CED RESOLUTION – UPDATE

Reducing Sugar Consumption and Preventing Oral Diseases

Council of European Dentists
President Dr Freddie Sloth-Lisbjerg
Transparency register: 4885579968-84
Avenue de Cortenbergh 89/6
B-1000 Brussels
T +32 (0)2 736 34 29
ced@centists.eu
www.cedentists.eu

INTRODUCTION

The Council of European Dentists (CED) is a European not-for-profit association which represents over 340,000 dental practitioners across Europe through 33 national dental associations and chambers in 31 European countries. Established in 1961 to advise the European Commission on matters relating to the dental profession, the CED key objectives are to promote high standards of oral healthcare and dentistry, and effective patient-safety centred professional practice.

As part of its work, the CED aims to accelerate the prevention of diseases and the promotion of oral and dental health. This includes a strong call on EU decision makers to urgently develop and adopt policies and binding measures for the effective reduction of free sugars consumption across the European Union.

This updated Resolution aligns with the WHO Global Oral Health Action Plan 2023-2030, the Bangkok Declaration on Oral Health[1] and the World Dental Federation (FDI) Policy Statement on the Reduction of Sugar Consumption (2024) and therefore adheres to the growing international momentum for tackling free sugars consumption and extensive associated disease burden.

SUGARS AND NCD RELATED DISEASES

Sugar is a leading cause of tooth decay, particularly among children and the elderly. Reducing sugar consumption will decrease the pain and suffering caused by this preventable disease, as well as oral health associated morbidity. This includes periodontal diseases, gingivitis, and oral cancers.

Poor oral health as well as sugar consumption, as a common risk factor to several major chronic non-communicable diseases, significantly impact prevalence of other non-communicable diseases such as obesity, type 2 diabetes, insulin resistance, cardiovascular diseases, Alzheimer's, dementia, and several types of cancer.

Oral health and general health hold a bidirectional relationship. Pre-existing oral health conditions such as periodontal disease and primary gum infections may, more broadly, also deteriorate conditions such as diabetes, cardiovascular diseases, cancer, high blood pressure, stroke and other non-communicable diseases. These may in turn also have adverse effects on oral health. The 2024 Bangkok Declaration emphasises, to that end, the need to tackle conjointly oral and non-communicable diseases.

The European Region was identified in 2019 as the region with the highest prevalence of dental caries on permanent teeth across all WHO regions[2]. This is coupled with the highest economic

[1] See the Bangkok Declaration "No Health Without Oral Health. Towards Universal Health Coverage for Oral Health by 2030". Adopted on the 26 November 2024.
[2] Ibid

costs associated to caries treatment in Europe in comparison to other diseases[3]. High sugar consumption and untreated dental caries also generate significant indirect social and economic costs related to a loss of productivity, with cavities impacting children's school attendance, academic achievements, increased paediatric hospitalisation and quality of life.

It is important to note that hidden sugars in foods and drinks can also cause gum disease. There is evidence of a relationship between obesity and gum disease. Equally it is important to note that many sugar-free drinks, marketed as alternatives, have the capacity to lead to irreparable teeth decay and erosive tooth wear due to their acidity and subsequent erosive effects.
In addition, consumption of soft drinks with sugars has been shown to be the highest in adolescents across Europe[4], a critical age for oral hygiene, health promotion and disease prevention. Importantly, a strong social gradient in the distribution of caries in all age groups can be highlighted[5].

Strong inequalities in prevalence of caries can be noted between the 27 EU Member States as well as across different socio-economic European population groups, with notable higher cavity rates recorded for Eastern European countries[6]. These inequalities can also be linked, among other reasons, to the disparities in consumption of sugar-sweetened beverages (SSB)[7], as well as observed disparities in sugar content levels and types of sugar found in processed foods, including sugary drinks marketed in Eastern and Southern European countries.

GUIDELINES AND DEFINITIONS

The term "free sugars" used in this paper is defined as monosaccharides (glucose, fructose) and disaccharides (sucrose) added to food and beverages by the manufacturer, cook or consumer and sugars naturally present in honey, syrups, fruit juices and fruit juice concentrate.
Total sugars, on the other hand, include naturally occurring sugars, such as sugars in the structure of intact fruit and vegetables, milk sugar (lactose) and all added sugars in food and beverages[8].

