td>
<td>1,604</td>
<td>2,987</td>
<td>1,299</td>
<td></td>
</tr>
<tr>
<td>Crude model</td>
<td>1.00 (ref)</td>
<td>1.21 (1.07, 1.36)</td>
<td>1.30 (1.18, 1.43)</td>
<td>1.78 (1.55, 2.04)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Adjusted model</td>
<td>1.00 (ref)</td>
<td>1.21 (1.07, 1.37)</td>
<td>1.26 (1.13, 1.42)</td>
<td>1.58 (1.35, 1.84)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Adjusted model+EI</td>
<td>1.00 (ref)</td>
<td>1.21 (1.07, 1.37)</td>
<td>1.27 (1.12, 1.43)</td>
<td>1.59 (1.35, 1.88)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Adjusted model+EI+BMI</td>
<td>1.00 (ref)</td>
<td>1.17 (0.97, 1.42)</td>
<td>1.11 (0.98, 1.26)</td>
<td>1.21 (1.05, 1.41)</td>
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<tr>
<td>Sugar-sweetened soft drinks (median intake, g/day)</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>No. cases</td>
<td>3,948</td>
<td>964</td>
<td>1,599</td>
<td>605</td>
<td></td>
</tr>
<tr>
<td>Crude model</td>
<td>1.00 (ref)</td>
<td>1.14 (0.97, 1.35)</td>
<td>1.16 (1.05, 1.28)</td>
<td>1.68 (1.40, 2.02)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Adjusted model</td>
<td>1.00 (ref)</td>
<td>1.13 (0.97, 1.31)</td>
<td>1.04 (0.94, 1.15)</td>
<td>1.39 (1.16, 1.67)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Adjusted model+EI</td>
<td>1.00 (ref)</td>
<td>1.12 (0.96, 1.31)</td>
<td>1.04 (0.94, 1.15)</td>
<td>1.39 (1.15, 1.69)</td>
<td>0.001</td>
</tr>
<tr>
<td>Adjusted model+EI+BMI</td>
<td>1.00 (ref)</td>
<td>1.19 (0.91, 1.56)</td>
<td>1.07 (0.94, 1.21)</td>
<td>1.29 (1.02, 1.63)</td>
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<tr>
<td>Artificially sweetened soft drinks (median intake, g/day)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. cases</td>
<td>5,242</td>
<td>689</td>
<td>894</td>
<td>291</td>
<td></td>
</tr>
<tr>
<td>Crude model</td>
<td>1.00 (ref)</td>
<td>1.09 (0.97, 1.23)</td>
<td>1.52 (1.36, 1.69)</td>
<td>1.84 (1.52, 2.23)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Adjusted model</td>
<td>1.00 (ref)</td>
<td>1.10 (0.93, 1.29)</td>
<td>1.46 (1.29, 1.65)</td>
<td>1.93 (1.47, 2.54)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Adjusted model+EI</td>
<td>1.00 (ref)</td>
<td>1.08 (0.93, 1.26)</td>
<td>1.46 (1.29, 1.65)</td>
<td>1.88 (1.44, 2.45)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Adjusted model+EI+BMI</td>
<td>1.00 (ref)</td>
<td>1.05 (0.81, 1.35)</td>
<td>1.18 (1.03, 1.35)</td>
<td>1.13 (0.85, 1.52)</td>
<td>0.24</td>
</tr>
</tbody>
</table>
An international econometric analysis of diet and diabetes

Only changes in sugar availability predicted changes in diabetes prevalence

Every extra 150 calories increased diabetes prevalence by 0.1%

But if those 150 calories were a can of soda, diabetes prevalence increased 11-fold, by 1.1% (95% CI 0.03 — 1.71%, p <0.001)-

Independent of BMI and Physical activity

This study meets the Bradford Hill criteria for Causal Medical Inference:

—dose  —duration  —directionality  —precedence
Recognition at the American Heart Association

AHA Scientific Statement

Dietary Sugars Intake and Cardiovascular Health
A Scientific Statement From the American Heart Association

