

For **Tackling obesity: future choices project report** see <http://www.bournemouth.gov.uk/PlanningBuildings/Planning/Policy/Local-Plan/CoreStrategy/CoreStrategyFiles/SubmissionFiles/BackgroundDocs/Websiteversions/3-17-TacklingObesityFutureChoices.pdf>

For more on the **interministerial coordinating group of FCTC** (in Chinese) see http://www.gov.cn/zhengce/content/2008-03/28/content_1635.htm

industry has completely transformed China's tobacco industry. Tobacco production has increased from 1789 billion units in 2003, when China signed the WHO FCTC, to 2516 billion units in 2012, an annual increase rate about 3–6% (figure).

The State Tobacco Monopoly Administration is not only a governmental agency with major vested interests to support tobacco industry, it is also one of the key members of the interministerial coordinating group on FCTC to lead the development and formulation of tobacco control policy in China.

Which kind of antitobacco health campaigns might one expect with such a serious conflict of interest?

To slow down tobacco production and to separate the functions of the government from the tobacco industry are the most important steps required towards fulfilling FCTC goals in China to reduce the intolerable toll of mortality and morbidity from tobacco.

We declare no competing interests.

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1 The Lancet. Cigarette packaging in China—not going far enough. *Lancet* 2014; **383**: 1360.

Dentists should be at the forefront in the fight against sugar

Sugar is the new tobacco.¹ All efforts should be made to reduce sugar consumption. Education and governmental regulations alone cannot reduce consumption. A multisectorial approach is required using all possible routes: whole population, high-risk group, and targeted population approaches.²

Decreases in tobacco consumption have arguably flowed from the introduction of legislation (a whole population approach) and smoking cessation in clinics (a targeted population approach).³ We should consider the use of similar approaches to combat the threat posed by sugar.

Whole population approaches to control sugar consumption such as legislation and partnership with manufacturers have been attempted;⁴ however, few efforts have been made for a targeted population approach—eg, sugar cessation programmes at the individual level similar to smoking cessation.

Evidence supports the effectiveness of tobacco cessation services delivered via dental health-care practitioners. Tobacco cessation services delivered in public dental clinics have the potential to improve the health and wellbeing of millions of people globally.⁵ Dentists are well positioned to play an important part in reducing sugar consumption just as they do for smoking cessation.⁶

Dental caries is one of the earliest consequences of sugar consumption. Dentists have a strategic position to identify risk early in life and take preventive measure. Early detection of high sugar consumption in children is very important; children are the main targets of marketing campaigns for sweet products. Added sugar has found its way into almost all food, and the use of sugar as a means to calm, entertain, or reward children has become normalised, whereas sugar should be an occasional treat.

At the individual level, reducing sugar consumption can be particularly challenging. Estimation of individuals sugar intake can be difficult: food products labelling is often unclear.

Effectiveness, cost-effectiveness, and feasibility of sugar cessation programmes in dental clinics need to be established, and more research is needed. According to the *Healthy lives, healthy people* report from the Department of Health, if sugar consumption could be reduced by 30%

within the next 5 years, the obesity epidemic could be stopped and the benefits for individuals and countries could be enormous. According to the *Tackling obesity: future choices project report*, the obesity epidemic costs the UK £5 billion a year, potentially rising to £50 billion by 2050.⁸ Therefore, it is crucial to use dentists' strategic position to help controlling sugar consumption as a targeted population approach from early childhood to later in life.

We declare no competing interests.

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Chatterjee S, Naik S, John S, et al. Effectiveness of a community-based intervention for people with schizophrenia and their caregivers in India (COPSI): a randomised controlled trial. *Lancet* 2014; **383**: 1385–94—The appendix of this Article (April 19) was incomplete. This correction has been made as of June 13, 2014.

For **Healthy lives, healthy people report** see https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213720/dh_130487.pdf