UCSF School of Dentistry

Meeting Sugar Reduction Goals for Dental Caries Prevention

Health Care Providers and Educators Focus

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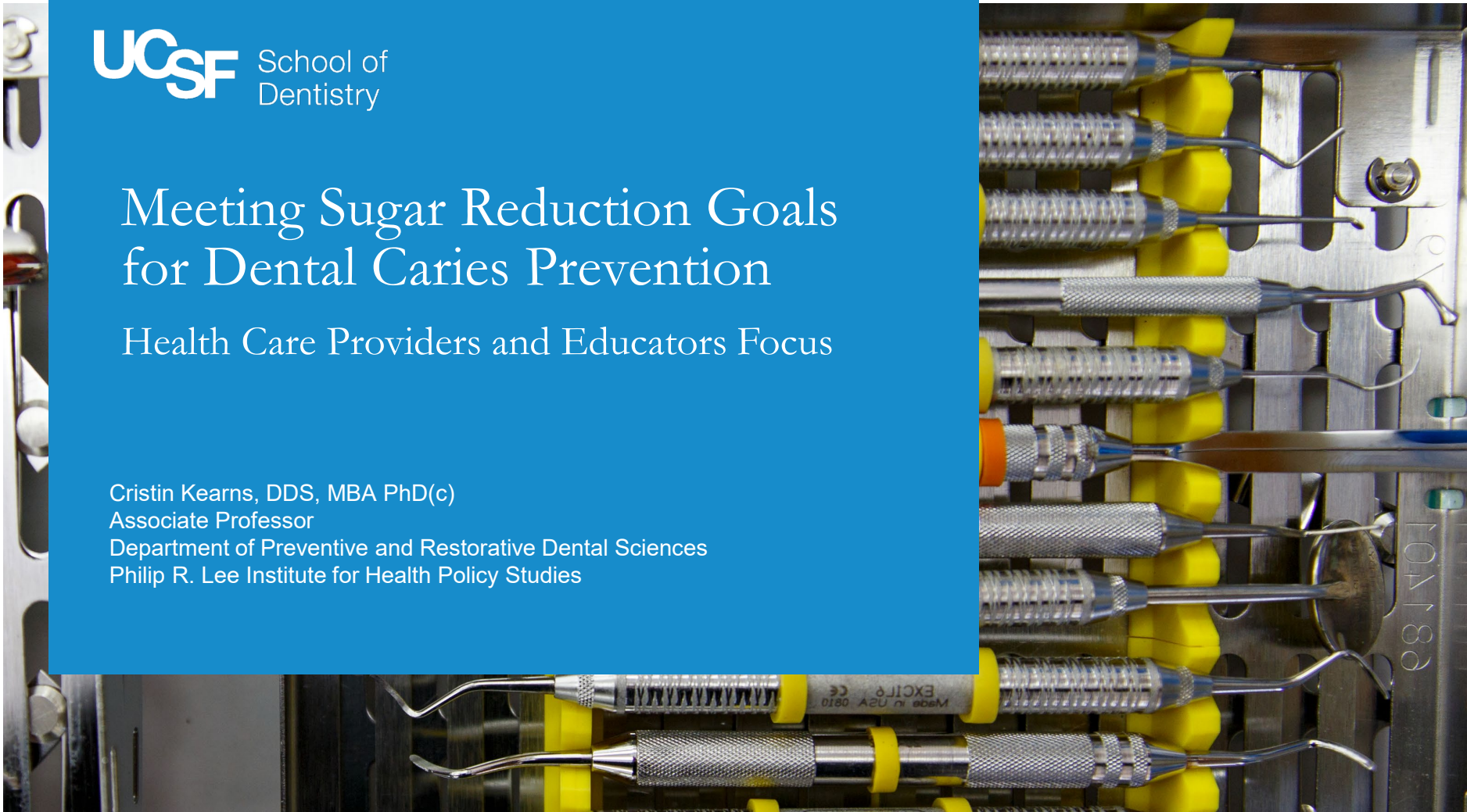
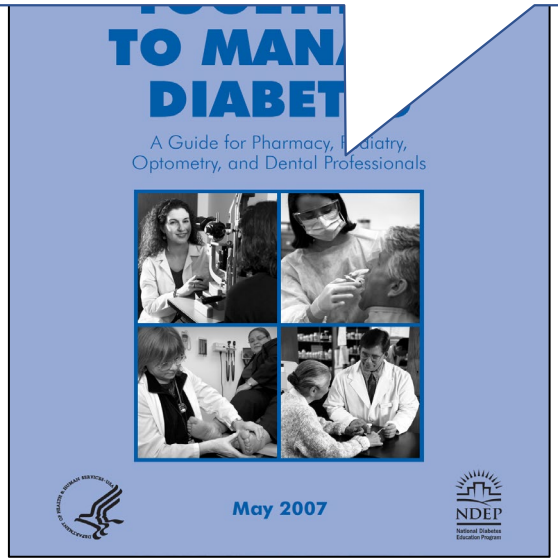