Rachel K. Johnson, PhD, MPH, RD, Chair; Lawrence J. Appel, MD, MPH, FAHA; Michael Brands, PhD, FAHA; Barbara V. Howard, PhD, FAHA; Michael Lefevre, PhD, FAHA; Robert H. Lustig, MD; Frank Sacks, MD, FAHA; Lyn M. Steffen, PhD, MPH, RD, FAHA; Judith Wylie-Rosett, EdD, RD; on behalf of the American Heart Association Nutrition Committee of the Council on Nutrition, Physical Activity, and Metabolism and the Council on Epidemiology and Prevention

Recommends reduction in sugar intake from 22 tsp/day to 9 tsp/day (males) and 6 tsp/day (females)
Sugar Nutritional Labelling Guidelines

- WHO 2003- Added sugar *No more* than 10% of energy- Intrinsic sugars 10% (whole fruit, vegetables…)
- But current UK labelling references only total sugars as GDA – 20% of energy or 90g (22.5 tea spoons of sugar)
- In the United States sugar not considered a nutrient so no equivalent of GDA for sugar.
- Extremely difficult for consumers to determine how much sugar is added to foods
- In the United States 1/3 sugar from SSBs, 1/6 from Ice creams, chocolates etc but half of sugar consumption from non-junk foods.
- US Department of Agriculture recently removed a published database for the added sugar content of selected foods stating “no method can analyse for added sugars so their amounts must be extrapolated or supplied by food companies, many of which are *not willing* to make public such proprietary information.”
FROM THE HEART

The dietary advice on added sugar needs emergency surgery
Foods that we think of as junk are only half the problem

Aseem Malhotra interventional cardiology specialist registrar, Royal Free Hospital, London

Are current guideline daily amounts (GDAs) fit for purpose? With a worsening obesity crisis and increasing prevalence of type 2 diabetes, this is a pertinent question. According to Professor Tom Sanders, head of nutritional sciences at King’s College London, “guideline daily amounts enable consumers to make informed choices on balancing their diet by identifying guideline levels for key nutrients and calories consumed each day. Although a well balanced diet may contain intrinsic sugars in the form of whole fruit, vegetables, dairy products, and many grains, the body does not require any carbohydrate from added sugar. Since the American Heart Association publication, almost four years ago, several randomised controlled trials and observational studies have implicated sugar consumption with increasing rates of obesity and type 2 diabetes.”
Coverage

- Supportive quotes from Professor Terence Stephenson, Prof Simon Capewell, Prof Timothy Noakes
- Picked up by UK press, LA Times and BBC Breakfast…
The Corporate Playbook Of Big Sugar

- Emphasise physical activity over diet
- Learn from History: 50 years from publication of links between smoking and lung cancer before regulation because Tobacco industry successfully adopted a strategy of planting doubt, denial, confusing the public and even buy the loyalty of scientists-whatever it takes to protect their only interest-profit
- CEOs of every major Tobacco firm went in front of US Congress in 1994 and swore under oath that they didn’t believe that nicotine was addictive or smoking caused lung cancer.
BILL TURNBULL “WE SHOULD ADD THAT WE DID ASK 10 DIFFERENT COMPANIES OR ORGANISATIONS ASSOCIATED WITH CARBONATED BEVERAGES, SUPERMARKETS, SUGAR MANUFACTURERS ETC TO DISCUSS THIS WITH DR MALHOTRA,...ALL OF THEM WERE UNAVAILABLE”
Action On Sugar- Coalition of experts

