

## Podcast transcript

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Sugarcoated: Sugar tax and media discourses on the context of policymaking

Hello everyone. My name is Esther and I have recently defended my PhD at Lund University in which I studied the role of sugar intake and cardiovascular disease development within the context of nutritional recommendations. For today, I would like us to focus on the existing nutritional recommendations and to understand them.

We need to ask ourselves three questions. First of all, what is sugar? Second, why should we study it? Why should we be worried about them? And 3rd, how much sugar should we be eating. Dietary sugars can be classified into three types. The first one would be added sugar, and this refers to all sugars that are not naturally present in foods and beverages but that have been added to them at some stage, whether that is during processing or manufacturing or at the table. Then we have free sugars, which includes all of the added sugars, but also some sugars that are naturally present in certain foods, like for instance, honey, syrups, fruit and vegetable juices, and fruit and vegetable juice concentrates. And last but not least, we have total sugars which includes all of the above, but also those sugars that can be found in fruits, vegetables and milk and dairy products. So as an example, if we eat an orange as a whole, then we are eating total sugar. If we squeeze it and we turn it into a juice, then that would be considered free sugar. But if we add any additional sugar to either the juice or the fruit, then we are talking about added sugars.

Why should we study sugar? Why should we care about it? It seems that Mary Poppins might have been onto something because it turns out a spoonful of sugar might as well just help the medicine go down. High sugar intake has been related to, and has been linked to, numerous conditions including obesity, cardiovascular disease, type 2 diabetes and many other diseases that can be prevented with a healthier diet. But then how much sugar should you be eating? It seems that the nutritional recommendations for the past decade, and all over the world, have not been able to agree on three main aspects. What type of sugar to look at, where to set the threshold for consumption, and what outcomes in terms of disease should we be focusing or studying to set up those thresholds. In terms of type of sugar, it looks like the debate runs between added and free sugars. Or a combination of both. Thresholds for those nutritional recommendations that have established quantitative thresholds, it seems to run between 5 and 10% of our total energy intake. And in terms of outcomes, it reflects those conditions that I just mentioned on the previous slide, excess energy intake, overweight, obesity, type 2 diabetes, dental caries and chronic metabolic diseases, which include cardiovascular disease and liver disease among others.

I would like us to focus on this very last one because the recommendations by the European Food Safety Authority were issued just this year earlier in February. And they were issued as a result of a request from 5 European countries that demanded a scientific opinion on dietary sugars, based on the inconsistency of the existing recommendations, as you have just witnessed. The differences between added and sugar and added and free sugar were not able to be analysed, and they were explored together. And in terms of outcomes, they focus on chronic metabolic diseases, which include obesity, cardiovascular disease, non alcoholic fatty liver disease, type 2 diabetes, among others, as they also included some pregnancy-related endpoints and dental caries.

For the purposes of this talk and for my PhD, I was very interested in chronic metabolic diseases. So some of the resources, they found a causal relationship between chronic metabolic diseases and sugar consumption, but with different levels of certainty. It seems that excess energy is the leading cause behind the health effects of a high sugar intake. But while they found no support between cardiovascular disease and the consumption and added free sugar, the certainty level for the consumption of sodas or sugar sweetened beverages was quite high. In the end, they didn't seem to have enough evidence from trials. The information above is just from observational studies, so they could not establish a quantitative threshold. Instead, the recommendation was to limit the intake of added and free sugar to be as low as possible within the context of a nutritionally adequate diet. In other words, what this means is, until we know better, until we have more evidence, we should try to aim to eat less sugar. Because we are sweet enough already. Thank you so much for listening.