



Guest Editorial

Dr Gerhard Sundborn

*Malohani, Bula Vinaka, Fakalofa lahi atu,
Kia orana, Talofa lava, Malo e lelei, Greetings*

It is a privilege to present this edition of the Pacific Health Dialog (PHD) that looks at the impact that sugar and sugar sweetened beverages in particular, have on health. For a long time, sugar and sugary drinks have had a question mark over their importance as a cause of ill health; however, these items have not been prioritised as a population health issue until recently.

Sugar was proposed as a risk factor for diabetes as far back as the 1920s in the United States. More critical attention was again raised in the 1960s about the debate and strong assertions made by Dr John Yudkin, a British researcher, that compelled him to write the book entitled 'Pure, White and Deadly'. Yudkin argued that sugar, rather than fat, was the key driver of the epidemic of heart disease. However, the evidence he put forward was not widely accepted and he could not argue his case as forcefully as those that proposed fat as the main culprit. This saw the hypothesis and his reputation suffer.

More recently, these ideas have been re-visited and there is now reliable evidence that supports Yudkin's original ideas. Although heart disease rates have declined during the time that the population has been counselled to lower saturated fat intake; the continued increasing epidemic of obesity, diabetes, gout and stroke that most developed nations are experiencing indicate that fat intake is unlikely to be the primary driver of this epidemic. Further, an unexpected consequence from the strong action to reduce dietary fat saw the food industry reformulate many processed foods: stripping them of fat and replacing it with sugar! Global sugar intake has increased about 30 to 40 per cent in the last 3-4 decades.

Sugar sweetened beverages or sugary drinks are the leading contributor of added sugar to the diets of children and adults in many parts of the world. This makes them an obvious candidate for action, as an achievable step to reduce population sugar intake. The relationship that sugary drink intake has on metabolic health is well established. Metabolic disorders, such as unhealthy weight gain, diabetes, cardiovascular disease, heart disease and gout present a significant and disproportionate burden of disease on Pacific communities both indigenous and migrant in particular. Arguably, for our Pacific communities prioritising action on sugary drinks is justified as

diet related metabolic disorders are so prevalent. In my opinion, sugar and sugary drinks pose as great a health concern for Pacific populations as smoking does for more general population when we consider the prevalence of diabetes, unhealthy weight, CVD risk factors, and gout in most Pacific populations around the world. For this reason, I feel it is absolutely fitting the Pacific Health Dialog has devoted this entire issue to sugar, sugary drinks and health.

In this edition of the Pacific Health Dialog 20 papers are presented. These fall into four natural groupings: hypothesis/proposition, review papers, consumption, and finally solutions or programme orientated papers.

Four papers offer a new hypothesis related to the effects of sugar intake. The first suggests sugar influences acute rheumatic fever incidence; and the second proposes that sugar is addictive and impairs learning in school children, with the third addressing the influence of sugar in the prevalence of metabolic related illness (in conjunction with environmental and genetic factors). The final of these papers proposes an Endgame strategy to eliminate sugary drink intake by 2025 using similar initiatives used in tobacco control.

A number of review papers are also presented that assess the evidence of harmful effects and describe public health activity on the subject of sugary drink intake. These papers address the issues of: urate, gout and genetics; obesity, diabetes and oral health in New Zealand, review problems and solutions that are experienced in Pacific Island Countries and Territories (PICTs), and finally look at sugar added foods consumed in New Zealand and Tokelau.

Detailed information on factors that influence consumption of sugary drinks as well consumption patterns of Pacific nations and New Zealand are presented in the papers by Ni Mhurchu, Pak, Sluyter, Metcalf, and Sundborn.

The final group of papers, present programmes to reduce sugary drink intake in New Zealand. These include a description of a school-based intervention to reduce student intake of SSBs, the launch of the NZ Beverage Guidance Panel and the policy brief they developed, and the rationale underlying the setting up of a public health advocacy group FIZZ (Fighting Sugar in Soft-drinks) that focuses entirely on reducing sugary drink intake in New Zealand.

Many of these papers were presented at the Sugary Drink

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Free Pacific by 2030? Symposium that was held on the 19th & 20th of February 2014, at the University of Auckland Medical School, New Zealand. This symposium was an international 1st as the conference focused on a single food item: sugary drinks. We were privileged to hear keynote presentations from global leaders in this field including Professor Richard Johnson (a contributor to this edition; University of Colorado) and Professor Robert Lustig (University of California San Francisco). The Honorable Tariana Turia, co-Leader of the Māori Party and Associate Minister of Health also attended to offer closing remarks and launch the then consultation document titled Policy Options to reduce sugar sweetened beverage consumption in New Zealand. The final version of this document and Honorable Turia's speech are included in this edition of the PHD. The Symposium attracted media attention and was attended by over 200 delegates from Australia, New Zealand, the United Kingdom, Fiji, New Caledonia, and the USA. To view presentation footage and see more about the symposium please visit the FIZZ website: www.fizz.org.nz

Moving forward, there are a number of actions (identified in the policy brief) that, if implemented, will reduce population sugar and sugary drink intake and I challenge you to provide leadership for these, where possible. Although Government leadership is most necessary for a swift and effective response, in the absence of this direction we need to be strong agents for change as members of family, community and in the political and professional organisations we each belong to. Over time - and with increasing public awareness of the harm that sugar and sugary drinks have on our children - I foresee that it will soon be politically unacceptable to not endorse policies to restrict population sugar and sugary drink intake.

Much of the work profiled in this edition of the Pacific Health Dialog was possible due to the Pacific Postdoctoral Fellowship, I am sincerely grateful to the Health Research Council of New Zealand to have received this support. I would also like to acknowledge my supervisor Dr Patricia Metcalf and main academic mentor Professor Rod Jackson for your continued guidance and support. To my colleagues Josh Knight, Professor Tony Merriman and particularly Dr Simon Thornley who has expert knowledge in this area - Malo 'aupito. The Kelston community, Mihi Angell, Che Ness and Helen Latu were instrumental in a great deal to this work especially with our community. Finally to my children Sola, Wayne, Chloe and wife Meliame thank you for your love, support and understanding especially when time at night and weekends was needed for this work.

I hope you enjoy this edition about the health effects of sugary drinks, and sugar, and I would like to especially thank all reviewers and contributors to this issue for the time they have generously given.

Malo 'aupito,

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