The World Health Organisation guideline published in 2015 strongly recommends that adults and children reduce their intake of free sugars to below 10 per cent of daily calories, with a further conditional recommendation that a reduction to below five per cent would confer additional health

[3] Listl S, Grytten JI, Birch S. 2019. What is health economics? *Community Dent Health*. 36(4):262–274
[4] Vukovic A, Schmutz KA, Borg-Bartolo R, et al. Caries status in 12-year-old children, geographical location and socioeconomic conditions across European countries: A systematic review and meta-analysis. *Int J Paediatr Dent*. 2024; 35: 201-215.
[5] Rogers N.T, Cummins S., et al. 2025. Changes in household purchasing of soft drinks following the UK soft drinks industry levy by household income and composition: controlled interrupted time series analysis, March 2014 to November 2019: BMJ Nutrition, Prevention & Health.
[6] Vukovic A, Schmutz KA, Borg-Bartolo R, et al. Caries status in 12-year-old children, geographical location and socioeconomic conditions across European countries: A systematic review and meta-analysis. *Int J Paediatr Dent*. 2024; 35: 201-215. 10.1111/ipd.13224
[7] EFSA Panel on Nutrition, Novel Foods and Food Allergens, Turck. D., et al. Tolerable upper intake levels for dietary sugars. 2022. EFSA Journal. 20(2). Tolerable upper intake level for dietary sugars - - 2022 - EFSA Journal - Wiley Online Library
[8] World Health Organisation Europe. 2022. Sugars Factsheet: sugars-factsheet.pdf

benefits. These recommendations are supported by evidence of the dose-dependence of dental caries on free sugars consumption. According to the World Health Organisation Europe, European countries with available data reported higher rates of adult daily sugar intake than the WHO recommended end-target of less than 5% of free sugars in daily calorie intake, while achieving the first WHO recommendation of less than 10% of free sugars in daily calorie intake[9] [10].

Target 2.1 of WHO Global Oral Health Action Plan 2023-2030 and the 2024 Bangkok Declaration call for the development of policies to reduce free sugars intake, with the aim of 50% of countries having implemented policy measures aiming to reduce free sugars intake by 2030.

SUGAR PRODUCTION AND CONSUMPTION IN EUROPE

The European Union, as the world leading beet sugar producer with 50% of global production, also remains a net importer of raw sugar with 966 895 tonnes of raw sugar cane imported by the European Union between October 2023 and September 2024.

European sugar beet production is foreseen to render 15.7 million tonnes of raw sugar between 2024 and 2026, alongside a progressive increase in isoglucose production[11].

The quantity of free sugars cultivated, produced, and available in European markets far exceeds the quantity required to meet the consumption needs of the European population, which is estimated at 4,78 million tonnes a year[12], according to WHO recommendations on free sugar intake[13]. 11.89 million tonnes of sugar was however absorbed by the European food industry between 2023-2024[14]. Given this surplus, restricting sugar imports into the EU is a necessary measure. In addition to the impact of excess sugar cultivation on health, it can cause harm to the environment, including decimating topsoil and damaging biodiversity through the use of neonicotinoids[15].

EUROPEAN LEGISLATIVE FRAMEWORK

Existing European legislation and policies around sugar production, marketing and consumption remain weak, particularly in the areas of marketing, advertising, promotion and sponsorship of processed and sugar-dense foods and sugar-sweet beverages, norms around food reformulation

[9] Sugars Factsheet. World Health Organisation Europe. 2022. sugars-factsheet.pdf
[10] Global oral health status report: towards universal health coverage for oral health by 2030. Geneva. World Health Organisation; 2022. Global oral health status report: towards universal health coverage for oral health by 2030
[11] EU Agricultural Outlook. 2023. DG Agriculture and Rural Development, Analysis and Outlook Unit. European Commission
[12] Estimated calculation based on the recommended 5% sugar intake for the total population of the European Union, EEA countries and the United Kingdom.
[13] The 5% recommended sugar intake on total daily energy intake has been estimated to amount to approximately 25g per person and per day (WHO, 2022)
[14] Directorate-General for Agriculture and Rural Development. Sugar Use 2023-2024. Table available here: https://agridata.ec.europa.eu/extensions/DashboardSugar/SugarTrade.html
[15] Feedback and Action on Sugar. Sugar Pollution: Curbing sugar supply for health and the environment. 2023. Report available here.

and sugar content, as well food labelling and warnings rules, policies protecting children and teenagers from highly processed and sugar-dense foods and aggressive marketing, as well as policies awareness-raising strategies.

