

## "Front of pack nutrition labelling"

### **Department of Health**

Deadline: 6 August 2012

## Submission from the Royal College of Surgeons' Faculty of Dental Surgery

Since its inception in 1947 the Royal College of Surgeons' Faculty of Dental Surgery (FDS) has worked to achieve and maintain the highest standards of clinical practice and patient care in the dental specialities by placing the interests of patients at the centre of our activities.

The FDS plays a major role in the development of dental speciality National Clinical Guidelines, as both a collaborator with the National Institute for Health and Clinical Excellence (NICE) and as an instigator of our own guidelines in areas not covered by the work of NICE.

The Faculty wholeheartedly support the Government's drive to optimise food labelling as a key tool to improve public health.

In the response below we outline why sugar and acidity, in particular, are such important factors in public health, and why clear and relatable measurement should be included on food labelling.

#### <u>Summary</u>

Dental erosion and caries (decay) are entirely preventable diseases, which if untreated can lead to dental extractions. Sugar and acid in food and drink play a key role in causing these diseases.

It is felt that the practice of including sugar content in front-of-pack nutrition labelling should continue and, in addition, acidity levels should be included in the labelling on drinks.

#### The impact of acid and sugar on teeth

Fruit and vegetables are vital for a balanced, healthy diet, and it is essential not to detract from that. However many people are unaware that fruit-based drinks and carbonated soft drinks, as well as some foods can be extremely high in acid and in sugar, which can be very damaging to teeth. While the intention is not to discourage people from eating and drinking certain foods, it is essential to educate the public on dangers they may not be aware of to their teeth. The FDS believes front-ofpack nutrition labelling is one way of helping to achieve this.

• In 2011/12 dental caries (decay) was the 4th most common reason children were admitted to hospital.<sup>1</sup> Each such admission to hospital is entirely preventable.

<sup>&</sup>lt;sup>1</sup> Hospital Episode Statistics (HES), The NHS Information Centre for health and social care. Accessed at <u>http://www.publications.parliament.uk/pa/cm201212/cmhansrd/cm120416/text/120416w0005.htm</u>

- The British Society of Paediatric Dentistry report that dental disease is the most common reason why children receive a general anaesthetic in the UK.<sup>2</sup>
- The 2003 Child Dental Survey found that "in children one of the more important causes [of tooth surface loss] is erosion from dietary acids."<sup>3</sup>

# The role of food labelling

While carbonated beverages are widely recognised as a less than healthy choice, smoothies and other fruit drinks are often mistakenly thought of as wholly risk-free. Similarly salad dressings and other foods consumed as part of a healthy diet can have hidden risks.

The danger arises with the acid and sugar content, and what is most concerning is the lack of awareness both of the damage that acid can do to teeth, as well as just how high the levels of acidity are in certain food and drinks.

## Effective communication

As outlined above, one of the largest problems with dietary acid is that people are unaware of the risks. It is therefore essential that the information is communicated in a simple, easy to absorb manner.

The Faculty would like to recommend a very clear label on food and drinks which communicates to the consumer the amount of acid and sugar contained in them.

In terms of sugar content, labelling food and drink with "High, Medium, Low, No Sugar" would be the Faculty's recommendation. In addition it may be useful for the consumer to be aware of how many teaspoons of sugar are in each product, though more research may be necessary, in order to adopt the appropriate cut-off for each of these bands.

In terms of acidity, the Faculty would recommend food and drinks to be labelled as follows:

High acidity (pH < 3)

Moderate acidity (pH 4 – 5)

Low acidity (pH > 5)

In this way, consumers would be made aware of the potential dangers of food and drink with high levels of acidity, and begin to understand the role of pH – the lower the pH number the greater the acidity.

It is the Faculty's opinion that a greater level of public information on the role of acid and sugar in food and drinks on oral health is essential. Food labelling is one such avenue to help achieve this, with dentists also playing a key role in the education of consumers. We would welcome the opportunity to work with Government in achieving this goal.

<sup>3</sup> National Statistics. Social factors and oral health in children. Page 14. Accessed at <u>http://www.dh.gov.uk/prod\_consum\_dh/groups/dh\_digitalassets/@dh/@en/documents/digitalasset/dh\_409</u> <u>9013.pdf</u>

<sup>&</sup>lt;sup>2</sup> The British Society of Paediatric Dentistry. Consultants and specialists in paediatric dentistry. Accessed at <u>http://www.bspd.co.uk/LinkClick.aspx?fileticket=ZIPuk0Nb8NM%3d&tabid=62</u>