Losing Trust in Dietary Guidelines - 2007

“Increasing fiber and limiting saturated fats and salt will help control blood glucose, blood pressure, and cholesterol.”



Lipton Brisk (sweetened)	16 fl. oz.	92	0	0	0	0	40	44
Lipton Brisk (unsweetened)	16 fl. oz.	0	0	0	0	0	40	0

Drinks	Serving	Calories	Total fat	Saturated fat	Trans fat	Cholesterol	Sodium	Carbs
Milk								
Whole	1 cup	149	8	5	0	24	105	12
2%	1 cup	122	5	3	0	20	100	12
1%	1 cup	102	2	2	0	11	107	12
Skim/Non-Fat	1 cup	83	0	0	0	5	103	12
Hot Drinks								
Coffee	1 cup	5	0	0	0	0	5	0
Coffee, decaffeinated	1 cup	4	0	0	0	0	0	1
Hot Chocolate (made w/2% milk)	1 cup	200	6	4	0	20	110	30
Hot Tea	1 cup	2	0	0	0	0	7	1
Fountain Drinks								
A&W Diet Root Beer	15 fl. oz.	0	0	0	0	0	40	0
A&W Root Beer	15 fl. oz.	220	0	0	0	0	40	60
Barq's Root Beer	16 fl. oz.	147	0	0	0	0	33	60
Caffeine Free Diet Coke	16 fl. oz.	0	0	0	0	0	15	0
Cherry Coca-Cola	16 fl. oz.	137	0	0	0	0	5	56
Coca-Cola Classic	16 fl. oz.	131	0	0	0	0	8	54
Diet Caffeine Free Pepsi	16 fl. oz.	0	0	0	0	0	40	0
Diet Coke	16 fl. oz.	1	0	0	0	0	13	0
Diet Dr. Pepper	16 fl. oz.	0	0	0	0	0	48	0
Diet Mountain Dew	16 fl. oz.	0	0	0	0	0	40	0
Diet Pepsi	16 fl. oz.	0	0	0	0	0	40	0
Dr. Pepper	16 fl. oz.	132	0	0	0	0	48	52
Fanta Orange	16 fl. oz.	148	0	0	0	0	11	40
Hi-C Flashin' Fruit Punch	16 fl. oz.	137	0	0	0	0	12	56
Hi-C Orange Lavaburst	16 fl. oz.	147	0	0	0	0	0	60
Lipton Brisk (sweetened)	16 fl. oz.	92	0	0	0	0	40	44
Lipton Brisk (unsweetened)	16 fl. oz.	0	0	0	0	0	40	0
Lipton Brisk Lemonade	16 fl. oz.	132	0	0	0	0	119	44
Lipton Brisk Raspberry	16 fl. oz.	106	0	0	0	0	0	46
Mello Yello	16 fl. oz.	140	0	0	0	0	11	64
Minute Maid Lemonade	16 fl. oz.	128	0	0	0	0	54	56

