

Mumbai Declaration on Sugary Drinks and Healthy Food

24 June 2022

The Mumbai Declaration on Sugary Drinks and Healthy Food was drafted during a key stakeholder roundtable and workshop hosted jointly by the Indian Dental Association (IDA) and FDI World Dental Federation (FDI).

This Declaration is endorsed by key health organizations and the related actions seek to reduce harm caused by sugary drink consumption.

Considering that:

- Sugary drinks, also known as sugar-sweetened beverages, are a significant source of sugars consumed by children and young people in India¹. These include any beverage that has added sugar such as carbonated or fizzy drinks, energy drinks, sports drinks, fruit drinks and juices, sweetened milk drinks, powdered drinks, cordial and flavoured waters.
- The consumption of sugary drinks is strongly associated with dental caries, weight gain and obesity². Obesity is a leading risk factor for type 2 diabetes, cardiovascular disease and some cancers. A third of all Indian adults are either overweight or obese³ and 19% of children are either overweight or obese in India⁴.
- Dental caries is a significant health problem. Good oral health is not only a vital component of general health but also a basic human right⁵. Children with ongoing or untreated dental caries are in significant pain and this affects their ability to learn. It is not uncommon for children as young as 18 months old to have their teeth restored or removed due to decay or infection. The most common treatment for dental caries amongst children in India is dental extractions due to decay, abscesses, infection or gum disease.
- The shocking rate of dental caries and tooth extractions among young Indians needs immediate attention. Currently, there is insufficient focus on reducing the dietary cause of dental caries. Free sugars are the main dietary factor responsible for dental caries⁶. The dental caries process initiated by demineralization of enamel and dentine is caused by the presence of high levels of sugar that are metabolized by the cariogenic bacteria in the mouth.
- Consumption of sugary drinks significantly increases the risk of dental caries due to their high sugar content. The sugar in these drinks also increases their energy content without any useful nutrients. Consumption of one can of soft drink per day can result in significant weight gain⁷. A 600 ml bottle of soft drink contains approximately 16 teaspoons of sugar and a regular 375 ml can of soft drink contains about 10 teaspoons of sugar. Sugary drinks are cheap, readily available and accessible, and are one of the most widely advertised products.



- Research suggests that a ban on advertising targeted at children is effective in lowering consumption⁷. The World Health Organization (WHO) strongly recommends that the intake of free sugars should be reduced to less than 10 per cent of total energy intake approximately 12 teaspoons per day per child or adult. Further reduction to less than 5 per cent of total energy intake (approximately 6 teaspoons per day per adult), is recommended to help prevent dental caries in particular⁹. Beverages like buttermilk, lassi, coconut water, and lemon water should be consumed instead of bottled soft drinks and fruit juices which are high in sugar¹⁰.
- The Indian Academy of Paediatrics Guidelines for Parents on nutrition for children between 5-12 years recommend that children replace high-sugar drinks such as fizzy and sports drinks with plain water¹¹. The Guidelines also recommend a ban on the sales and advertisements of junk foods in school canteens and 50 meters around school canteens.
- Sugary drinks are unique in that they have no nutritional value, they contribute empty calories and replace healthier beverage options. They are also extremely acidic. IDA recommends that adults and children switch sugary drinks to water. To reduce the intake of sugary drinks, a range of actions by government, the beverage industry, schools, non-government organisations and others is urgently needed.

The Mumbai Declaration on Sugary Drinks calls for seven key areas of action:

1. [Introduction of evidence-based nationwide social marketing campaigns](#)^{12,13} such as “Switch to Water” and “Shift to fibrous diet” to improve dietary practices
2. Observation of a national “No Sugar Day” to be held on the 1st September annually
3. Encouragement of “only healthy food and water” policies for all hospitals and health care facilities
4. Ban or limit schools from selling sugary drinks and junk food through school canteens
5. Working with educational institutes to introduce ‘more water’ policies for schools’ children.
6. Creating an environment to adopt WHO Guidelines on Sugar
7. Stringent compliance norms and better-informed consumers of sugary drinks Through the implementation of bans or limits on the marketing of unhealthy foods and sugary drinks to children.

