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NATIONAL INSTITUTE FOR HEALTH AND WELFARE

Sugars and health: Global concern

International symposium
Hong Kong 12-13.05.2015

Greetings from Finland





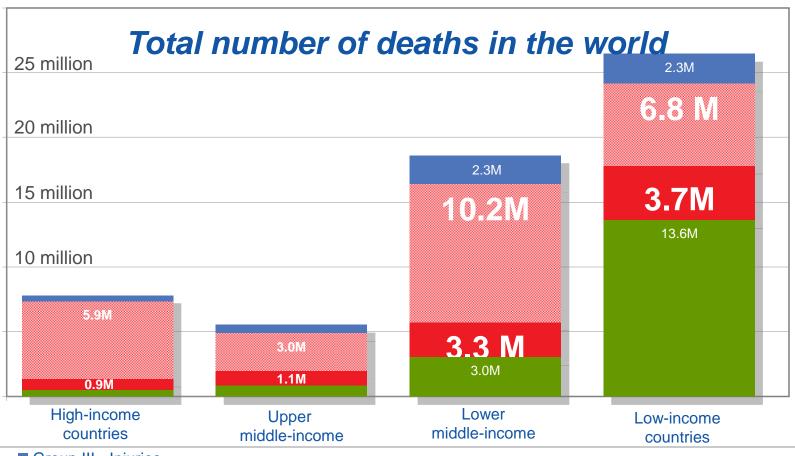




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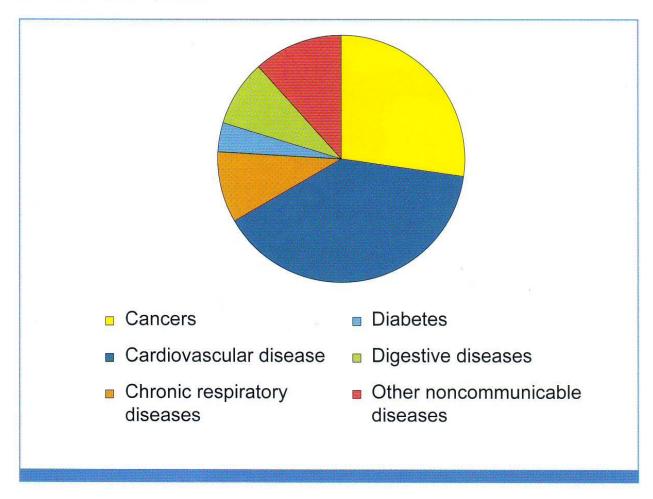
GLOBAL PUBLIC HEALTH CHANGING:

90% of premature deaths from NCDs occur in developing countries



- Group III Injuries
- Group II Other deaths from noncommunicable diseases
- Group II Premature deaths from noncommunicable diseases (below the age of 60), which are preventable
- Group I Communicable diseases, maternal, perinatal and nutritional conditions

Figure 2. Proportion of global NCD deaths under the age of 70, by cause of death, 2008





Prevention is better than cure.

Prevention is possible (strong evidence).

Prevention calls for simple changes.



INTEGRATED PREVENTION



Four types of non-communicable diseases are largely preventable by means of effective interventions that tackle shared modifiable risk factors

		Causative risk factors			
		Tobacco use	Unhealthy diets	Physical inactivity	Harmful use of alcohol
Non-communicable diseases	Heart disease and stroke	√	✓	✓	✓
	Diabetes	✓	✓	✓	✓
	Cancer	✓	✓	✓	✓
	Chronic lung disease	√			

Diet is crucial for NCD health:

Diet and non communicable diseases

- Salt
- Quality of fat
- Sugar
- Fruit & vegetables
- Fiber

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Energy in-take in relation to consumption

Sugars: "Added sugars" (mono- and disaccharides) – white problem





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Carbohydrates

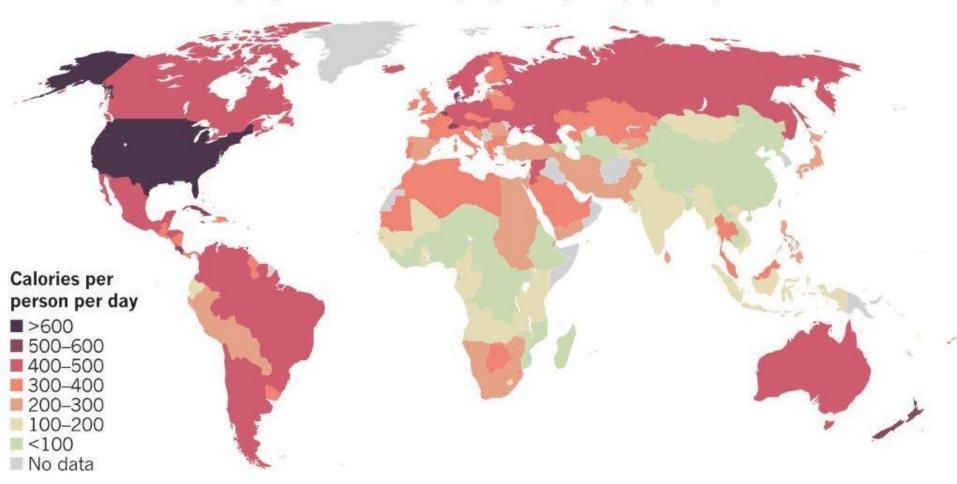
- Health effects of dietary carbohydrates relate to the type of carbohydrate and the food source
- The usual recommended intake of carbohydrates is 45-60 en%
- Carbohydrates found in whole-grain cereals, whole fruit, vegetables, pulses and nuts are recommended as major source of carbohydrates
- A restriction in the intake of added refined sugers is important to ensure adequat intakes of micronutrients and to support a healthy dietary pattern
- The intake of added sugars should be kept below 10 en%