Stop & Go Fast Food Nutrition Guide 15

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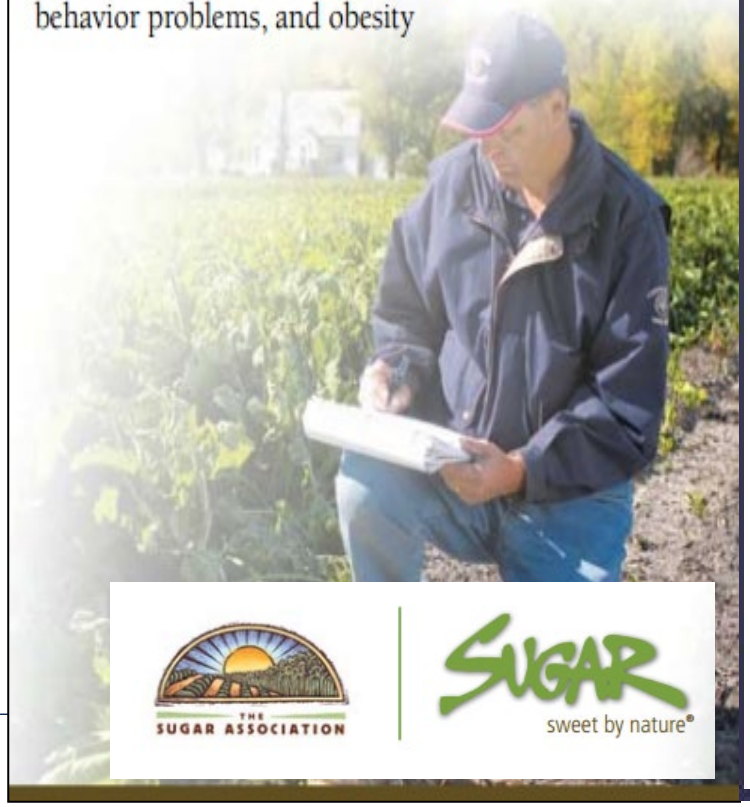
Natural Sugar has been the Subject of Scientific Scrutiny

- 1,000- Number of scientific papers dispelling sugar of links to diabetes, hypertension, behavior problems, and obesity



- In 1986, the FDA Sugars Task Force, in a review of 1,000 scientific papers, reported scientific evidence clears sugars of links with diseases including diabetes, hypertension, behavior and obesity.
- The 1989 National Academy of Sciences Report on Diet and Health stated that for those with an adequate diet, sugar consumption has not been established as a risk factor for any chronic disease.
- In 2002, the National Academy of Sciences concluded that there was insufficient evidence to set an upper level for sugar intake. The study found "no clear and consistent association between increased intakes of added sugars and [body mass index]."
- As an all-natural carbohydrate, sugar contains only 4 calories in every gram, the same as protein.

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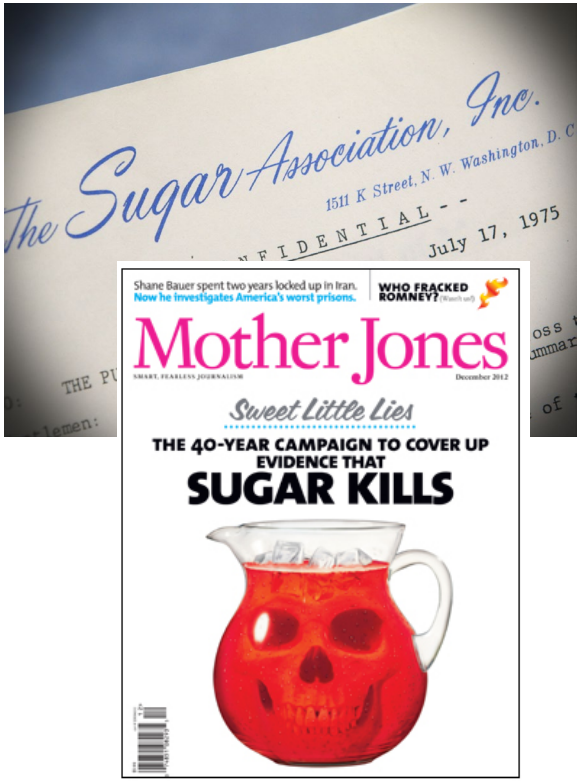
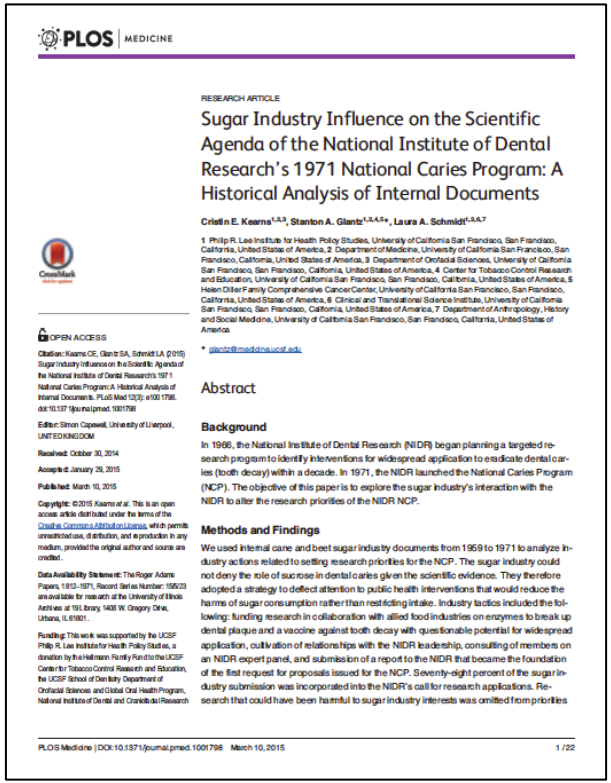
Investigating the Sugar Industry