Existing legislation fails to adequately address excess sugar consumption and intake in the overall health and economic burden of oral and wider non-communicable diseases.

Future policies must strive to step away from the current regulatory approach of industry self-regulation and adopt strong and effective policy measures aiming to rapidly curb sugar consumption in Europe, safeguard consumer protection and awareness as well as address sugar industry interference.

CED RECOMMENDATIONS

CED takes the view that there is no single solution to the complex problem of sugar over-consumption, and that a multi-factorial approach is required to achieve improvements in public health. Action is required from international bodies, national and local governments, food and drink manufacturers, advertisers and retailers, regulators, health services and professionals, educators and employers to help individual consumers to improve their food choices.

The CED urges policy makers to:

- **Introduce EU trade barriers and increased tariffs** on imported raw sugar cane and other sugars, to limit the supply of available free sugars on the European market, aligning with the need to reduce surplus production and control excess availability.
- **Implement the WHO Guideline recommendation** to reduce the intake of free sugars to less than 10% of total energy intake, with a further reduction target below 5% of total energy intake. This includes a clear call for action for EU-wide binding measures and an emphasis on achieving measurable public health outcomes.
- **Strengthen the EU's nutrition policy**, through the revision of the Food Information to Consumers Regulation (1169/2011) and the Regulation on nutrition and health claims made on food (1924/2006), which includes infant foods and drinks.
- **Require comprehensive front-of-packet labelling**, including the inscription of recommended daily sugar intake, as well as health warnings on high-sugar consumption (text and visual representations of sugar-related diseases, aligning with public health campaigns to raise awareness and actionable tips for the public).
- **Adopt nutritional standards** for public services and amenities, such as hospitals, educational and childcare settings, prisons, care homes, and leisure facilities, and provide diet/health training for catering decision-makers integrating recommendations to eliminate sugary options and introduce oral health education in schools and workplaces.

- **Harmonise rules on the sugar content of sugar-sweetened beverages (SSB)** and soft drinks sold across EU Member States and within the EU market, with mandatory limits on free sugars in processed foods and beverages, accompanied by reformulation targets.
- Introduce and adopt new legislation around sugar marketing, including regulations **restricting advertising, promotion, and sponsorship** of sugary products particularly targeting children and adolescents. This could be achieved through the adoption of a **Sugar Advertising Directive**, similar to the existing tobacco advertising model (to eliminate positive associations with high-sugar products).
- **Ban sponsorship by companies producing high-sugar food and drinks**, particularly sporting events, in line with existing tobacco and alcohol policies ensuring vulnerable populations, such as adolescents, are not exposed to harmful marketing strategies.
- **Shift away from the existing sugar industry self-regulation strategy** followed by the European Union by implementing binding restrictions on marketing, product placement and advertising of high-sugar food and drink aimed at children and adults across all media (including digital).
- **Adopt an EU sugar-sweetened beverage (SSB) tax**, aligning with global efforts to reduce sugar consumption and extend taxation to free sugars in processed and ultra-processed foods, including confectionery and pre-packaged items, milk-based drinks, yogurts and cereals.
- **Develop Member State guidelines on public health taxation of free sugars** incorporating health and economic benefits and emphasize their alignment with EU-wide strategies for measurable health outcomes.
- **Develop recommendations to public authorities** to discourage the siting of vending machines with high-sugar products in schools and hospitals and encourage the provision of healthier food and drink options in all these settings to protect vulnerable groups, especially adolescents and underserved populations.
- **Promote and elaborate awareness campaigns** targeted towards health professionals, employers and the public, including the promotion of practical measures to promote reduced sugar consumption. These campaigns should link oral health to systemic diseases, provide actionable tips, and incorporate patient testimonies for relatable impact.
- **Promote oral health promotion strategies** regarding sugar consumption by increasing population oral health literacy**.**

All members of the dental team as well as social care workers, with appropriate training, can and should contribute to informing their patients about the impact of sugar consumption on oral health and the importance of limiting the frequency of sugar intake and confining it to mealtimes where possible. They can highlight “hidden” sugars commonly present in many foods. This aligns with

the need for **professional training** and equipping dental and medical professionals with resources to educate their patients effectively.

It is also important that patients maintain a good oral hygiene routine and visit the dentist regularly, further supporting the recommendations to integrate oral health messaging into broader public health campaigns and education systems.

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