



Observations on the Draft Guideline: Sugar intake for adults and children

NGO- México: El Poder del Consumidor

First, we would like to recognize the present Guidelines emitted by the World Health Organization, which will help governments take better decisions regarding free sugars intake among the populations. As non-government organization, we have observed the many issues being presented by the WHO on the following paper are in a growing trend in many countries, especially México, where or observations would be on behalf.

We would also like to acknowledge the great efforts WHO has made recollecting all the data and scientific evidence regarding sugar intake and weight gain, as well as its impact on dental cavities. Two very important issues. The present observations will be regarding weight gain, which is our field of expertise, where we have been working deeply for almost a decade now.

On the *Recommendations*, third point, where it establishes the following:

1. “WHO suggests further reduction to below 5% of total energy (conditional recommendation)”

Conditional recommendations: are made when there is greater uncertainty about the four factors (i.e. quality of evidence, balance of benefits versus harms and burdens, values and preferences, and resource use; or local adaptation has to account for a greater variety in values and preferences; or when resource use makes the interventions suitable for some locations but not others. This means that there is a need for substantial debate and involvement of stakeholders before this recommendation can be adopted as policy.

It is clear the justification on why this point remains as a conditional recommendation, thought we would like to point out that it has been demonstrated how the strong regulations within policies has a direct positive impact on body weight gain. The stronger the recommendation and implementation is, the more reduction on BMI among students. In the United States has been proven that those States who implement strong and consistent regulations regarding food policies in schools, have direct impact on students generating weight loss and therefor decreasing BMI, compared to those States that have lax regulations or no regulations¹, where no weight loss is seen nor impact on BMI of students.

If WHO emits this last recommendation in particular as a **strong recommendation** it gives Member States and governments more elements to have support for stronger regulation in their own countries.



2. On the *Remarks* section, regarding evidence on weight gain and caries:

It is very important to highlight the importance sugar intake has in weight gain, the link between weight gain other chronic diseases and the impact of sugar intake on cavities.

Though, it also gives much support to governments to highlight the evidence that exists on high sugar intake —especially when it comes from sweetened beverages— **and its relation with diabetes**. It has been demonstrated the direct link between high consumption of sweetened beverages among women and diabetes type 2 and metabolic syndrome², due to the intake of large amount of rapidly absorbable sugars³.

Population is having access to free sugars since very early ages. Many children receive high amounts of sugar intake through processed foods since complementary feeding, much due to the lack of information provided in food labelling or proportioned to mothers. Many parents have no idea products like formulas and baby foods contain high amounts of free sugars. From there high sugar intake continues to preschoolers, scholars, adolescence to adulthood.

It is important the population in general have clear messages related to free sugars intake, and its link to the different health problems that may emerge⁴. It is mentioned though the document, but we believe it is necessary to give more emphasis to this direct relation, for it gives more alert to population and governments as well.

3. Special emphasis on the importance of recommendations of sugar Intake for children

Plenty of evidence has been published related to the impact of high sugar intake from early childhood on the formation of eating habits and the impact on late years⁵. We consider it is very important WHO makes a **special emphasis limiting the recommendations to the minimum as a strong recommendation, sugar intake in children** can impact on health more severe. Also, there has been strong evidence that reveals the clear addiction that sugar intake⁶ generates, which is a more severe situation when it comes to children. This situation complicates much more in many developing countries due to the double burden of disease with undernutrition and obesity⁷.

It is necessary for the WHO to highlight the link to **sugar intake and the proven addiction** to the substance and its repercussion on population, making special emphasis on children.

It is known that during the first year of life it is the most important phase for the formation of eating habits and food preferences, that will be hard to modify later on in life, for it will impact health and future nutrition. An adequate complementary feeding has an important formative paper that is fundamental since the beginning of feeding so the child can acquire good eating habits that will protect him or her from disease later on in life⁸.



4. Stronger emphasis on other WHO papers for the protection of children to strengthen Member States

We consider it is crucial for the World Health Organization to increase its support to Member States to base policies on the *WHO Recommendations on the marketing of foods and non-alcoholic beverages to children* and the marketing of feeding products for infants and young children through enforcement of the *International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions*.

WHO can also utilize and highlight the importance of the comment, emitted by the Convention on the Rights of the Child from the Committee on the Rights of the Child, *General Comment No. 16 (2013) on State obligations regarding the impact of the business sector on children's rights*.

¹ Taber DR, Chiriqui JF, Perna FM, Powell LM and Chaloupka FJ. Weight status among adolescents in states that govern competitive food nutrition content. *Pediatrics* 2012;130(3):437-445 doi:10.1542/peds.2011-3353

² Malik V, Popkin B, Bray G, Després J, Willet W, Hu F. Sugar-Sweetened Beverages and Risk of Metabolic Syndrome and Type 2 Diabetes. *Diabetes Care* 2010; 33(11):2477-2483.

³ Schulze M, Manson J. Sugar-sweetened beverages, weight gain, and incidence of type 2 diabetes in young and middle-aged women. *JAMA* 2004; 292(8):927-934

⁴ Lustig R. et al. The Toxic Truth About Sugar. *Nature* 2012; 487:27-29

⁵ WHO. Complementary feeding Report of the global consultation and summary of guiding principles for complementary feeding of the breastfeed child. Geneva: WorldHealthOrganization; 2002.

⁶ Evidence that intermittent, excessive sugar intake causes endogenous opioid dependence. Colantuoni C, Rada P, McCarthy J, Patten C, Avena NM, Chadeayne A y Hoebel BG. *Obesity Research* 2002;(1):6:478-488

⁷ WHO. Complementary feeding of young children in developing countries. A review of current scientific knowledge. Geneva: World Health Organization; 1998

⁸ Briefel R, Reidi K, Karwe V, Jankowsky L, Hendricks K. Toolders transition to table foods: impact on nutrient intakes and food patterns. *J Am DietAssoc* 2004