PLOS | MEDICINE

RESEARCH ARTICLE

Sugar Industry Influence on the Scientific Agenda of the National Institute of Dental Research's 1971 National Caries Program: A Historical Analysis of Internal Documents

Cristin E. Kearns[1,2,3], Stanton A. Glantz[1,3,4,5]*, Laura A. Schmidt[1,2,6,7]

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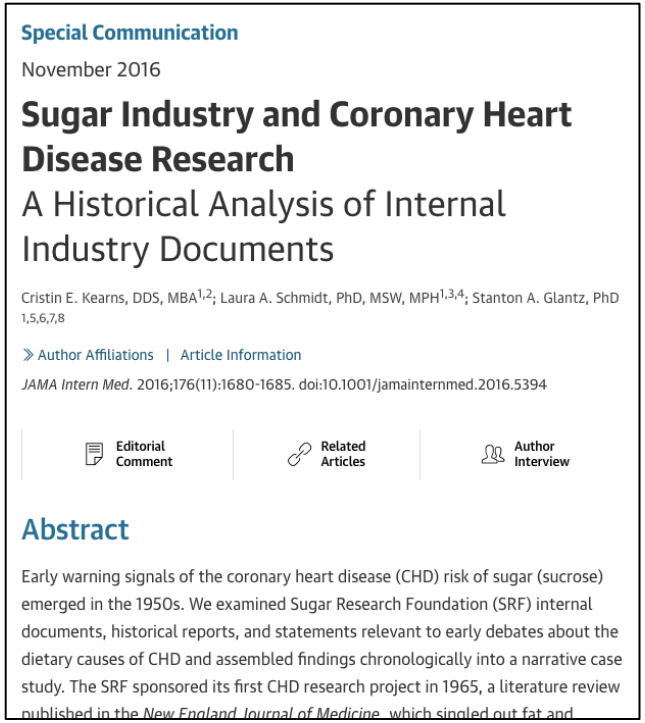
Abstract

Background

In 1966, the National Institute of Dental Research (NIDR) began planning a targeted research program to identify interventions for widespread application to eradicate dental caries (tooth decay) within a decade. In 1971, the NIDR launched the National Caries Program (NCP). The objective of this paper is to explore the sugar industry's interaction with the NIDR to alter the research priorities of the NIDR NCP.

Methods and Findings

We used internal cane and beet sugar industry documents from 1959 to 1971 to analyze industry actions related to setting research priorities for the NCP. The sugar industry could not deny the role of sucrose in dental caries given the scientific evidence. They therefore adopted a strategy to deflect attention to public health interventions that would reduce the harms of sugar consumption rather than restricting intake. Industry tactics included the following: funding research in collaboration with allied food industries on enzymes to break up dental plaque and a vaccine against tooth decay with questionable potential for widespread application, cultivation of relationships with the NIDR leadership, consulting of members on an NIDR expert panel, and submission of a report to the NIDR that became the foundation of the first request for proposals issued for the NCP. Seventy-eight percent of the sugar industry submission was incorporated into the NIDR's call for research applications. Research that could have been harmful to sugar industry interests was omitted from priorities



