Federal Trade Commission
Title: Notice Announcing Interagency Working Group on Food Marketed to Children Request for Comments
Subject Category: Preliminary Proposed Nutrition Principles to Guide Industry Self-Regulatory Efforts; Project No. P094513

July 13, 2011

Dear Sir and Madam:

The Sugar Association, Inc., (Association) offers these comments in response to the Interagency Working Group on Food Marketed to Children request for comments.

The Association represents United States sugar cane growers and refiners and sugar beet growers and processors. Association members account for over 90% of sugar production in the United States. As the public information arm of the U.S. sugar industry, the Association disseminates scientifically substantiated nutrition and health information through public education and communication programs.

Although the sugar industry does not directly manufacture or advertise foods and beverages to children, we strongly oppose the added sugars criterion proposed by the Interagency Working Group (IWG) on Food Marketed to Children.

We contend that all federal nutrition policy regulations, guidance and principles should be consistent and based solely on scientific evidence. The proposed added sugars criterion recommended for foods and beverages to be advertised to children is not consistent with other federal nutrition policy regulations and guidance. Furthermore, this effort to set an overly restrictive sugars criterion is not based on scientifically verified evidence that sugars intake is a major contributing factor to nutrient dilution or increased rates of overweight and obesity in children. To adhere to this added sugars criterion food manufactures will be forced to reformulate sugars containing foods, which could have a negative impact on the overall quality of children's diets and economic consequences for sugar producers and farmers, and their local economies.

We are addressing the following pertinent issues for the IWG's consideration.

1) Based on the scientific evidence there is no direct negative health impact, including increased rates of obesity, attributed to added sugars intake for adults and children.
2) There is no scientific justification for distinguishing added sugars from total sugars.
3) This overly restrictive added sugars criterion will exclude many nutrient –rich foods that contribute to intakes of key micronutrients in children's diets.
4) Encouraging reformulation of sugars containing foods is counterproductive and may have unforeseen negative consequences.

Science

As stated above, there is no health-related significance for sugars to justify this overly restrictive added sugars criterion. The fact is, no authoritative scientific body after a thorough review of the scientific literature has found a public health need to establish a intake recommendation for dietary sugars. Sugars have been a part of the human diet for over 2,000 years and their impact on health has been intensely studied for the past century. Every comprehensive review of the scientific literature concludes that, with the exception of dental caries, no causal link can be established between the intake of sugars and lifestyle diseases, including obesity.[1] [2] [3] [4]

Following its extensive review of the scientific literature, the NAS, Institute of Medicine "Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein and Amino Acids" (IOM report) panel concluded in 2002:

> Based on the data available on dental caries, behavior, cancer, risk of obesity, and risk of hyperlipidemia, there is insufficient evidence to set a UL (upper level) for total or added sugars. [5]

The IOM report also stated unequivocally: "There is *no* clear and consistent association between *increased intakes of added sugars* and BMI."[6] (Emphasis added)

---

[1] Walter H. Glinsmann, et al., *Evaluation of Health Aspects of Sugars Contained In Carbohydrate Sweeteners*, 116 J. Nutrition Sl, S15 (Supp. 11 1986).

[2] Comm. on Diet and Health, Nat'l Research Council, Diet and Health: Implications of Reducing Chronic Disease Risk 1-11 (1989).

[3] World Health Organization & Food and Agric. Org. of the United Nations, FAO Food and Nutrition Paper 66, Carbohydrates In Human Nutrition: Report of a Joint FAO/WHO Consultation 36 (1998)

[4] Food & Nutrition Bd., Nat'l Acad. of Sciences, Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids (Macronutrients) (2002)

[5] Food & Nutrition Bd., Nat'l Acad. of Sciences, Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids (Macronutrients) 6-42 (2002)

The NSA panel found the evidence to be insufficient to recommend an UL for total or added sugars intake. It is important to highlight the following criteria for setting a UL.

