

WMA STATEMENT ON FREE SUGAR CONSUMPTION AND SUGAR-SWEETENED BEVERAGES

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PREAMBLE

Non-communicable diseases (NCDs) are the leading causes of death worldwide. Every year 40 million people die from NCDs [1]. The most common causes of these diseases are poorly balanced diet and physical inactivity. A high level of free sugar consumption has been associated with NCDs because of its association with obesity and poor dietary quality.

According to the World Health Organization (WHO), free sugar is sugar that is added to foods and beverages by the manufacturer, cook or consumer that results in excess energy intake which in turn may lead to parallel changes in body weight.

WHO defines free sugar as 'all sugars that are added during food manufacturing and preparation as well as sugars that are naturally present in honey, syrups, fruit juices, and fruit concentrates.'

Sugar has become widely available and its global consumption has grown from about 130 to 178 million tonnes over the last decade.

Excess free sugar intake, particularly in the form of sugar-sweetened beverages, threatens the nutrient quality of the diet by contributing to the overall energy density but without adding specific nutrients. This can lead to unhealthy weight gain and increases the risk of dental disease, obesity and NCDs. Sugar-sweetened beverages are defined as all types of beverages containing free sugars (include monosaccharides and disaccharide) including soft drinks, fruit/vegetables juices and drinks, liquid and powder concentrates, flavored water, energy and sports drinks, ready-to-drink tea, ready-to-drink coffee and flavored milk drinks.

The World Health Organization recommends reducing sugar intake to a level that comprises 5% of total energy intake (that is around 6 teaspoons per day) and not to exceed 10% of total energy intake [2].

The price elasticity of sugar-sweetened beverages according to a meta-analysis published in USA, is -1.21. This means that for each 10% increase in the price of sugar-sweetened beverages, there is a -12.1% decrease in consumption. Successful examples of price elasticity were seen in Mexico as the consumption of sugar-sweetened beverages decreased after imposing the sugar tax.

Data and experience from across the world demonstrate that a tax on sugar works best as part of a comprehensive set of interventions to address obesity and related chronic diseases. Such interventions include food advertising regulations, food labelling, educational campaigns, and subsidy on healthy foods.

RECOMMENDATIONS

The World Medical Association (WMA) and its constituent members should:

- call upon the national governments to reduce the affordability of free sugar and sugar-sweetened beverages through sugar taxation. The tax revenue collected should be used for health promotion and public health preventive programs aimed at reducing obesity and NCDs in their countries;

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- encourage food manufacturers to clearly label sugar, if present, in their products and urge governments to mandate such labeling;
- urge governments to strictly regulate the advertising of sugar containing food and beverages targeted especially at children;
- urge national governments to restrict availability of sugar-sweetened beverages and products that are highly concentrated with free sugar from educational and healthcare institutions and replace with healthier alternatives.

Constituent members of the WMA and their physician members should work with national stakeholders to:

- advocate for healthy sustainable food with limited free sugar intake that is less than 5% of total energy intake;
- encourage nutrition education and skills programs toward preparing healthy meals from foods without added sugar;
- initiate and/or support campaigns focused on healthy diets to reduce sugars intake;
- advocate for an inter-sectoral, multidisciplinary and comprehensive approach to reducing free sugar intake.

References

[1] <http://www.who.int/fr/news-room/fact-sheets/detail/noncommunicable-diseases>

[2] [WHO Guideline: Sugars Intake for Adults and Children 2015](#)