

# Reforms to agricultural policy may increase sugar consumption and harm public health

October 27 2015

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Sugar has an important role in the development of obesity and diabetes. In July, the UK Scientific Advisory Committee on Nutrition reduced its recommendations for sugars to no more than 5% of daily calories. And earlier this year, Public Health England proposed measures to reduce sugar consumption.

So far, however, "relatively little attention has been given to important structural factors, including agriculture, which influence sugar consumption in the UK," argue Emilie Aguirre and colleagues from the University of Cambridge. "Agricultural policy, through its effect on price and availability of foods, is known to be an important determinant of health."

The European Common Agricultural Policy - which sets common rules

for all EU member states - has protected the sugar industry through interventions that have kept commodity prices high and prevented foreign imports. As a result, the European sugar industry has become extremely profitable and includes five of the world's ten largest producers.

However, the EU has been phasing out these protections, and reforms in 2013 will almost fully liberalise the sugar market in Europe by 2017, with the elimination of production quotas and minimum price guarantees and abolishing the production cap on high fructose corn syrup.

The European Commission predicted that the wholesale price of sugar will drop substantially, production of high fructose corn syrup will treble, and production of sugars will increase by around 15% in the decade after the quotas end. And early indications suggest that these predictions are broadly accurate.

But how will this influence sugar consumption?

The authors say the cheaper cost of sugar will make it even more profitable to add it to processed foods to increase palatability and bulking. In addition, high fructose corn syrup has benefits for flavour, stability, freshness, texture, pourability, and consistency. It can be added to both savoury and sweet foods.

There may also be greater marketing of foods high in sugar because these foods will be very profitable - potentially even more so than currently. And this may encourage industry to resist regulations, they explain.

Cheap processed food items may be most likely to incorporate more sugars, and these cheaper foods are consumed more often by people in lower socioeconomic groups, contributing to widening health

inequalities, they add.

The effects of these reforms are likely to be felt beyond Europe because they will open up the world market, particularly in developing countries, for European processed food. The EU Trade Commission and Defra have both supported these reforms.

The authors argue that these reforms, like other agricultural policies globally, "were designed to benefit industry rather than public health." They say "there has been no pause to consider the broader public health implications of sugar reform, even though from the onset the European Commission forecasted that sugar consumption would increase as a result."

They add that "there is a risk that ongoing and proposed measures designed to reduce sugar consumption could be undermined by larger trends in price and production of sugars," and they recommend that Europe and the UK must explore solutions to address the predicted increase of sugars in the food supply.

"It may be necessary for governments to mandate targets for reducing [sugar](#) contents of processed foods and implement robust systems for monitoring compliance," they recommend. Furthermore, "it will also be important to monitor food prices, diet, and health to determine the effects the reforms have."

And in the longer term, agriculture policies should promote a healthier diet, they argue. "Since agriculture policies can shape food consumption and nutrition, they should explicitly integrate health."

**More information:** Liberalising agricultural policy for sugar in Europe risks damaging public health, The *BMJ*, [www.bmj.com/cgi/doi/10.1136/bmj.h5085](http://www.bmj.com/cgi/doi/10.1136/bmj.h5085)

Provided by British Medical Journal

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