> *Tolerable Upper Intake Level (UL):* the highest average daily nutrient intake level that is likely to pose no risk of adverse health effects to almost all individuals in the general population. As intake increases above the UL, the potential risk of adverse effects may increase. (Emphasis added)

Consistent with the IOM 2002 report findings, this conclusion was recently reaffirmed by the European Food Safety Authority (EFSA). After review of the scientific literature, an expert EFSA panel concluded: "Available data do not allow the setting of an UL (upper level) for total or added sugars, neither an AI (Adequate Intake) nor a recommended intake range."[7]

Additionally, in October 2010, the Institute of Medicine in its "Front-of-Package Nutrition Rating Systems and Symbols: Phase 1 Report" found that total or added sugars did not pose a significant public health risk. The panel concluded:

> "There is insufficient evidence at this time to suggest that including the following nutrients would be useful in all types of front-of-package rating systems or symbols: total fat, cholesterol, total carbohydrate, total or added sugars, protein, fiber, vitamins, and minerals other than sodium."[8]

The fact that no authoritative scientific body has ever set an Upper Intake Level for sugars based on existing diet and health studies clearly denotes that dietary sugars are relatively benign and pose no direct negative health impact to adults or children.

Recommendations for Added Sugars

Furthermore, there is no scientific justification for distinguishing added sugars from total sugars; therefore we question the scientific or practical merit of providing recommendations for added sugars.

The Food and Drug Administration (FDA) thoroughly evaluated all evidence cited regarding distinguishing added sugars from total sugars during development of the Nutrition Labeling and Education Act rules and regulations. The FDA clearly based their final ruling on science and sound reasoning by stating, "The agency is not persuaded that

---

[6] Dietary Reference Intakes for Energy, Carbohydrate, Fiber, Fat, Fatty Acids, Cholesterol, Protein, and Amino Acids (Macronutrients), (emphasis added).

[7] EFSA Panel on Dietetic Products, Nutrition, and Allergies (NDA). Scientific opinion dietary reference values for carbohydrates and dietary fibre (2010). *EFSA Journal* **8(3):** 1462 [77 pp]. Available at http://www.efsa.europa.eu/en/scdocs/scdoc/1462.htm.

[8] Institute of Medicine. 2010, *Front-of Package Nutrition Rating System and Symbols: Phase 1 Report.* Washington DC: The National Academy Press.

there is a need for mandatory disclosure of added sugars in place of, or in addition to, total sugars. There is no scientific evidence that the body makes any physiological distinction between added sugar molecules and those naturally occurring in a food. In addition, the agency believes that it should not promulgate regulations that it cannot enforce."[9]

This position on added sugars was upheld in April 2010, when the U.S. delegation to the Codex Committee on Food Labelling reaffirmed that the United States supported total sugars labeling, not added sugars.

The added sugars criterion proposed in the IWG principles is an arbitrary distinction that does not conform to current product labeling regulations.

Potential Negative Impact on Children's Diets

Furthermore, this restrictive added sugars criterion will disqualify advertising of healthy sugars containing foods such as cereals, canned and frozen fruits, granola bars and yogurts. Further, this criterion sends the message that just because a food contains added sugars it is less healthful, which is not science-based.

Although we commonly hear that added sugars only contribute calories, this statement is an impractical oversimplification of sugars contribution to foods and healthful diets. Sugars not only contribute taste, they also contribute essential functional properties to our food supply, including safety as a preservative. Sugars make many healthy foods palatable, which the scientific evidence confirms is positive factor in the intake levels of many essential micronutrients, especially for children. [10] [11] [12] [13] [14] [15]

In its recent statement, the American Heart Association's acknowledges the important role of sugars in the diet, saying, "In fact, when sugars are added to otherwise nutrient rich foods, such as sugar-sweetened dairy products like flavored milk and yogurt

---

[9] P*age 2098 of the Federal Register/ Vol. 58. No. 3/ Wednesday, January 6, 1993/ Rules and Regulations section b.54:*

[10] Rennie KL et al "Association between added sugar intake and micronutrient intake: a systematic review" *British Journal of Nutrition* 2007; 97: 832-841

[11] Op cit 3

[12] Frary CD et al "Children and Adolescents' Choices of Foods and Beverages High in Added Sugars Are Association with Intakes of Key Nutrients and Food Groups", *Journal of Adolescent Health* 2004; 34: 56-63