Sugars and health

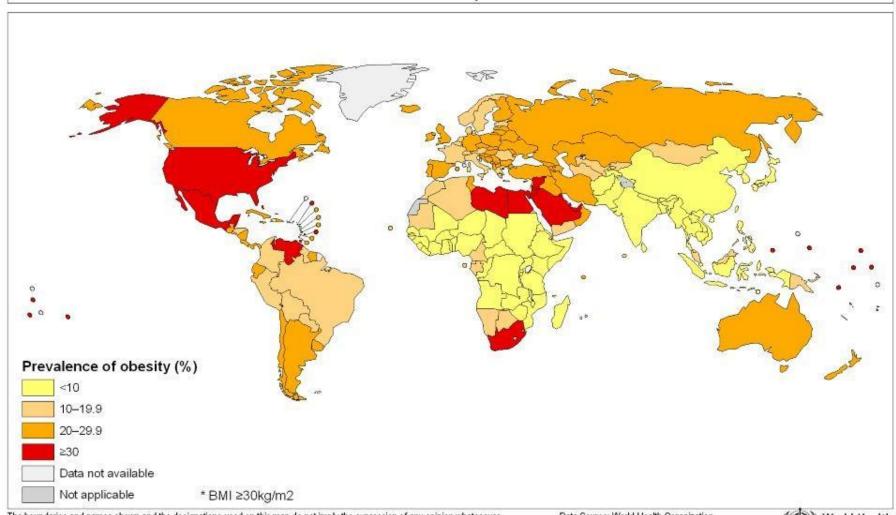
- The issues
 - Calories (of poor nutritional value)
 - weight gain, obesity
 - Dental caries
 - Metabolic effects
- The recommendation (population goal)
 - -Free sugars: less than 10 en % (WHO 2003, 2015), additional benefit, if below 5 en% (WHO2015)

THE GLOBAL SUGAR GLUT

Global sugar supply (in the form of sugar and sugar crops, excluding fruit and wine) expressed as calories per person per day, for the year 2007.



Prevalence of obesity*, ages 20+, age standardized Both sexes, 2008



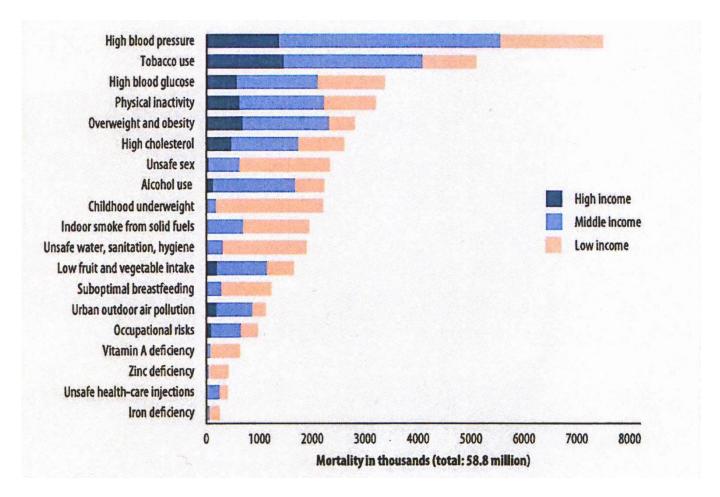
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization Map Production: Public Health Information and Geographic Information Systems (GIS) World Health Organization



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World: Deaths attributed to 19 leading risk factors, by country income level, 2004





Diabetes epidemic

- Strongly associated with weight gain in individuals and populations
- Excess calories from
 - -Sugar
 - -Fat
 - -Alcohol
- Increased portion sizes, frequent eating
- Physical inactivity



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Obesity among children and adolescents often associated with

- Consumption of soft drinks (sugar)
- Consumption of candy (sugar)
- Consumption of fast foods (fat)
- Physical inactivity associated with much time with computer games, TV watching etc.







