



---

**EXECUTIVE DIRECTOR**

Press Release(23)34  
(English only)

18 May 2023

---

**WHO Guidelines Regarding the use of non-sugar sweeteners**

---

The Executive director would like to call your attention to the final guideline issued by the WHO regarding the use of non-sugar sweeteners. The basic conclusion is that WHO suggest that non-sugar sweeteners are not a viable option for achieving weight loss or reducing the risk of noncommunicable diseases. This is an important finding for our sector as most of the criticism had been levied against sugar and hinted that these “non-sugar” alternatives constituted a viable option. Now the scientific evidence proves that these substitutes do not result in health benefits.

For ease of reference we are including the full WHO document as well as a summary kindly prepared by WSRO.

The full WHO Report can be found using this link: [Use of non-sugar sweeteners: WHO guideline](#)

And the World Sugar Research Organization summary is below:

---

**World Sugar Research Organisation** Registered Address: Salisbury House, Station Road, Cambridge CB1 2LA [www.wsro.org](http://www.wsro.org)

**WSRO Update, 15th May 2023**

**WHO Guideline on the Use of Non-sugar Sweeteners**

Today the WHO published its [Guideline on Use of Non-sugar Sweeteners](#).

**WHO suggests that non-sugar sweeteners (NSS) should not be used as a means of achieving weight control or reducing risk of noncommunicable diseases (conditional recommendation).**

- The recommendation is based on the findings of a systematic review which found no evidence of long-term benefit of using NSS on measures of body fat in adults or children. Results of the review also suggest that there may be potential undesirable effects from long-term use of NSS, such as an increased risk of type 2 diabetes, cardiovascular diseases, and mortality in adults. Limited evidence suggests potential undesirable effects in the form of increased risk of preterm birth with NSS use during pregnancy.
- WHO state that this new recommendation should be considered in the context of WHO existing recommendations to reduce free sugars intake, and other guidance promoting healthy diets. These include WHO guidelines on carbohydrates, total fat, saturated and trans-fatty acids, polyunsaturated fatty acids, sodium and potassium.

- Francesco Branca, WHO Director for Nutrition and Food Safety comments in the WHO press release: "*Replacing free sugars with NSS does not help with weight control in the long term. People need to consider other ways to reduce free sugars intake, such as consuming food with naturally occurring sugars, like fruit, or unsweetened food and beverages. NSS are not essential dietary factors and have no nutritional value. People should reduce the sweetness of the diet altogether, starting early in life, to improve their health.*"
- Because the link observed in the evidence between NSS and disease outcomes might be confounded by baseline characteristics of study participants and complicated patterns of NSS use, the recommendation has been assessed as **conditional**, following WHO processes for developing guidelines. WHO states that this signals that policy decisions based on this recommendation may require substantive discussion in specific country contexts, linked for example to the extent of consumption in different age groups.
- The recommendation applies to all people except individuals with pre-existing diabetes and includes all synthetic and naturally occurring or modified non-nutritive sweeteners that are not classified as sugars found in manufactured foods and beverages, or sold on their own to be added to foods and beverages by consumers. Common NSS include acesulfame K, aspartame, advantame, cyclamates, neotame, saccharin, sucralose, stevia and stevia derivatives.
- The recommendation does not apply to personal care and hygiene products containing NSS, such as toothpaste, skin cream, and medications, or to low-calorie sugars and sugar alcohols (polyols), which are sugars or sugar derivatives containing calories and are therefore not considered NSS.
- The WHO guideline is based on evidence of health effects of NSS use at levels already considered safe (i.e. within the ADI). The guideline is not intended to provide updated or alternative guidance on safe or maximal levels of intake.

2 • Two evaluations of aspartame are taking place in June this year. The International Agency for Research on Cancer (IARC) will assess the potential carcinogenic effect of aspartame (hazard identification), while the Joint FAO/WHO Expert Committee on Food Additives (JECFA) will update its risk assessment exercise, including the reviewing of the Acceptable Daily Intake and aspartame diet exposure assessment. IARC's hazard identification is planned for 6-13 June 2023, and JECFA's risk assessment for 27 June-6 July 2023.

- The recommendation is made based on NSS as a class of compounds. Limited evidence suggests that individual NSS may differ in some of their physiological effects in humans, however the evidence is currently insufficient to make recommendations for individual NSS.

*\* Use of NSS means consumption of foods or beverages that contain NSS, or the addition of NSS to food or beverages by the consumer.*

### **Public Consultation**

- A [public consultation](#) on the Draft Guideline ran from 15 July 2022 to 14 August 2022.
- In response to the consultation, the choice and hierarchy of evidence, how the evidence was weighted, and the role of "reverse causality" has been hotly debated.
- For example, the UK government responded to the consultation with "*The recommendation that NSS not be used as a means of achieving weight control or reducing risk of noncommunicable diseases may be too strong, given the limitations of the evidence base including possible concerns regarding study design and reverse causality*". They went on to say that "*Until there is further evidence, WHO may wish to consider redrafting their recommendations to reflect the limited evidence and perhaps recommend more appropriate research designs that take account of wider dietary issues across both food and drinks.*"
- Many of the consultation responses noted that the evidence on which the guideline is based comes largely from observational studies, with concern of reverse causality and low or very low certainty in the findings. Most studies utilised NSS-containing beverages and, like for sugars, there may be differences in mechanisms of actions compared with foods, or effects

(confounding) from other wider dietary & lifestyle factors that may impact body weight and non-communicable disease risk.

- Public consultation responses can be accessed [here](#).

#### **International Sweeteners Association Response to the Final Guideline**

- The International Sweeteners Association (ISA) have responded to the final guideline, stating that “low/no calorie sweeteners play a critical role in helping address the burden of non-communicable diseases and the global obesity crisis” and highlighting that “the ISA believes it is a disservice to public health to not recognise low/no calorie sweeteners’ role in reducing sugar and calorie intake and aiding in weight control.”
  - The ISA believes the guideline should have been based on a more comprehensive set of available evidence, and interpreted considering the hierarchy and weight of scientific evidence. The WHO could only conclude a conditional recommendation, which ISA highlight as not being scientifically rigorous, nor based on a robust evidence base, nor supported by the evidence presented in the WHO-commissioned systematic review itself.
  - ISA also expressed concern over the lack of recognition for the “well-established benefits of low/no calorie sweeteners in sugar and calorie reduction, highlighting that the recommendation may result in undesirable health outcomes for some individuals.
  - The full ISA press release is available [here](#).
-