The Mumbai Declaration on Sugary Drinks is supported by the organizations:

- Food Safety and Standards Authority of India (FSSAI)
- Tata Memorial Centre
- Central Council for Research in Ayurvedic Sciences (CCRAS)
- Public Health Foundation of India (PHFI)
- Indian Society of Pedodontics and Preventive Dentistry (ISPPD)
- Indian Academy of Paediatrics
- Indian Dietetic Association
- Vital Strategies
- Queen Mary University





Supported by:

Dr L Swasticharan
Directorate General of Health Services

Ms Pritee Chaudhary
Regional Director (Western region), FSSAI

Dr Ashok Dhoble
Hon'ble Secretary General, IDA

Dr Puneet Girdhar
President, IDA

Dr Rajiv Chugh
President Elect, IDA

Dr Deepak Mucchala
Hon. Treasurer IDA

Dr Sanjay Joshi
Joint-Secretary IDA

Mrs. Sumona Mondal
Hon. Sec. General, Indian Dietetic Association

Dr Pankaj Chaturvedi

Dep. Director, Center for Cancer Epidemiology,
Tata Memorial Center

Mr LM Singh
Managing Director India
Global Head – Partnerships and Innovative Finance
Vital Strategies

Ms Sumona Mondal
General Secretary, Indian Dietetic Association

Dr Nikhil Shrivastava
Hon. Secretary General
Indian Society of Pediatric and Preventive Dentistry

Dr Vineet K Saxena
Hon'ble Secretary General, Indian Academy of Pediatrics

Dr Ashwin Jawdekar
Pediatric and Preventive Dentistry Specialist

Dr Ravinder Singh
Past President IDA

Dr Govind Reddy
Asst. Director (Ayu) Incharge, CARI – Ayurveda

Dr Amrish Dedge
Research Officer, CCRAS

Dr Manu Mathur
Key Speaker, FDI

Prof Ihsane Ben Yahya
President, FDI

Dr Rob Beaglehole
Key Speaker, FDI

Dr Sharad Kapoor
IDA Workshop Chairman

Dr Kunal Oswal
Public Health Consultant, IDA

Dr Dharti Chopda
Research Officer, IDA



References

1. Mathur MR, Nagrath D, Malhotra J, Mishra V. Determinants of Sugar-Sweetened Beverage Consumption among Indian Adults: Findings from the National Family Health Survey-4. *Indian J Community Med* [Internet]. 2020 Mar [cited 2022 June 22];45(1):60-65. Available from: <https://pubmed.ncbi.nlm.nih.gov/32029986/>
2. Hayden C, Bowler J, Chambers S, Freeman R, Humphris G, Richards D et al. Obesity and dental caries in children: a systematic review and meta-analysis. *Community Dent Oral Epidemiol* [Internet]. 2013 Aug [cited 2022 June 22];41(4):289-308. Available from: <https://pubmed.ncbi.nlm.nih.gov/23157709/>
3. Rai R, Kumar C, Singh L, Singh P, Acharya S, Singh S. Rising burden of overweight and obesity among Indian adults: empirical insights for public health preparedness. *Journal of Biosocial Science* [Internet]. 2021 Sep [cited 2022 June 22];53(5): 709-723. Available from: <https://pubmed.ncbi.nlm.nih.gov/32962795/>
4. Ranjani H, Mehreen TS, Pradeepa R, Anjana R, Garg R et al. Epidemiology of childhood overweight & obesity in India: A systematic review. *Indian J Med Res* [Internet]. 2016 Feb [cited 2022 June 22];143(2):160-174. Available from: <https://pubmed.ncbi.nlm.nih.gov/27121514/>
5. World Health Organization. The Liverpool Declaration. Promoting oral health in the 21st Century. A Call for Action. Geneva: WHO. *Rev. bioét. (I mpr.)* [Internet]. 2017 Oct [cited 2022 June 22];25(2): 224-233. Available from: <https://www.scielo.br/j/bioet/a/9x5GKCH3xMj5TBrHTpMv7yR/?format=pdf&lang=en>
6. FDI policy statement on dietary free sugars and dental caries. Adopted by the FDI General Assembly: 24 September 2015, Bangkok, Thailand. *Int Dent J* [Internet]. 2016 Feb [cited 2022 June 22];66(1):9-10. Available from: <https://pubmed.ncbi.nlm.nih.gov/26803942/>
7. Malik VS, Hu FB. The role of sugar-sweetened beverages in the global epidemics of obesity and chronic diseases. *Nat Rev Endocrinol* [Internet]. 2022 Jan [cited 2022 June 22];18(1): 205–218. Available from: <https://www.nature.com/articles/s41574-021-00627-6>
8. Taillie LS, Busey E, Stoltze F, Dillman Carpentier F. Governmental policies to reduce unhealthy food marketing to children. *Nutrition Reviews* [Internet]. 2019 Nov [cited 2022 June 22];77(11): 787-816. Available from: <https://academic.oup.com/nutritionreviews/article/77/11/787/5536919?login=true>
9. World Health Organisation. Guideline: Sugars intake for adults and children. Geneva: WHO. 2015 Mar [cited 2022 June 22]. Available from: <https://www.who.int/publications/i/item/9789241549028>
10. Minister of Health and Family Welfare, Government of India. Module for Multi-Purpose Workers (MPW) – Female/Male on Prevention, Screening and Control of Common Non-communicable Diseases [Internet]. Available from: https://main.mohfw.gov.in/sites/default/files/Module%20for%20Multi-Purpose%20Workers%20-%20Prevention%2C%20Screening%20and%20Control%20of%20Common%20NCDS_2.pdf