Special Communication

November 2016

Sugar Industry and Coronary Heart Disease Research

A Historical Analysis of Internal Industry Documents

Cristin E. Kearns, DDS, MBA[1,2]; Laura A. Schmidt, PhD, MSW, MPH[1,3,4]; Stanton A. Glantz, PhD [1,5,6,7,8]

» Author Affiliations | Article Information

JAMA Intern Med. 2016;176(11):1680-1685. doi:10.1001/jamainternmed.2016.5394

Editorial Comment | Related Articles | Author Interview

Abstract

Early warning signals of the coronary heart disease (CHD) risk of sugar (sucrose) emerged in the 1950s. We examined Sugar Research Foundation (SRF) internal documents, historical reports, and statements relevant to early debates about the dietary causes of CHD and assembled findings chronologically into a narrative case study. The SRF sponsored its first CHD research project in 1965, a literature review published in the *New England Journal of Medicine*, which singled out fat and

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Losing Trust in American Dental Association - 2015

VS.

AMERICAN BEVERAGE ASSOCIATION

"The American Dental Association has similarly cautioned against the "growing popularity of singling-out sugar-sweetened beverages" because "the evidence is not yet sufficient to single out any one food or beverage product as a key driver of dental caries."

American Dental Association on the Scientific Advisory Report of the 2015 Dietary Guidelines Advisory Committee at 6 (May 8, 2015) --- As cited by U.S. Court of Appeals for the Ninth Circuit

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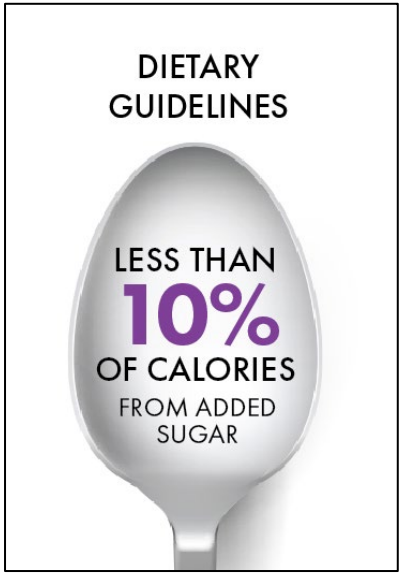
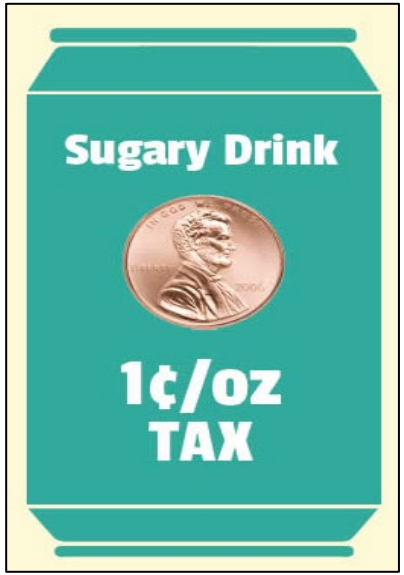
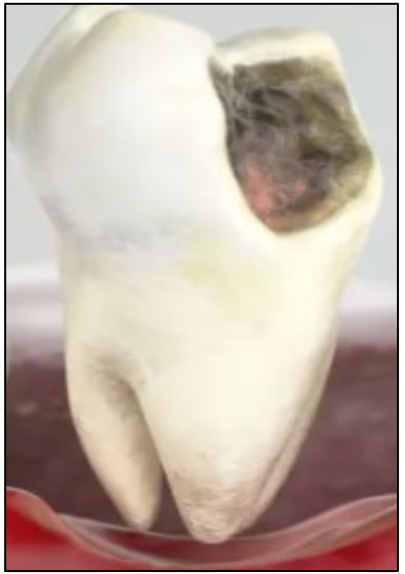
Policy Pathways to Reduce Sugar Consumption







