

Editorial

Sugar: moving from evidence to action

Against the backdrop of the WHO draft guideline released earlier this year, the current issue of *Public Health Nutrition* highlights the topic of sugar consumption. Articles in this issue provide information on levels of energy drink consumption among adolescents in Trinidad and Tobago¹ and consumption of beverages, including sugar-sweetened beverages, among children and adolescents in Mexico². Two more articles provide evidence of the negative effect of sugar or sugar-sweetened beverage intake on dental caries³ and obesity⁴. A further two articles consider the role of local snack food outlets⁵ and policy⁶, with implications for strategies to improve our food environments. Notably, all six articles focus on children and/or adolescents. These articles reflect the state of our evidence base with respect to sugar: its high levels of consumption globally, its negative health effects, children/adolescents as a particularly vulnerable population, and the importance of environmental and political contexts.

Two guest commentaries in this issue discuss how to move forward given the WHO's thorough evaluation of the evidence base. In her commentary, Professor Annie Anderson, from the Centre for PHN Research at the University of Dundee, presents further evidence to support moving from the risk assessment conducted by the WHO team to risk management – in other words, moving from the task of evaluating the evidence to actually acting on it⁷. The second commentary, by Dr Anne Marie Thow from the University of Sydney who is a member of our editorial board, and Dr Corinna Hawkes at World Cancer Research Fund International, is a powerful call to use the WHO guideline as a stimulus to take action⁸. The two commentaries argue their points eloquently, and they share several themes:

1. A life-course perspective is critical. A sweet food environment fosters a taste for sweets early in childhood, with negative health effects that are measurable early in life.
2. Reducing population-level sugar intake will require interventions with multiple components and at multiple levels. Any strategies must:
 - a. aim to improve overall diet quality and not just reduce sugar intake;
 - b. have the cooperation of researchers, government and the food industry; and
 - c. develop environments – whether local, national or global – that are supportive of reducing sugar intake.
3. The release of the WHO draft guidelines is a milestone and should be viewed as an opportunity and basis for action.

Action of course can be at any level, but political action has enormous potential to affect whole environments. How do we move from draft guidelines to political action? As Thow and Hawkes make clear in their commentary, having enough evidence is important but by itself not enough; also critical are a delineation of different policy options and development of the social and political will to implement policies. Given the evidence and the broad range of examples of policy available, inaction is now inexcusable. Let this be an occasion to step outside our familiar research communities, find new collaborators and allies, and make the research count. Let this not be another instance of inaction in the face of sufficient evidence.

Marilyn Tseng
Editor-in-Chief

Email: mtseng@calpoly.edu

Allison Hodge
Deputy Editor

Email: allison.hodge@cancervic.org.au

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