- Professor Graham MacGregor, Professor of Cardiovascular Medicine at the Wolfson Institute, Queen Mary University of London and Chairman Action on Sugar
- Dr Aseem Malhotra, Cardiologist and Science Director of Action on Sugar
- Professor Andrew Rugg-Gunn, Co-director of the Human Nutrition Research Centre, Royal Victoria Infirmary, Newcastle
- Aubrey Sheiham, Emeritus Professor of Dental Public Health, School of Life and Medical Sciences, University College London
- David Haslam, Chair at National Obesity Forum
- Professor Jack Cuzick, Institute Director and Head of Centre for Cancer Prevention, Wolfson Institute of Preventive Medicine, Barts & The London School of Medicine, London
- Professor John Wass, Professor of Endocrinology, Oxford University
- Professor Peter Sever, Professor of Clinical Pharmacology & Therapeutics, Faculty of Medicine, National Heart & Lung Institute, Imperial College London
- Professor Philip James, Public Health policy Group and International Obesity Taskforce, London
- Professor Simon Capewell, Professor of Clinical Epidemiology, University of Liverpool
- Professor Sir Nicholas Wald, Professor of Environmental and Preventive Medicine, Wolfson Institute of Preventive Medicine, Barts & The London School of Medicine, London
- Professor Timothy Lang, Professor of Food Policy, City University, London
- Dr Robert Lustig, Professor of Pediatrics in the Division of Endocrinology at University of California, San Francisco, USA
- Dr Yoni Freedhoff, Assistant professor of Family Medicine, University of Ottawa, Canada
- Dr Mike Rayner, Director of the British Heart Foundation Health Promotion Research Group, Nuffield Department of Population Health, University of Oxford
- Professor Jack Winkler, Professor of Nutrition Policy (retired), London Metropolitan University, London
- Malcolm Kane, Cambridge Food Control Ltd, Cambridge
- Neville Rigby, Writer, journalist and NGO consultant, former director of policy and public affairs at the International Obesity Task Force
- Tam Fry, Head spokesperson for the National Obesity Forum
- Professor Peter Whincup, Professor of Cardiovascular Epidemiology, St George’s, University of London
- Professor Richard J Johnson, Department of Medicine, University of Colorado Denver - See more at: http://www.actiononsalt.org.uk/actiononsugar/#sthash.vUrd8x3c.dpuf
Saturated fat is not the major issue
Let's bust the myth of its role in heart disease

Aseem Malhotra interventional cardiology specialist registrar, Croydon University Hospital, London

Indeed, recent prospective cohort studies have not supported any significant association between saturated fat intake and cardiovascular risk. Instead, saturated fat has been found to be protective. The source of the saturated fat may be important. Dairy foods are exemplary providers of vitamins A and D. As well as a link between vitamin D deficiency and a significantly increased risk of cardiovascular mortality, calcium and phosphorus found commonly in dairy foods may have antihypertensive effects that may contribute to inverse associations with cardiovascular risk. One study showed that...
Setting up the launch

Preparation (late 2013)
Building professional network
Website www.actiononsugar.org
Press release #1
Preparation for interviews
Press release #1: key points

• ‘Action On Sugar’ launched by leading experts uniting in call to tackle & reverse the obesity & diabetes epidemic
• Initially targeting huge & unnecessary amounts of sugar currently being added to our food & soft drinks
Press release #1: key points

• ‘Action On Sugar’ launched by leading experts uniting in call to tackle & reverse the obesity & diabetes epidemic
• Initially targeting huge & unnecessary amounts of sugar currently being added to our food & soft drinks

eg Cola has staggering 9 tea spoons of added sugar

Large amounts of sugars hidden in everyday foods: yoghurts, ketchup, ready meals & bread, vitamin waters, sports drinks
• Children particularly vulnerable

8 January 2014
Thursday 9th January 2014

SUGAR IS ‘THE NEW TOBACCO’

Health chiefs tell food giants to slash levels by a third
Action on Sugar

Press release - quotes from 6 members: “Sugar is the new tobacco”
Press release: quotes from members:

Actually said:

“Sugar is the new tobacco. Everywhere, sugary drinks and junk foods are now pressed on unsuspecting parents and children by a cynical industry focussed on profit not health.”
Showtime! January 9th

Press coverage excellent
Page 1 in Daily Mail, *and* Mail on line
Food crusaders’ new challenge: cut sugar to save NHS £50bn a year

Obesity experts launch campaign to cut sugar in food by 30%

Sugar on Trial
What you really need to know about the white stuff

STEM CELL REVOLUTION
The breakthrough the world has been waiting for

 hide & sweet
How many spoonfuls of sugar in...

Fast food nations

Sugar is the ‘new tobacco’, warn doctors

Sugar is ‘THE NEW TOBACCO’
Health chiefs tell food giants to slash levels by a third

Food & Drink

Health

Science

Business

Environment

Tech

Society

Your say

🗓️

January 21, 2023

Metro
Is Sugar the New Tobacco?