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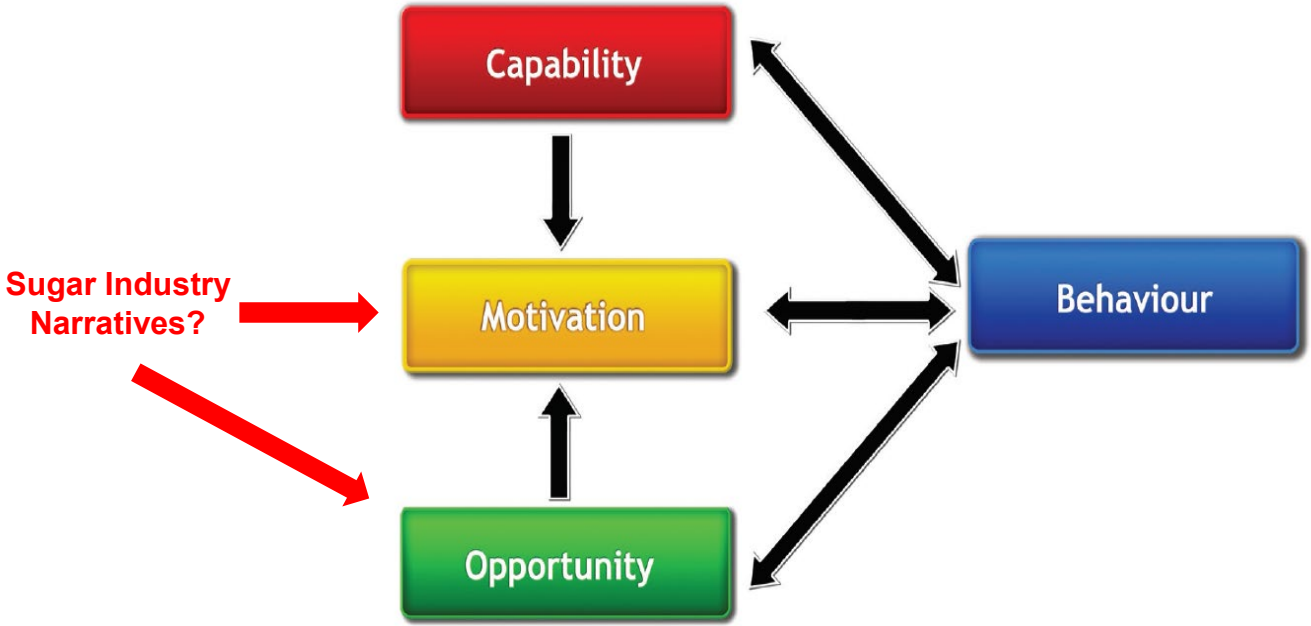
COM-B Model – What Needs to Change?

Orienting Framework



Dentists' and Dental Organization's Implementation of Evidence-based Sugar Reduction Policies

Michie, S., Atkins, L., & West, R. (2014). The behaviour change wheel: a guide to designing interventions.

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Opportunity (Social)