[13] Murphy MM et al "Drinking flavored or plain milk is positively association with nutrient intake and is not associated with adverse effects on weight status in US children and adolescents" *J Am Diet Assoc*, 2008 Apr; 108(4):631-9

[14] RA Forshee, ML Storey, Controversy and statistical issues in the use of nutrient densities in assessing diet quality. *Journal of Nutrition*, 2004 134(10): 2733-2737

[15] SA Gibson, Dietary sugars intake and micronutrient adequacy: a systematic review of the evidence. *Nutrition Research Review*, 2007 20(2): 121-131

and sugar-sweetened cereals, the quality of children's and adolescents' diets improved, and in the case of flavored milks, no adverse effects on weight status were found."[16]

The negative consequences of severely restricting sugars in children's diet are already becoming apparent. In a recent report published in a Centers for Disease Control and Prevention newsletter[17] on a New York City study of the effects of switching from whole milk to low-fat/fat-free milk in public schools, it was noted "A study in Connecticut showed that after eliminating sweetened, flavored milk from school cafeterias, student milk consumption declined 63%." Milk is an important source of protein, calcium and magnesium, and vitamins A and D for children. The IWG proposals will merely fuel the growing anti-sugar hysteria and have the real potential of undermining the public health goal of healthy diets, especially for children.

The 2010 Dietary Guidelines for Americans recommend that Americans cut back on foods and beverages high in added sugars and solid fats whereas, the proposed criteria sets an arbitrary added sugars intake criterion that will impact all foods and beverages regardless of nutritional value. We contend the reformulation of foods to meet the IWG proposed added sugars criterion will negatively impact children's diets.

Reformulating foods to reduce sugars content does not improve the nutritional quality of food or significantly reduce calories.

It's very likely that food and beverage manufactures will reformulate foods and beverages to comply with the restrictive limits set forth in the IWG added sugars proposal. Current efforts to reformulate foods to reduce grams of sugars are counterproductive. Sugars are frequently replaced by carbohydrate bulking agents, such as sugar alcohols, glycerol or maltodextrins, or with fat. These sugars replacement ingredients provide essentially no nutritional benefit over natural sugar and do not result in a significant caloric reduction. In some cases, "reduced sugar" products contain more calories.

Academic institutions[18] and the media[19] have expressed concerns about the misleading nature of "reduced sugar" foods. The unavoidable conclusion is that many

---

[16] RK Johnson, LJ Appel, M Brands, et al. AHA Scientific Statement: Dietary sugars intakes and cardiovascular health. *Circulation* (2009) **120(11):** 1011 – 1020.

[17] PM Alberti, SE Perlman, C Nonas, et al. NewYork City Dept of Health and Mental Hygiene; McKie H, New York City Dept of Education. Effects of Switching from Whole to Low-Fat/Fat-Free Milk in Public Schools --- New York City, 2004-2009. *CDC MMWR* January 29, 2010, **59(03):** 70 – 73.

[18] A recent issue of the Tufts University "Health & Nutrition Letter" points out that sugar-free cookies have a similar number of grams of carbohydrates and calories as sugar-containing cookies. *Sugar-Free Shortcomings,* Health & Nutrition Letter (Tufts Univ., Medford, MA), June 2003, at

[19] *Lower-Sugar Foods: Some are Diet Traps*, Consumer Reports, Feb. 2005, at 49; Bonnie S. Benwicj, *Are Reduced-Sugar Cereals Worth It?*, Wash. Post, Feb. 23, 2005, at F1; Bonnie S. Benwick, *How Big Is Your Cereal Bowl?*, Wash. Post, Feb. 23, 2005, at F2; ABC News, *Experts Question Reduced-*

"reduced sugar" foods not only fail to assist consumers in planning healthful diets, but actually deceive consumers into purchasing products that are not significantly reduced in calories from the original sugar containing products.

Furthermore, the IWG proposed added sugars criterion continues the flawed assumption that sugars are an expendable ingredient in foods. In order to meet this stringent sugars criterion, manufacturer will be forced to reformulate many nutrient-rich foods by replacing sugars with fillers and artificial sweeteners. This approach could have unforeseen consequence of increased food intake by not reducing hunger[20] [21] and metabolism. The increased use of artificial sweeteners may well lead to a preference for increased high intensity sweetness, especially for children. It is possible that children will become so accustomed to the taste of high intensity sweetness that all natural sugar will not be sweet enough.

