

How 54 young teeth horrified a dentist, and motivated leaders to treat sugar as the new tobacco

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Child with decayed teeth © Shutterstock

“Sugary drinks are the new tobacco”

It's a contentious statement, but in terms of how we need to deal with sugary drinks, there is no doubt that sugary drinks should be treated like tobacco. [Evidence](#) is clear that [taxation](#) [1], [advertising bans](#), [sponsorships bans](#) [2] and [removing sugary drinks from settings](#) [3], such as hospitals, schools, and public spaces are powerful ways to reduce the consumption of sugary drinks across the population... as such actions have successfully done to reduce tobacco use. But are sugary drinks really so harmful, and is action so urgent?

The common risk factor for NCDs & tooth decay? Sugar.

Sugary drinks have been directly implicated in obesity, type 2 diabetes and a myriad of other noncommunicable diseases (NCDs), including tooth decay (also known as dental caries or cavities). As a public health dentist I am particularly interested in tooth decay and the pain and suffering that these drinks are causing in/for children. In terms of reducing the burden of NCDs, it makes sense for all of us working in the field of NCD advocacy to be targeting sugar – it's the common risk factor.

54 young teeth

My involvement with sugary drink advocacy began three years ago when I was resting my aching hand after extracting 54 teeth from children and young adults, all under general anaesthetic, when I looked out the window and saw a Coca-Cola truck delivering their products to the hospital cafe. I was incensed! The majority of the patients I had just seen that morning had been regularly consuming sugary drinks such as those Coca-Cola derive its profits from.

The very company that was contributing to so much pain and suffering around the world was stocking our own hospital with their sickly goods. I spoke with the hospital's Chief Executive and told him of the teeth I had removed only hours earlier – at cost of \$16,000 (general anaesthetics are \$4,000 each) to the hospital – (and inevitably the tax paying public via Government health budgets funded by tax revenue). I underscored the problematic trend by highlighting that **in the previous year our dental department had carried out 252 general anaesthetic procedures on children aged 8 years and under – to the tune of \$1 million.**

Health Promoting Settings: making being healthier, easier

With such a clear link between sugary drinks and tooth decay, obesity and type 2 diabetes, it seemed, to me, totally inappropriate for a hospital charged with the care of those living with these conditions, to be selling sickness on its own property, providing tainted revenue at a health cost to staff, patients and carers. The mere presence of sugary drinks in a hospital subconsciously conferred endorsement – how could a patient make sense of a dietitian's advice to cut back on consuming sugary drinks if they were faced with a cabinet of them during their lunch break? I suggested that we show leadership and become the first hospital in New Zealand to ban the sale of sugar-sweetened beverages (SSBs). The Chief Executive agreed, and on 1 March 2014 we became the first hospital in New Zealand to instigate a 'Sugar Sweetened Beverage (SSB) Free' policy. Our success had a domino effect - within 18 months, all hospitals in New Zealand had a similar policy in place.

Based on this success, I then suggested to our local Mayor and Council that they follow suit with a SSB free policy. As a Council, such a policy aligned well with being a positive role model for the community they served. Again, leadership, this time by the Mayor, was key to the adoption of a SSB free policy - where no SSBs would be sold at Council premises, property or events. Later that year the Council became the first Council in New Zealand to adopt a SSB free policy. After a few more direct approaches to other Councils, four have now also adopted SSB free policies.

The next step in local action, following the "settings" model, was to encourage the Principal of our local school to initiate a water only policy in all school functions, sports trips and the annual school gala. Again, leadership by the Principal provided a positive role model for other schools to follow suit. Subsequently, I approached the Ministry of Education and suggested that they show leadership in this area, which they did by writing to all schools in New Zealand urging them to consider adopting a water only policy.

"Sugary drinks are the leading source of sugar for New Zealand children, and the leading risk factor for obesity, type 2 diabetes and tooth decay. This policy change sends a clear message regarding diet and health and our commitment to the health of people in Nelson Marlborough." - Chris Fleming, CEO of Nelson Marlborough District Health Board

Not to be ignored: Artificial sweeteners, juices, flavoured milks and sports drinks

According to the [WHO's Guidelines on Sugars](#) [4], juices (even 100% fruit juices) are classified as free sugars and as such should be treated like SSBs.

With new and emerging [evidence](#) [5] linking artificially sweetened beverages (ASBs) with weight gain and type II diabetes, as well as the acidic nature and subsequent erosion of teeth, our hospital modified the SSB free policy and went the next step – [removing juices and ASBs](#) [4], thus becoming a water, unflavoured milk only hospital. Many other hospitals are also realising the merits of such a policy because of the high sugar content in juice and the negative impacts of ASBs.

Although tax is the hammer in the tool box of measures to reduce sugary drink consumption, other actions are also required. These include the adherence to WHO's [recommendations](#) [2] on junk food marketing and to children advertising restrictions of junk food, water only policies at schools and public buildings. As with the removal of tobacco sponsorship of sporting events, another approach is to highlight the inappropriateness of sports stars being associated with sugary drinks. We have done this in New Zealand by calling out the All Blacks, our national rugby team, for accepting sponsorship by Gatorade.

