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+
  \[\uparrow \uparrow \£10 \text{ billion by 2050}\]
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
SUGAR
Why pick on poor old SUGAR??
1972

PURE WHITE AND DEADLY

John Yudkin
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. (listed in the final Chapter of ”Pure, White and Deadly”)
  - Interfered with his research funding & publication
John Yudkin  SUGAR; Pure white & 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
John Yudkin  *SUGAR; Pure white & deadly*

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- **Food industry successfully** discredited case against sugar
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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>Calories 15</td>
<td></td>
</tr>
<tr>
<td>Total Fat 0g</td>
<td>0%</td>
</tr>
<tr>
<td>Sodium 0mg</td>
<td>0%</td>
</tr>
<tr>
<td>Total Carbohydrate 4g</td>
<td>1%</td>
</tr>
<tr>
<td>Sugars 4g</td>
<td></td>
</tr>
<tr>
<td>Protein 0g</td>
<td></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 Tappy, Curr Opin Clin Nutr Metab Care, 2006
Wei et al. J Nutr Biochem, 2006
Rutledge and Adeli, Nutr Rev, 2007
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

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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

Le and Tappy, Curr Opin Clin Nutr Metab Care, 2006
Wei et al. J Nutr Biochem, 2006
Rutledge and Adeli, Nutr Rev, 2007
"EXCLUSIVE" VIEW OF OBESITY AND METABOLIC DYSFUNCTION

240 million adults in U.S.

Obese (30%)
72 million

Normal weight (70%)
168 million

13th Annual Pediatric Specialty Update for the Primary Care Physician
– Pediatric Metabolic Health & Nutrition Summit

Jan. 27-28, 2017

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- 72 million Obese (30%)
- 168 million Normal weight (70%)

Obese and sick (80% of 30%)

Total: 57 million sick
"INCLUSIVE" VIEW OF OBESITY AND METABOLIC DYSFUNCTION

240 million adults in U.S.

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

Total: 124 million sick

Obese (30%)

240 million adults in U.S.: 240 million x 30% = 72 million Obese

Normal weight, Metabolic dysfunction (40% of 70%): (240 million x 70%) x 40% = 67 million

Obese and sick (80% of 30%): 72 million x 80% = 57 million

Obese (30%) + Normal weight, Metabolic dysfunction (40% of 70%) = 72 million + 67 million = 139 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>
<thead>
<tr>
<th>Variable and model</th>
<th>&lt;1 glass$^a$ / month HR</th>
<th>1–4 glasses$^a$/week HR$^b$ (95% CI)</th>
<th>&gt;1–6 glasses$^a$/day HR$^b$ (95% CI)</th>
<th>≥1 glass$^a$/day HR$^b$ (95% CI)</th>
<th>p for trend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juices and nectars (median intake, g/day)</td>
<td>(0.0)</td>
<td>(17.1)</td>
<td>(100.0)</td>
<td>(338.3)</td>
<td>0.64</td>
</tr>
<tr>
<td>No. cases</td>
<td>5,837</td>
<td>1,702</td>
<td>3,425</td>
<td>720</td>
<td></td>
</tr>
<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>
<td>0.21</td>
</tr>
<tr>
<td>Total soft drinks$^c$ (median intake, g/day)</td>
<td>(0.0)</td>
<td>(20.0)</td>
<td>(95.1)</td>
<td>(413.1)</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>
<td>0.0005</td>
</tr>
<tr>
<td>Sugar-sweetened soft drinks$^d$ (median intake, g/day)</td>
<td>(0.0)</td>
<td>(19.3)</td>
<td>(94.3)</td>
<td>(425.7)</td>
<td></td>
</tr>
<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>
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<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>0.00</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>
<td>0.013</td>
</tr>
<tr>
<td>Artificially sweetened soft drinks$^e$ (median intake, g/day)</td>
<td>(0.0)</td>
<td>(18.3)</td>
<td>(89.0)</td>
<td>(500.0)</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)

Circulation 120:1011, 2009
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.”
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.
OBservations

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 dietary needs for clusters of mixed nutrients and nutrients that are in conflict day by 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 diabetes and cardiovascular disease.
Coverage

- Supportive quotes from Prof. Terence Stephenson, Prof. Simon Capewell.

- Prof Timothy Noakes “sugary sports drinks are promoted as essential for athletic performance, but are used predominantly by those without real athletic aspirations. Users need to understand that exercise may not protect them from the negative consequences of an excessive sugar intake.”

- Picked up by UK press, LA Times and BBC Breakfast…
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
- Professor Sir Nicholas Wald, Professor of Environmental and Preventive Medicine, Wolfson Institute of Preventive Medicine, Barts & The London School of Medicine, London
- Professor Philip James, Public Health policy Group and International Obesity Taskforce, 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 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
Action On Sugar- Aims

- To achieve a reduction in refined added sugar intake in the UK and ensure it does not contribute to more than 5% of total energy intake. (6 tea spoons max!)
- To reach a consensus with the food manufacturers and suppliers that there is strong evidence that refined added sugar is a major cause of obesity and has other adverse health effects.
- To persuade the food processors and suppliers to universally and gradually reduce the added sugar content of processed foods.
- To ensure clear and comprehensive nutritional labelling of added sugar content of all processed foods and beverages, using the recommended traffic light system.
- To educate the public in becoming more sugar aware in terms of understanding the impact of added sugar on their health, checking labels when shopping and avoiding products with high levels of added sugar.
- To ensure that children are highlighted as a particularly vulnerable group whose health is more at risk from high added sugar intakes.
- To ensure the body of scientific evidence about the dangers of excessive refined added sugar consumption becomes translated into policy by the Government and relevant professional organisations.
- To conduct a Parliamentary campaign to ensure the Government and Department of Health take action, and that, if the food industry does not comply with the sugar targets, they will enact legislation or impose an added sugar tax.
OBSERVATIONS

FROM THE HEART

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
Action on Sugar
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

8 January 2014
Action on Sugar

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

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
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? Showtime!

Press coverage excellent
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*(Paper coverage persuades John Humphries)*
“Perfect” interviews on Today Programme, Sky News, ITN etc
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 Population 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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Subsequent Impacts
Grudging praise from PR & Food press
Investment media: FT -thoughtful reactions
Action on Sugar (AoS) consolidates
Festival of Public Health 2014

Wicked Problems #3  OBESITY: Tackling governments and industries?

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*
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

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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*

NMES Intakes as % food energy (%E)

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
Public Health England & UK Health Forum:

**Sugar Reduction Stakeholder Event - 3 June 2014**

**Organising themes & sample actions**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Sample Actions</th>
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| 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                                         |


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  - Impacts of other policies on sugar & health

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  - 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**

↑ Tax, ↑ 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

JAMA 2011 306 38
**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 Ve$ted Interes$t$)
Sunny uplands: Tobacco Control $\rightarrow$ Sugar Control
(Remember numerous previous public health successes)