the international bank, that because the global obesity epidemic and related nutritional issues are this century’s primary social health concern, sugar-related industries should prepare for a gradual decline in the use of sweeteners (watch Credit Suisse’s “Sugar: Sweet with a Bitter Aftertaste” http://www.youtube.com/watch?v=HMKh9bVY3c for some reliable facts on sugar and disease).

The fact that sugar consumption must be markedly reduced by two thirds – from 17 teaspoons a day to five- poses a problem for the government and the food industry.

On the one hand, there is a growing argument that excessive sugar consumption is causing much disease and an ever-widening hole in the state coffers through which millions of rand are being poured into dealing with the health consequences of sugars in the diet.

On the other hand is the fact that the sugar trade represents one of the biggest markets globally. In South Africa, the industry has an income of R12bn a year.

Sugar cane is the second-largest South African field crop by gross value, and sugar production makes up 17 percent of total gross annual field crop production value, according to the South African Sugar Association. South Africa produces about R7.7bn worth of sugar every year- R2.5bn of which is exported.

Despite the overwhelming evidence against sugars and processed foods, most governments do little because the targets they need to tackle span across several types of businesses, many of which are impractical to regulate, or there is no proper legal framework to confront such a complex issue. Moreover, there is strong lobbying from the affected parties, especially the global and national sugar lobby.

However, in the light of the huge and increasing burden of chronic diseases that are linked to sugar consumption, inaction is no longer excusable.

That is why governments across the globe have begun to implement programmes and policies to control sugar and sugar-sweetened beverage (SSB) consumption. France and the UK have removed SSBS from schools, as have many other countries. As with alcohol and tobacco, higher taxation on SSBS is a good option to reduce sugar intake and help fund the fast-growing health-care costs associated with diabetes and obesity. Many states in the US have introduced such taxes.

In Mexico, a sales tax on sugary beverages was introduced last month. And the authors of the South African National Health and Nutrition Examination Survey report have vocally recommended that the country introduce tobacco-type warning labels on foods that “are known to be associated with increasing the risk of disease”.

Food should display appropriate warning labels so that the public’s awareness of potential or real harms is increased. Based on that recommendation, the Department of Health plans to enforce warning labels on sugary and other food and “multiple strategies are being considered”.

One aspect of intervention is regulation, but policies should not stop there. Citizen groups should be mobilised to lobby baby food manufacturers, food manufacturers, fast food outlets, supermarkets and local restaurants to change how and what they sell.

In addition, regulation should include developing enforceable dietary guidelines for public institutions such as crèches, schools, colleges, hospitals, homes for older people, and so on.

And that includes banning the sale of junk foods and sugar-sweetened drinks. All forms of advertisements promoting unhealthy foods and drinks should be regulated. Such policies are in line with global policies formulated by the WHO to control the increases in non-communicable diseases such as obesity, diabetes and tooth decay.

The director-general of the WHO, Dr Margaret Chan, views obesity as the tip of the iceberg, and fears there will be a catastrophe in which governments throughout the world will have to cope with managing millions suffering from long-term chronic illness.

In her presentation to the 67th World Health Assembly she said: “We see no good evidence that the prevalence of obesity and diet-related non-communicable diseases is receding anywhere. Highly processed foods and beverages loaded with sugar are ubiquitous, convenient, and cheap. Childhood obesity is a growing problem with especially high costs.”

Chan’s warning should be a wake-up call to policymakers and the public as the major chronic diseases have the same risk factor – sugar.

An integrated food and health policy directed at reducing sugar is needed. And we urgently need to enact one now.

Confronting some fallacies of SA’s sugar consumption with scientific facts.

I am writing in response to the article “Sugar leaves a bitter taste” (Cape Times, August 18). While it may be the view of the authors that sugar causes diabetes and obesity and tooth decay, I need to assure you that according to scientific evidence, this is not true.

1. Sugar and Weight: The international authority, the World Health Organisation (WHO), funded a review on sugar and obesity published last year which concluded that any link to body weight was due to overconsumption of calories and was not specific to sugars.

Weight gain and obesity occur when we eat more calories than our body can use. The excess calories are stored as fat. Rather than eliminate specific foods, it is better to match the amount of food with the amount of energy consumed from food with the amount of energy expended, which can be increased by physical activity. Singling out sugar does not solve the obesity crisis in South Africa, and it is irresponsible if we encourage the public to think that this is so.

2. Sugar and Diabetes: Eating sugar does not cause diabetes. Genet-
Letter about dental decay, obesity shows that sugar industry is not to be trusted

The South African Sugar Association (SASA) tries to trash our scientific arguments about the association of sugars with dental decay, obesity and diabetes (“Sugar leaves a bitter taste” Cape Times August 18th) in their letter, “Confronting some fallacies of SA’s sugar consumption with scientific facts”, Cape Times, August 19.

But the science that we report is the most up to date consensus of the leading expert committees. The weakness of SASA’s arguments and their misquoting the conclusions of expert committees is disconcerting. If they fudge even the fact that sugars cause tooth decay, how then can their views be trusted on other diseases?

First, the most extensive in-depth systematic review on sugars and tooth decay, written for the World Health Organisation’s (WHO) expert committee on sugars, states unequivocally that decay is proportionate to the consumption of sugars, even at low levels (and not proportionate to other carbohydrates, as SASA claims).

Second, SASA maintains that several studies show that prevention of dental decay should focus on oral hygiene and fluoride use. That is false.

As a leading nutritionist says in the WHO Bulletin, “fluoride has not eliminated dental caries and many communities are not exposed to optimal quantities of fluoride. Controlling the intake of sugars therefore remains important for caries prevention.”

Third, SASA misquotes WHO as stating that the link between sugar and body weight is due to overconsumption of calories and not specific to sugars. However, here is WHO’s categorical statement: “increasing or decreasing dietary sugars is associated with parallel changes in body weight.”

Fourth, SASA says that eating sugar does not cause diabetes. But drinking sugar sweetened beverages does.

The UK Scientific Advisory Committee on Nutrition (SACN) concludes that sugars sweetened beverages, a common source of sugars, are associated with a higher risk of Type 2 diabetes mellitus and obesity.

Finally, SASA states that “South Africans consume 9.7 percent of their calories from sugar” and that this is within WHO recommendations. But 9.7 percent is the average for the entire population: many people eat far more than that. And, as the 2014 report of SACN concludes: “In order for an individual to achieve a recommendation to consume less than 10 percent of dietary energy from free sugars, the population average needs to be less than this figure.”

On that basis, the population average of South Africans needs to be reduced to five percent—about five teaspoons of free sugars a day.

The public and policy makers deserve to be provided with the best scientific evidence on what is good for health. We thus agree with SASA that “custodians of nutrition information” should provide accurate information.

Their letter demonstrates that the sugar industry should not be trusted as custodians.

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