Products that contribute to poor health have no place in settings and activities that are inherently about health, wellbeing and nourishment, particularly when the association sends mixed messages to children and adults.

Growing momentum – leadership, partnership & action

Momentum against sugary drinks is gaining traction globally. During a recent sabbatical to the Prevention of Noncommunicable Disease Department at the World Health Organization (WHO), Geneva, an important report on fiscal policies to reduce NCDs was [launched](#) [6], which emphasised the value of taxes for reducing consumption of sugary drinks and subsidies to promote consumption of healthy foods, both of which can reduce healthcare costs and improve health. At the same time, WHO announced a sugary drink free policy at its headquarters in Geneva, [announced](#) [7], much to the credit of the leadership team at WHO. Several regional offices of WHO have adopting similar policies, bringing true value to the mantra of ‘walking the talk’.

The technical report and WHO sugary free policy highlight the urgent need for governments – and other organisations – around the world to do all they can to reduce the pain, suffering and financial impacts these drinks are having on the population, especially the most disadvantaged. Individual [dentists](#) [8] and dental associations around the world are beginning to stand up and speak out on the impact of sugary drinks. For example the New Zealand Dental Association has [launched](#) [9] a Sugar Consensus Statement which outlines various measures to reduce sugary drink consumption and the FDI World Dental Federation recently adopted a [Policy Statement](#) [10] on free sugars and dental caries.

Like tobacco, sugary drinks are not good for health - the campaign for a world free of sugary drinks is urgent. In combatting the impact of sugary drinks, we can benefit from teaming up with other NCD prevention partners, heed lessons from tobacco control colleagues, being leaders and together ensuring that mouths, brains and bellies have a better future.

20th March is World Oral Health Day.

*There are many ways you can ‘Live **MOUTH SMART**’ and make sure you have set yourself up for a healthy future.*



[11]

About the Author

Dr Rob Beaglehole ([@robbeaglehole](#) [12]) has a dental degree and a Master's of Dental Public Health. He has worked as a clinical dentist, a public health policy analyst for the FDI World Dental Federation in Geneva and as the Senior Political Advisor to the Associate Minister of Health in the New Zealand Parliament. Currently, Rob is the Principal Dental Office and Public Health Advocate for the Nelson Marlborough District Health Board (DHB). He is

also the New Zealand Dental Association's Spokesperson. Rob has been instrumental in firmly placing the dangers of sugary drinks on the national agenda, including helping to initiate policies where no sugary drinks are sold at DHBs, some Councils and schools around NZ. Recently he was on sabbatical to the World Health Organisation, Geneva where he was involved with the team that successfully advocated for a sugary drink free policy at WHO.

Featured:

Related Link: [Nelson Marlborough District Health Board on Sugar Sweetened Beverages](#) [13]

[New Zealand Dental Association: Consensus Statement Sugary Drinks](#) [14]

[World Oral Health Day - Live Mouth Smart](#) [11]

[FDI - Sugar & Dental Caries Toolkit](#) [15]

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Links

[1] <https://www.theguardian.com/society/2017/feb/22/mexico-sugar-tax-lower-consumption-second-year-running>

[2] <http://www.who.int/features/2014/uk-food-drink-marketing/en/>

[3] <http://onlinelibrary.wiley.com/doi/10.1111/jpc.13449/abstract>

[4] http://www.who.int/nutrition/publications/guidelines/sugars_intake/en/

[5] <https://www.ncbi.nlm.nih.gov/pubmed/26199070>

[6] <http://www.who.int/dietphysicalactivity/publications/fiscal-policies-diet-prevention/en/>

[7] [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)31897-9/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)31897-9/fulltext)

[8] [http://jada.ada.org/article/S0002-8177\(14\)00060-9/fulltext](http://jada.ada.org/article/S0002-8177(14)00060-9/fulltext)

[9] <http://www.healthysmiles.org.nz/assets/Final%20Consensus%20Statement%20on%20Sugary%20Drinks%20Jan%202017.pdf>

[10] http://www.fdiworlddental.org/sites/default/files/media/documents/3-fdi_ps_sugar_2015_hs.pdf

[11] <http://www.worldoralhealthday.com>

[12] <http://www.twitter.com/robbeaglehole>

[13] <https://www.nmdhb.govt.nz/public-health-service/a-z-public-health-topics/oral-health/sugar-sweetened-beverages/>

[14] [http://www.healthysmiles.org.nz/assets/Final Consensus Statement on Sugary Drinks Jan 2017.pdf](http://www.healthysmiles.org.nz/assets/Final%20Consensus%20Statement%20on%20Sugary%20Drinks%20Jan%202017.pdf)

[15] <http://www.fdiworlddental.org/resources/toolkits>