Recommendations at the Plenary Session

Prof. Curzon: Workshop B on behaviour aspects of diet and dental caries; Dr. A. Birn, who was the chairman of that group, will introduce the document.

Dr. Birn: Just to make my introduction short, we should stay with this behaviour model because this model was used when discussing our task. We started trying to find some determinates that influence behaviour change or behaviour modification. We do not like the words ‘behaviour change’, as we thought it was a little too hard. It is better to say ‘behaviour modification’, and we found out the seven areas that were most important. It does not mean there could not be others, but we had to stop somewhere and we stopped here with these seven. Then the question is how these determinates are acting. Who gets them into action and then in the facilitators. Then we tried to find out how is the interaction between these different factors and the whole paper tries to describe the importance of the different areas of concern. We give some suggestions as to how we could use them in the best way. I think that will be all for my introduction. Are there any questions?

Dr. Roemer: Page 2, part of the sentence has been omitted and I should like to add it again. It says here that ‘In some countries non-sugar sweeteners are not permitted’. It has not been announced or advertised as dentally safe, which is quite important I think, and must not be announced or advertised as dentally safe.

Dr. Grenby: I have got a question about the same sentence. Can anyone tell us which are the countries where non-sugar sweeteners are still not permitted? I do not know of any country where all sweeteners are banned. So this is not correct: ‘In some countries non-sugar sweeteners are not permitted’.

Dr. Baer: As far as I am aware, sugar substitutes are not permitted in Italy for food use with the exception of sorbitol, which is not considered to be a sweetener.

Dr. Grenby: But they produce morbit in Italy for food use.

Dr. Kobricka: But not for food use.

Dr. Grenby: Why do you not say that ‘in some countries non-sugar sweeteners are restricted’ or ‘use is restricted’?

Prof. Marthaler: I am a little unhappy with that whole paragraph because it stresses a negative tone. It reminds me a little bit of the antismoking campaign where they usually label something, ‘smoking may cause cancer’. But in this respect we have positive alternatives not negative terms and this should be taken into account in legislation. Switzerland of course has legislation in this respect which was passed 20 years ago already, with a respect for teeth. This has served as a tremendous incentive for industry to produce and market such sweets. I think legislation should favour and form an incentive for the use of such products.

Dr. Birn: You mean that instead of writing that ‘new regulations may be required’. Do you want that we should write down that ‘new regulations favouring the use of non-sugar should be proposed’?

Prof Marthaler: Yes and mention directive labelling so that the public can directly see what is safe for teeth.
Dr. Birn: We discussed labelling in the group and some in the group thought it would be a good idea. Others thought it would be a little too strong.

Mr. Winkler: Can I supplement Prof. Marthaler's general point, that laws and regulations can be positive to the conditions of labelling. There are for example regulations controlling healthy products to children. That too can be a positive use of laws and regulations. We want to show that laws and regulations can be positive as well as negative.

Prof. Navia: Now we are all in the same mind about laws and regulations and it seems to me that as a group we should be interested in promoting dietary behaviour and modifications. You really should start the list, however, ensuring adequate oral health education and leave the laws and regulations for a lower priority.

Dr. Birn: But this is not a list of priorities.

Prof. Navia: But it strikes you as the first thing that you read about. When you are talking about behaviour modifications it seems to me that regulations have to be lower in the overall perspective.

Dr. Hawkins: On that point, the Benelux Authority has just passed legislation which prevents the use of artificial sweeteners in juice-containing drinks. So surely legislation could be important here, because this is a very new part of legislation.

Prof. Navia: But you still like to have people change to a different life-style. Laws and regulations should come way down on the list.

Dr. Birn: The group thought it was an important part.

Prof. Booth: Dietary counselling to prevent caries should not be based primarily on intake measures from histories, recalls or food frequencies. It needs to be based upon reports of meal and snack eating frequencies and between-meal item occasions. Even broadcast education and indeed food labelling and marketing policies should be centered on the use of any amount of fermentable carbohydrate at the end of meals with drinks between meals.

Dr. Toors: In our group we discussed labelling and from what I remember there was a positive attitude of the whole group in favour of labelling non-cariogenic snacks and sweets. The only thing against labelling is that we should not try to label harmful snacks. We were very much in favour, unanimously I believe, to label in a positive way the sugar-free snacks.

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Prof. Thylstrup: I have two questions: Why do we buy healthy diets and what is a healthy diet? Secondly why have we not considered the idea of teaching people how to eat sugar without getting caries? We need to inform the population how to eat sugar without getting dental caries.

Dr. Birn: The group believes that the best thing is to avoid sugar. We discussed these problems. Sometimes we think that the information is too complicated and even contradictory. It means people do not know what to do or not to do, so we have to stick to one message.

Prof. Thylstrup: Do you know personally how to eat sugar without getting caries? It is not too complicated for the population to understand how to eat sugar and not get caries.

Dr. Birn: It seems that some people get caries when they eat sugar. I do not think I need more information or more education. I think my behaviour and attitude towards caries is acceptable. But for those people who get caries and eat sugar a clear message is needed.

Mr. Winkler: Could I comment on paragraph 5, as it is a very important point? One of the major determinates of making a healthy choice and an easier choice is the price of a food. This is very important when it comes to less cariogenic products because the strategy so far has been to sell
them at relatively high prices compared with standard foods. For example, if you have canned fruits which contain a heavy syrup these are presently available on the market in Britain and cost exactly the same price as various soft fruits. But they are sometimes commonly sold at 2-3 pence a can more and that is not a production cost, it is a simple margin issue because they are being sold to a particularly affluent and nutritionally well off market. There are demonstrable cases where the product is positioned at a higher price in the market simply to attract a section of the population. I think if we are thinking of a healthier choice we should at least in principle say so at the same cost.

Anonymous: I do not think it is necessary to add that comment because as soon as there are more products on the market competition will take care of the problem. It is not in the interest of our report to add that.

Mr. Winkler: I think that the situation is quite the reverse, as in the case of whole meal bread. Research has shown that when a healthier product comes onto the market at a higher price it actually limits its uptake. This limits its consumption and hence you do not get a health reinforcing cycle. I think there should be some encouragement, some mention, of an economic incentive to the healthier foods in these proceedings.

Prof. Booth: Regulations that encourage the belief that 25% reduction of the sugar content of an item in a missed meal has any health merit are an unfortunate distraction from the real dangers arising from ingestion of any appreciable amount of fermentable sugars at appropriate times by those who are at risk. Expressing concern about sugar, particularly at breakfast time, may only discourage the wise and healthy habit of eating more calories before work. I may also not do anything to protect the teeth from fermentables ‘hidden’ in biscuits taken with mid-morning breaks. Often this may be wanted to assuage hunger pangs caused by avoiding earlier that morning the milk and probably high-fibre cereal and ‘visible’ sugar to make the cereal palatable.