Caution was raised about the use of artificial sweeteners in children diets by the Institute of Medicine in its report *Nutrition Standards for Foods in Schools.* The panel stated, "While available studies of the safety of nonnutritive sweeteners have given assurance that they can be marketed and consumed by the public, there are not any studies that have looked for potential effects when these substances are consumed over many years, starting in childhood or teen years. (Emphasis added) Therefore, the committee did not make recommendations regarding foods containing nonnutritive sweeteners."[22]

Furthermore, emerging science is questioning the efficacy of artificial sweeteners in weight loss.[23] [24] [25] [26] [27] Until there is greater scientific understanding of the consequences of replacing sugars with artificial ingredients on metabolism and satiety,

---

Sugar Cereals (Mar. 22, 2005), *available at* http://abclocal.go.com/kabc/health/032205_hs_reduced_sugar_cereals.html.

[20] YM Ulrich-Lai, AM Christiansen, MM Ostrander, et al. Pleasurable behaviors reduce stress via brain reward pathways. *Proceedings National Academies Science* (2010) **107:** 20529 – 20534.

[21] HE Ford, V Peters, NM Martin, et al. Effects of oral ingewstion of sucralose on gut hormone response and appetite in healthy normal-weight subjects. *European Journal Clinical Nutrition* (2011) **65:** 508 – 513.

[22] Institute of Medicine of the National Academies, Nutrition Standards for Foods In Schools: Leading the Way Toward Healthier Youth. 2007

[23] SE Swithers, TL Davidson. A role for sweet taste: Calorie predictive relations in energy regulation by rats. *Behavioral Neuroscience* (2008) **122:** 161 – 173.

[24] TL Davidson, SE Swithers. A Pavlovian approach to the problem of obesity. *International Journal of Obesity* (2004), **28:** 933 – 935.

[25] SP Fowler, K Williams, RG Resendez, et al. Fueling the obesity epidemic? Artificially sweetened beverage use and long-term weight gain. *Obesity* (2008) **16:** 1894 – 1900.

[26] ZB Andrews, TL Horvath. Tasteless food reward. *Neuron* (2008) **57:** 806 – 808.

[27] IE de Araujo, AJ Oliveira-Maia, TD Sotnikova, et al. Food reward in the absence of taste receptor signaling. *Neuron* (2008) **57:** 930 – 941.

any advice that encourages the use of chemicals to replace natural ingredients must take potential future impacts into consideration.

Previous efforts to manipulate our food supply, such as the low-fat efforts in the 1990s, have failed. Food supply data confirm that total per capita caloric sweetener consumption has declined by 10% in the past decade, yet fat intake has reached unprecedented levels.

We propose that consideration should be given to the potential for unforeseen negative consequences of interventions that lead to further food reformulations away from natural ingredients once considered staples of the American diet

Conclusion

Sugar cane and sugar beet growers and processors care about the health of America's children. We endorse current educational efforts that emphasize the consumption of fruits, vegetables, whole grain and other fiber-rich and calcium-rich foods as the centerpieces of their daily diets. We also believe it is important for children to understand that any food or beverage that doesn't contribute appreciable nutrients should not be a major component of their diet.

However, we respectfully submit that restricting advertising to children will not assist children in making healthy choices. Emphasis should be on individuals, especially overweight children, reducing their overall caloric intake and on the importance of being physically active every day for lifelong health.

We advocate the message provided in the new USDA MyPlate icon. Children need to know how to make the appropriate choices to create a balanced diet and understand the importance of appropriate portion sizes for everything they consume.

In conclusion, we once again respectfully request that serious consideration be given to the potential for unforeseen negative consequences of the intervention outlined in the IWG report. Additionally, based on the preponderance of scientific evidence on sugars intake, we are opposed to any effort to restrict or limit advertising based on sugars content.

The Association appreciates this opportunity to provide comments on this very important issue.

Sincerely,

Andrew C. Briscoe III CAE
President & CEO