

# Sugar leaves a bitter taste

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The types of foods we eat have become one of the most important issues of our time. In South Africa, diseases related to diet such as heart disease, high blood pressure, diabetes, obesity and tooth decay are increasing.

However, we have no real solutions to these mounting health problems. They place a high and unsustainable financial burden on an already overloaded health care system.

The issues related to changes in diet are complex and need a detailed analysis of the problem and possible solutions.

The increased consumption of foods and drinks with high levels of sugar, salt and saturated fats will not be solved by trying to educate the public to change their diets. Politicians like simple solutions such as health education and better food labeling. But those measures do not work.

The profit-loving food and drink industries continue to use their influence and money to derail public health initiatives that reduce their profits, spending billions of rand on advertising high-calorie products.

In the UK the food industry spends more than 1 billion GBP (about R18bn) a year on advertising and marketing compared to a comparatively insignificant 14 million GBP spent on the government's anti-obesity campaign.

So a health-promoting food and agriculture policy needs to be developed that will encourage farmers to produce nutritious food, industry to be encouraged to reduce adding health-compro-

mising ingredients and food and drink outlets that make healthy choices the easier, cheaper choices and unhealthy choices more expensive.

Overall, we need a comprehensive food and health policy that addresses all levels of the food chain – one that oversees food production “from the plough to the plate”.

What are the facts about chronic diseases that are caused by a bad diet – one that has high levels of sugars?

South African women among the fattest in the world and it has been reported that more than 50 percent are obese. Two thirds of women and a third of men are either overweight or obese, yet a quarter of South African households experience hunger.

The Medical Research Council and the South African National Health and Nutrition Examination Survey report that 61 percent of our population is overweight, obese or severely obese and the rates of obesity are increasing at a worryingly high rate.

In females those conditions increased from 27 percent to 39 percent in nine years. These increases are expected to place a significant financial burden on the economy as a result of obesity-related co-morbidities, such as diabetes.

Obesity is related to diabetes. About two million South Africans suffer from diabetes – one in 20 adults aged 30 and older (Bradshaw et al, 2007). The most common chronic disease in South Africa is tooth decay. Eighty percent of 12- and 15-year-olds have experienced tooth decay, and in most the caries are untreated because of insufficient resources.

Why are obesity, diabetes and tooth decay increasing?

The major dietary culprit is sugar.

Since 2003, sugar consumption, particularly in soft drinks, has increased mark-

edly. Per capita consumption has been rising by about 15 percent since 2001 to over 37kg per annum for every citizen.

On average, people consume about 17 teaspoons of sugar a day – three times higher than is recommended. And together with “hidden sugars” in food like bread, tomato sauce, salad dressings, pasta sauces – the amount of sugar we eat in our normal diets becomes staggering.

So, high consumption of sugary foods is a major cause of this health crisis that will continue to put increasing strain on health services while killing people prematurely.

This is supported by South African researchers who found strong evidence linking the intake of sugar with increased risk of obesity, type 2 diabetes, and tooth decay.

The World Health Organisation's Nutrition Guidance Expert Advisory Group issued guidance in March 2014 on sugars and obesity and tooth decay and concluded: “There is increasing concern that consumption of free sugars – particularly in the form of sugar-sweetened beverages- increases overall energy intake and may reduce the intake of foods containing more nutritionally adequate calories, leading to an unhealthy diet, weight gain and increased risk of Non Communicable Diseases.”

On the basis of their analysis the Advisory Group recommended that there should be a reduced intake of free sugars throughout life. In both adults and children, they recommend that intake of free sugars should not exceed 10 percent of total energy and a further reduction to below five percent of total energy.

As expected, the World Sugar Research Organisation – the major lobby of the sugar industry – which acknowledges that the long-term prospects for sugar is not bright, is lobbying strongly against the draft recommendations despite the warning by Credit Suisse,

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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=HMKbhbW-Y3c> 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, su-

permarkets and local restaurants to change how and what they sell.

In addition, regulation should include developing enforceable dietary guidelines for all 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.