Environmental Influences, Norms, Constraints

Medium Engagement

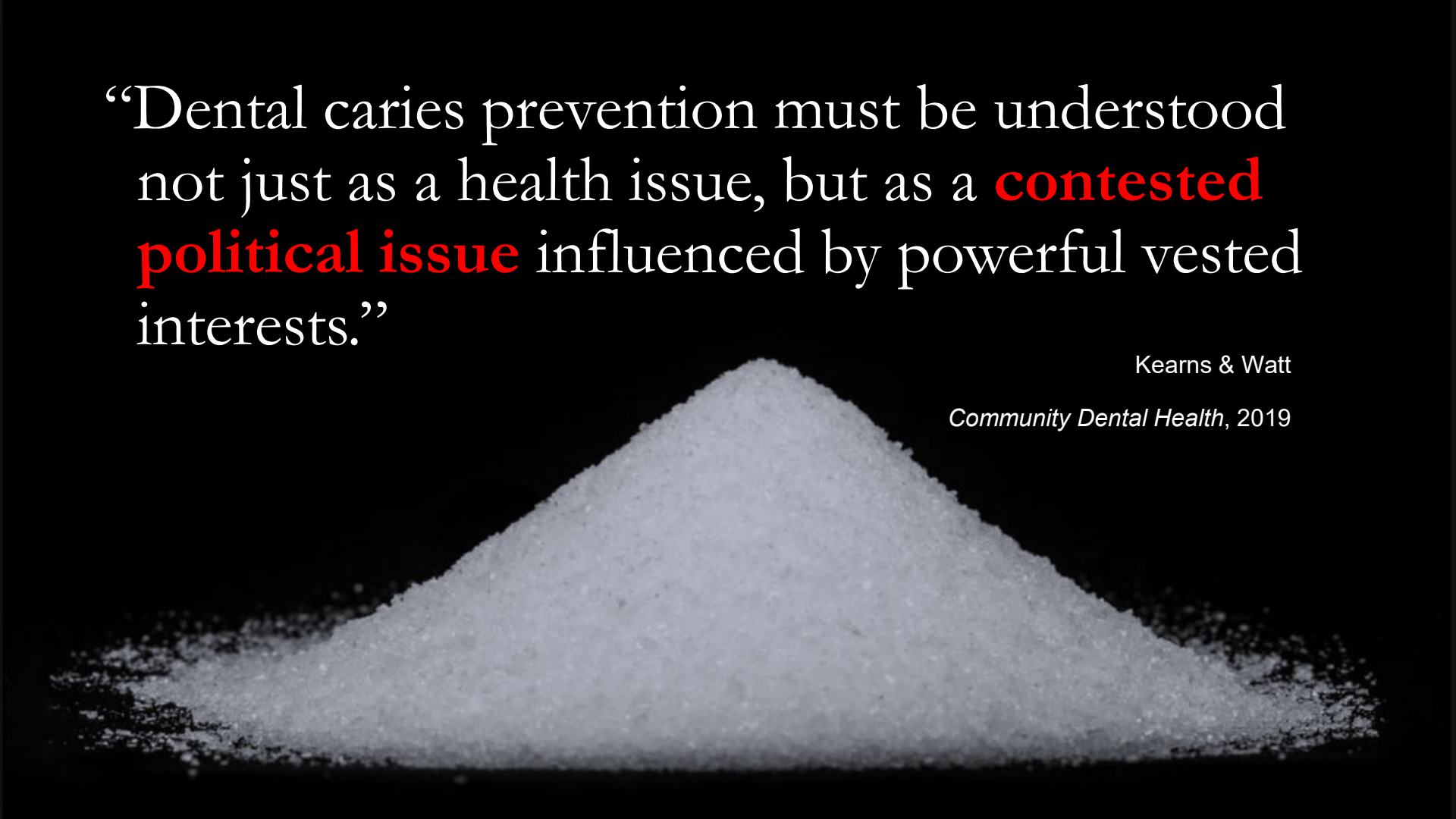
State
Private Practice
Org.

"As far as a [soda tax goes], we've been quietly pushing that for 15 years...We tried to run a resolution through the [national org.] a few years ago about eliminating soda from the SNAP program and that went nowhere. The [national org.] itself actually killed it because they said, "No, we're concerned that this would appear racially discriminatory." I'm not exactly sugar how sugar and cavities are racially discriminatory, but in their minds it is so it was the end of that story. We could try that again, but I don't know. I'm getting tired."

"Dental caries prevention must be understood not just as a health issue, but as a **contested political issue** influenced by powerful vested interests."

Kearns & Watt

Community Dental Health, 2019

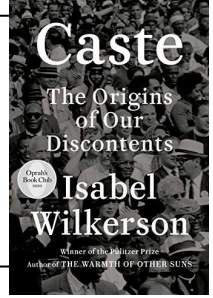


Dominant Power and the Concept of Caste: Implications for Dentistry and Oral Health Inequality

[Special issue of Community Dental Health, to be disseminated at the 'Power in Dentistry' International Association for Dental Research symposium, July 2022, China]

Cristin Kearns, George Taylor, Snehlata Oberoi and Elizabeth Mertz

University of California, San Francisco



A Hierarchical Dental System

Built to Privilege White Dentists, White Wealthy Patients

- Ineffective structure and delivery of dental services rooted in casteist attitudes
- Psychological coercion
- Beliefs in inherent inferiority
- Fears of losing status
- Socialized to maintain status quo
- Need new thinking about oral health inequalities

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