Showtime!

Press coverage excellent
Page 1 in Daily Mail and Mail on line
Paper reviews~BBC website & Radio 4
(Paper coverage convinces John Humphries)
“Perfect” interviews on
Today Programme, Sky News, ITN etc
Supportive Public comments on BBC & Mail websites
Is Sugar the New Tobacco?

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Supportive Public comments on BBC & Mail websites

BUT coverage fading away by midday then...
The Empire Strikes Back!
The Empire Strikes Back!
UK government minister Andrew Lansley

Parliament: Keith Vaz Early Day Motion
Lansley attempts to contemptuously dismiss “analogy between sugar and tobacco was not appropriate….sugar is essential to food”
Is Sugar the New Tobacco?
The Empire Strikes back!

Return of the public health Jedis!
Observer Sunday Jan 12th

He attempted to rubbish respected public health expert Professor Simon Capewell's statement that sugar is the new tobacco. Lansley then compounded his errors by ignorantly asserting in the House that "sugar is essential to food". It is not. He would have been more accurate in saying "sugar is essential to food industry profits and lining the pockets of its co-opted partners". Lansley was a paid director of marketing company Profero to the end of 2009. Profero's clients have included Pepsi, Mars, Pizza Hut and Diageo's Guinness. Malhotra A
Is Sugar the New Tobacco?

The Empire Strikes back!

Parliament: Keith Vaz Early Day Motion
Lansley attempts to contemptuously dismiss
“analogy between sugar and tobacco was not appropriate....”

but this generated CONTROVERSY...

“Lansley backs food sector on sugar”

↑↑media interest...
UK Coverage → international coverage!
→ 2’media: Teen, TV, Womens journals etc

then following week...
Action on Sugar

“Sugar watchdog works for Coca-Cola & Mars”

19 Jan 2014, Sunday Times; then Ch4 Dispatches

“The sugar tsars 'in bed' with confectionery giants:
Five of eight members of committee tasked with battling obesity epidemic have 'worryingly close' ties” (MailOnline)
Action on Sugar

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19 Jan 2014, Sunday Times; then Ch4 Dispatches

“The sugar tsars 'in bed' with confectionery giants: Five of eight members of committee tasked with battling obesity epidemic have 'worryingly close' ties” (MailOnline)

Subsequent Impacts

Grudging praise from PR & Food press
Investment media: FT -thoughtful reactions
Action on Sugar (AoS) consolidates
Sugar Control ~ brief history 2014

Action on Sugar [AoS] launch (January 2014)
BBC & Sunday Times: Sugar watchdog works for Coca-Cola & Mars
WHO (March) NUGAG recommendations sugar ↓10%e ↓5%e UK
CMO Sally Davies proposes a sugar tax (April 2014)
AoS Media campaign continues in Feb, March, April, May
BMJ: health warning labels for sugary drinks? (Capewell, May 2014)
Action on Sugar

Further progress

AoS obtains meeting with Mr Jeremy Hunt, Health Secretary (April)
Action on Sugar

Further progress

*AoS* obtains meeting

with Mr Jeremy Hunt, Health Secretary (April)

Mr Hunt requested ideas for Child Obesity Plan
Action on Sugar
7 point plan (June)

Following a request from Health Secretary *Mr Jeremy Hunt*, AoS suggests a government action plan - seven proposed measures:

- **REFORMULATION**: reduce added sugars in food by 40% by 2020
- **BAN MARKETING** targeting children (sugary drinks, junk foods)
- **BAN junk food sports sponsorships** (separate exercise from obesity)
- **REDUCE** sat fat in ultra-processed foods by 15% by 2020
- **LIMIT AVAILABILITY** of SUGARY DRINKS & JUNK FOOD (↓portion sizes)
- **GIVE NUTRITION POLICY** to an INDEPENDENT AGENCY (take it away from Department of Health politics)
- **INCENTIVISE HEALTHIER FOOD & INTRODUCE A SUGAR TAX**
Sugar Control ~ brief history 2014

Action on Sugar [AoS] launch  (January 2014)
BBC & Sunday Times: Sugar watchdog works for Coca-Cola & Mars
WHO (March) NUGAG recommendations sugar ↓ 10%e ↓ 5%e UK

Chief Medical Officer (CMO) Sally Davies (April 2014)

AoS Media campaign continues in Feb, March, April, May

BMJ: health warning labels for sugary drinks? (Capewell, May 2014)

PHE Sugar Reduction Stakeholder Event - 3 June 2014

everyone waiting for the ....