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To change diet/to promote dietary change

- 1) People change their consumption patterns and/or
- 2) Products consumed change (reformulation)

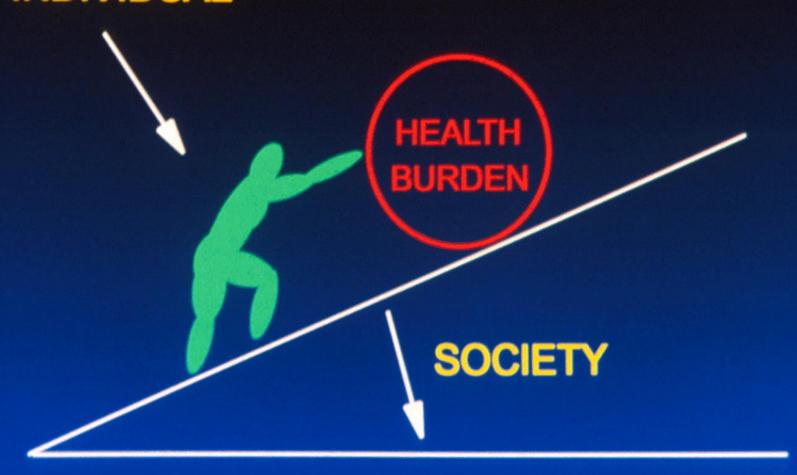
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- 1) Health promotion
- 2) Policy changes



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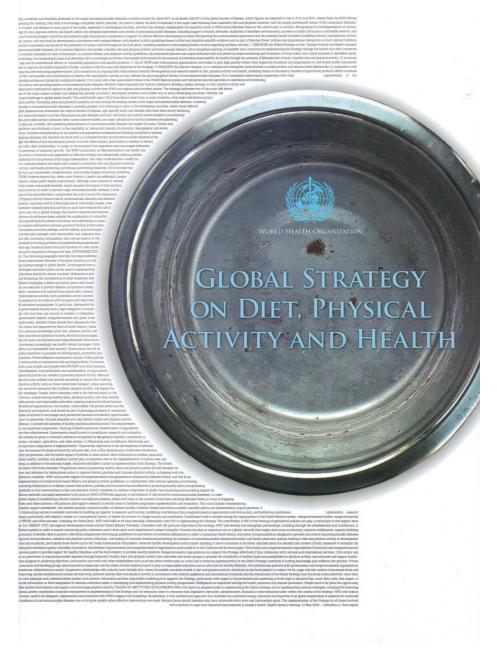
INDIVIDUAL



Efforts to reduce sugar intake

- Usually to control the obesity (and type 2 diabetes) epidemic
- WHO Global NCD Action Plan 2013-20: Target (by 2025) to half the raise in diabetes and obesity
- National campaigns: NGOs, governments, industry
- National policies









Policy options to reduce sugar 1.

- 1. Food labeling: contents of sugar etc.
- 2. Health claims:
 - ➤ general
 - >symbols (traffic lights, heart symbol, etc.)
- 3. Taxation:
 - sugary products (soft drinks, candy)
 - **>** sugar
- 4. Regulation on food formulation (sugar contents)



Policy options to reduce sugar 2.

- 5. School policies:
 - ➤ availability of soft drinks and candy at school (kiosks, vending machines,...)
 - healthy school meals
- 6. Other availability of sugary products
 - >Sports events, concerts, movies etc.
- Regulation of advertizing (WHO code on marketing to children)
- 8. Support to health education, media messages



Reformulation of products

- Less sugar
- Artificial sweeteners?

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- Interaction with industry, guidelines
- Labelling and symbols to guide consumers



Reduce the intake of sugary food items

- Soft drinks, candy, ice cream, other sugar drinks
- Health education
- Restriction of marketing (especially children)
- Change to the other products: water, juices?
- Extra taxes



The Finnish Heart Symbol

- Over 1000 "Heart symbol foods" on the market
- More than 70 food companies
- The Heart Meal has also been launched
- Better choice in a food category (salt, total fat/fat quality)
- In some food categories also fibre, sugar and cholesterol







Examples of campaigns

- Australia: Shape up Australia (Australian Government 2013)
 - -Partnership, non-commercial
- England: Public Health England recommendations for national campaigns
- Major Bloomberg's campaign in New York (tobacco, sugar, salt): some documented success



Results

- So far evidence on national level for major reductions in sugar intake and/or weight reduction is very limited, if not non existent
- Reduction in obesity has happened in "natural experiments" (war time, Cuba...)
- Leveling off in obesity increase has been reported at least from USA and Finland.



Hong Kong to consider

- Recommendations for voluntary changes in products and serving sizes by
 - food industry
 - restaurant industry
- Some regulation (incl. rules on labeling, health claims, etc.)
- Health promotion campaigns to support the change
- Intersectoral collaboration
- Monitoring and reporting (to policy makers and the public)
- Extra tax on sugary products??

Thank you