11. IAP Action Plan 2021. Guidelines for Parents. Indian Academy of Pediatrics [Internet]. 2021 Jan [cited 2022 June 22]. Available from: <https://iapindia.org/pdf/IAP-action-plan-for-2021-updated.pdf>
12. Christian, D.; Maharjan, M.; Kotov, A.; Cotter, T.; Mullin, S.; Nurse, V.; McGaw, B.; Chen, D.; Puri, P.; Wang, S.; Negi, N.S.; Murukutla, N. How the “Are We Drinking Ourselves Sick?” Communication Campaign Built Support for Policy Action on Sugary Drinks in Jamaica. *Nutrients* 2022, 14, 2866. Available from: <https://doi.org/10.3390/nu14142866>
13. Murukutla N, Cotter T, Wang S, Cullinan K, Gaston F, Kotov A, Maharjan M, Mullin S,. Results of a Mass Media Campaign in South Africa to Promote a Sugary Drinks Tax. *Nutrients* [Internet]. 2020, 12(6) [cited 2022 July 22]. Available from: <https://www.mdpi.com/2072-6643/12/6/1878/htm>

Supporting quotes

Dr L Swasticharan, Directorate General of Health Services, India said, *“We remain committed to address the Common Risk Factors for Non-communicable diseases”*.

Indian Dental Association's President Dr Puneet Girdhar said, *“The Declaration signifies the desire of the IDA to inform the public about the negative health impacts of sugary drinks, and to advocate for a comprehensive approach to reduce sugary drink consumption.”*

Dr Ashok Dhoble, Secretary General IDA along with Dr Rajiv Chugh President Elect, Dr Sanjay Joshi Joint-Secretary IDA, Dr Deepak Muchhala Treasurer IDA, said *“Sugary drinks are a public health crisis. By working collaboratively and acting with urgency, we can help prevent not only tooth decay, but also obesity, type 2 diabetes, cardiovascular disease and some forms of cancers.”*

Ms Pritee Chaudhary, Regional Director of western region for FSSAI said, *“It is time we start motivating people to drink water and advise them to replace it with sugary beverages”*.

Dr Govind Reddy, Asst. Director (Ayu) In charge, CCRAS, Ministry of Ayush said, *“There is a need for an integrative approach to target the common risk factors to tackle the non-communicable diseases.”*

Dr Sharad Kapoor, workshop chairman IDA said, *“Sugary drink advertisements directly affect the choices of children and attracts them to consume it”*.

Ms Rachael England, workshop contributor remarked, *“A strong advocacy focus on sugar can enable better general health including oral health”*.

Dr. Ashwin Jawdekar, suggested, *“An observation of National No Sugar Day to create future awareness on health risks of sugar consumption”*.