

Oral Health Alliance

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The Oral Health Alliance, a 2030 Healthy People Champion, that represents nutrition, oral health education, and public health professional organizations, oral health providers, groups representing community, children, pregnant women, and older adults, industry, and consumer groups, submits this document to the World Health Organization *Call for Comment on the draft WHO guideline on use of non-sugar sweeteners*. The Alliance has been engaged for the past five years providing research and resources to the US Department of Agriculture and the US Department of Health and Human Services regarding the importance of oral health and nutrition in the *Healthy People 2030 Objectives*<sup>1</sup> the *2020-25 Dietary Guidelines for Americans*<sup>2</sup> and the recent report on *Oral Health in America: Advances and Challenges*<sup>3</sup>

Oral Health is a complex global public health problem that begins in pregnancy and extends through the lifespan. The factors contributing to poor oral health are complex and manifest differently based in large measure on socio-economic inequities. In making recommendations to promote good oral health and prevent dental caries, multifaceted and comprehensive recommendations are needed. Given the wide spectrum of individual habits, life experiences, and social environments of the world populations, any public WHO recommendation must be based on sound science and broad representation of diverse audiences. It must also consider the consequences of the specific guidance and avoid narrowing other alternatives that can also support overall public health.

The Oral Health Alliance submits these brief comments to the WHO as part of our ongoing efforts in promote preventive oral health practices. The preventive practices include brushing teeth with fluoride toothpaste, drinking fluoridated water, cleaning between teeth/flossing, chewing sugar-free gum, and avoiding frequent intake of fermentable carbohydrates

Because the OHA promotes limiting intakes of fermentable carbohydrates, it supports various dietary practices to reach that goal. One approach to reducing sugars in food and beverages has

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<sup>1</sup> Office of Disease Prevention and Health Promotion. Oral Health. *Healthy People 2030*. U.S. Department of Health and Human Services. Available at <https://health.gov/healthypeople/search?query=oral+health>.

<sup>2</sup> U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2020-2025*. 9th Edition. December 2020. Available at [https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary\\_Guidelines\\_for\\_Americans\\_2020-2025.pdf](https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf)

<sup>3</sup> NIDCR, *Oral Health in America: Advances and Challenges*. December 2021. <https://www.nidcr.nih.gov/sites/default/files/2021-12/Oral-Health-in-America-Advances-and-Challenges.pdf#page=59>

been substituting non-sugar sweeteners that have been declared safe by the US Food and Drug Administration and the 2015 Dietary Guidelines for America<sup>4</sup>.

The positions the OHA takes on oral health policies have been based on rigorous review of the science. In fact, the Alliance is embarking on a scoping review of three caries prevention strategies – interdental cleaning, chewing sugar-free gum, and avoiding frequent intakes of fermentable carbohydrates. We are concerned that the oral health literature included in the WHO systematic meta-analysis that informed its guideline, “WHO Draft Guideline: Use of Non-sugar-sweeteners” is limited and may not fully represent the conclusions of the authors. Specifically, the WHO review cites Dr. Teresa Marshall’s research<sup>5</sup> who has participated in the Oral Health Alliance. Her research report found children consuming sugar-free beverages and sugar-free powder at 5 years had a decreased risk of caries experience. Her data support the hypothesis that beverages that contain sucrose could be more detrimental to oral health than beverages that are sweetened with other sugars.

The WHO report includes only six oral health references and two RCTs for oral health: one on a stevia-based mouthwash and the other on stevia-based snacks. This set of studies is insufficient for a meta-analysis or conclusions related to non-sugar sweeteners and oral health; moreover in 93 pages, there is not a complete analysis of data. Non-sugar sweeteners play a part in decreasing sugar exposure within the oral cavity and the overwhelming body of research to date has concluded that the impact of reducing the exposure of the dentition to sugar positively impact natural remineralization.<sup>6</sup>

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<sup>4</sup> US Department of Agriculture and Department of Health and Human Services. 2015-2020 Dietary Guidelines for Americans. Washington, DC. December. 2015. Available at chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://health.gov/sites/default/files/2019-09/2015-2020\_Dietary\_Guidelines.pdf. Accessed on August 12, 2022.

<sup>5</sup> Marshall T, Levy S, et al. Dental Caries and Beverage Consumption in Young Children. *Pediatrics*. Sept. 2003. Vol 112 (3): 189.

<sup>6</sup> EFSA Panel on Dietetic Products, Nutrition and Allergies (NDA); Scientific Opinion on the substantiation of a health claim related to sugar-free chewing gum and reduction of tooth demineralisation which reduces the risk of dental caries pursuant to Article 14 of Regulation (EC) No 1924/2006. EFSA Journal 2010;8(10):1775. Available online: [www.efsa.europa.eu/efsajournal.htm1](http://www.efsa.europa.eu/efsajournal.htm1)