- SACN report on carbohydrates & sugars (26 June 2014)
- PHE guidance on sugar reduction (ditto)

AoS Media BLITZ (Posh drinks, Dental limits 2%e, 7 point plan) June
Public Health England & UK Health Forum:
Sugar Reduction Stakeholder Event - 3 June 2014
Organising themes & sample actions
UK consumption of Added Sugars*

Data from Bates B et al., National Diet and Nutrition Survey: Results from Years 1, 2, 3 and 4 (combined) of the Rolling Programme (2008/09 –2011/12) Published 14th May 2014  *Non Milk Extrinsic Sugar (NMES) Intakes
Common areas of agreement:

- Growing public awareness & concern
- Multiple range of options needed
- Common examples: taxes (sugar & sugary beverages), marketing restrictions, reformulation, portion size, product portfolios, labelling & information, health system
- High participation & sustainability are key to success
- Looming threat: government regulation and taxation
### Organising themes & sample actions

1. **Produce / import less**
   - Assess / evaluate impact of the EU sugar market
   - Impacts of other policies on sugar & health

2. **Use less**
   - Reformulation eg RD calorie pledge
   - Substitution eg Pepsi Max, Tesco own-brand

3. **Sell less**
   - Portion size eg RD pledge, Coca Cola 90cal portions
   - In-store promotions eg Lidl & Tesco sweet free checkouts

4. **Market less**
   - Marketing controls eg Ofcom, France, Chile
   - Nutrient profile support health claims regulation eg FSANZ

5. **Recommend Less**
   - Public awareness & social marketing campaigns eg C4L, US
   - Education & skills in schools eg School Food Plan

6. **Eat less**
   - Universal implementation of UK FOP labels Menu & display
   - labels out-of-home eg RD, US, Australia
Generic lessons
Tobacco Control

3As”: Reduce Affordability

↑ Tax, ↑ Price, Stop smuggling

Acceptability

Advertising bans, SmokeFree Laws

Availability

Licensing retailers, Age checks
Junk food Control

3As’’: Reduce
Affordability
\uparrow Tax, \uparrow Price, Subsidise healthy options
Acceptability
Advertising bans, JunkFree Schools
Availability
Licensing retailers, Tax breaks for healthy options
Past history of public health triumphs

- Lessons for today??

- Safe drinking water
- Sanitation
- Slavery abolition
- Immunisation
- Road safety
- Seat belts
- Air pollution control
- Tobacco advertising bans
- Smoke free legislation

etc etc
SUPPORT: IMPLEMENTATION PATH FOR EFFECTIVE PUBLIC HEALTH INTERVENTIONS

EG. CLEAN WATER, SANITATION, POLLUTION, IMMUNISATION, SEATBELTS, SMOKEFREE ETC

SCIENTIFIC evidence emerges
UNDERSTANDING spreads
PROFESSIONALS accept paradigm
PUBLIC & POLITICIANS become aware, then supportive
OPPOSITION from vested interests is slowly Overcome
REGULATION is introduced, often strengthened by TAXATION to reinforce regulations (eg Tobacco & alcohol control)

Professor Simon Capewell  UK Faculty of Public Health & University of Liverpool
CONCLUSIONS

Science is not sufficient (Remember John Yudkin)
SUGAR (an idea whose time has come?)
Strategy: essential to influence decision makers
(Healthy Alliances can use “3As” & SUPPORT frameworks)
$LEAZE$ in $shadow$ (expect opposition from Vested Interests)
Sunny uplands: Tobacco Control $\rightarrow$ Sugar Control
(Remember numerous previous public health successes)