# An evidence-based plan to prevent obesity, type 2 diabetes, tooth decay, raised blood pressure, cardiovascular disease and cancer in the UK

**Action on Sugar and Action on Salt**

## Summary of seven evidence-based actions:

1. **Reduce calorie intake by incremental reformulation*:**
   a. To achieve a 50% reduction in sugar content across all products
   b. To achieve a 20% reduction in energy-density in unhealthy food and drink products (focused on saturated fat)

2. **Reduce salt intake by incremental reformulation to below 6g/day (adults), and less for children.***

   *If companies do not comply to actions 1 and 2, then reformulation should be made mandatory.

3. **Escalate the Soft Drinks Industry Levy and introduce a confectionary levy**
   a. Sugar-sweetened drinks - the current threshold of 5g and 8g per 100ml should be slowly reduced and the amount of levy paid slowly escalated.
   b. Confectionery - a similar levy should be introduced for confectionery, with the opportunity to reformulate based not on sugar content, but on energy density.

4. **Ensure only healthy products (not high in fat, salt and sugar) are marketed, promoted and advertised.**

5. **Ensure all products sold and provided in the public sector, e.g. schools, hospitals, meet strict nutritional standards.**

6. **Make uniform colour-coded labelling on front-of-pack mandatory on all products sold in retail and out-of-home, with stricter criteria for sugar.**

7. **Ensure the food and drink industry increases fruit and vegetable content of products through reformulation, promotion and marketing.**

## Introduction

The Global Burden of Disease shows that the consumption of products high in fat, salt and sugar are by far the biggest cause of premature death and disability.[1] In the UK, two thirds of calories consumed by families come from highly processed packaged foods, which are likely to be high in fat, salt and/or sugar (HFSS) and low in fibre, fruit and vegetables. The diets of UK children are particularly worrying where 47% of primary school children's calories come from HFSS foods, 85% of secondary school children are not eating enough fruit and vegetables, more than 90% are not eating enough fibre and all are eating too much salt and sugar.[2] [3]

At the same time the UK has one of the highest overweight and obesity rates among developed countries. The UK currently spends about £6.1 billion a year on the medical costs of conditions related to obesity and overweight [4] and more than £14 billion in treatment of type 2 diabetes.[5] Neither of these two figures include the social cost, which is estimated at £47 billion.[6]

Furthermore, our high salt intake raises blood pressure. Raised blood pressure is the single biggest risk factor for cardiovascular disease, including stroke and heart disease, which are the leading causes of death and disability in the UK. Most of the salt in the UK diet (75%) comes from salt added by the food industry to processed food or food eaten out of the home. As a result, many people do not realise they are eating too much salt and remain unaware of the effects it is having on their blood pressure and health.

Furthermore, it is now becoming clear that unhealthy foods, particularly those contributing to obesity are a major underlying factor for thirteen different types of cancers e.g. breast and bowel cancer.

The government's current plan, *Childhood Obesity: a Plan for Action*, released by Downing Street [7]and published in 2016, deleted many key actions required to tackle obesity and type 2 diabetes, as recommended in reports by Action on Sugar, Public Health England [8] and the Health Select Committee.[9] Not surprisingly, the government's current plan is likely to have only a small impact on preventing obesity.

Eighteen months on, the government must now radically improve their current plan and include other essential actions to protect our children from the consequences of obesity, particularly type 2 diabetes, some cancers and cardiovascular disease as well as risk of dental caries.

This plan, developed by Action on Sugar and Action on Salt, details evidence-based recommendations to the Prime Minister and Government, as well as the food and drink industry. The plan helps deal with the excessive supply of and demand for products high in fat, salt and sugar and if implemented in full will reduce excess calorie intake, sufficient to prevent obesity,[10] as well as lowering blood pressure and cholesterol. To achieve this it is essential that all actions are closely and transparently monitored by an independent agency with sufficient resources. The plan must also be protected from food and drink industry lobbying.

## Seven evidence-based actions:

1. **Reduce calorie intake by incremental reformulation:**
    a. To achieve a 50% reduction in sugar content across all products
    b. To achieve a 20% reduction in energy-density in unhealthy food and drink products (focused on saturated fat)

In the UK, we consume excess levels of calories (from fat and sugar). Government-led reformulation programmes are an effective way of tackling these excess levels, as shown by the successful salt reduction programme originally set up by the Food Standards Agency and Action on Salt.[11] The nutritional composition of food and drink can be gradually improved and benefits the whole population, including children from the most deprived backgrounds, who are twice as likely to be obese compared with those from the least deprived backgrounds.[12] To be successful, reformulated products must replace existing ones, not sold as new products that are 'healthier', or at premium prices. All products across the board, not just the main contributors of saturated fat and sugar to the diet, should be targeted, so that food preference for high sugar are reduced, as has occurred for salt.

In 2016, Public Health England (PHE) launched the government-led voluntary sugar reduction programme whereby companies have been asked to remove 20% of sugar in only nine food categories that contribute the most sugar to the diets of children by 2020[13]. Disappointingly, there are 'get-out clauses' for the industry to avoid reformulation by reducing portion size or shifting sales instead. However, these actions must be done in addition to, not instead of, reformulation, to reduce sugar and sweetness across the entire market and to ensure that unacceptable levels of sugar are no longer allowed. Since this programme is voluntary, progress must be transparently monitored and enforced. If the food industry does not comply, limits should be mandated. Many branded companies and retailers, including the British Retail Consortium that represents the UK retailers, have

asked for this[14] to ensure all companies are working towards the same reductions, enforcing a level playing field.

Fat is a bigger contributor to calories in the diet than sugar. The government's recently announced calorie reduction programme should focus on saturated fat reduction, particularly palm oil, as this will have the additional benefit of reducing cholesterol levels.

**We recommend the following actions are implemented:**

- Unhealthy products should be reformulated to reduce the amount of sugar and saturated fat, with the aim to make food and drink products more nutritious and less calorific.
- All companies, including the out-of-home sector, should achieve a 20% reduction in sugar by 2020. If companies do not comply, the 20% reduction should be mandated, by 2022.
- Sugar reduction targets should be re-set beyond 2020 and extended to a 50% reduction by 2030.
- Maximum levels for sugar should be set across all nine food categories, similar to the salt targets.
- Sugar reduction targets should be expanded to apply to all food and drink categories by 2020 and ensure that sugar, and sweetness, are reduced across the board. If companies refuse to take part then the levels must be mandated.
- Where companies are replacing sugar with artificial sweeteners, the overall sweetness should still be reduced.
- Single serve portion sizes of 100% fruit juice should be capped at 150ml, and made mandatory, to introduce a level playing field amongst manufacturers.
- All companies, including the out-of-home sector, should achieve a 20% reduction in energy-density (focused on saturated fat) within the next 5 years as part of the calorie reduction programme. If manufacturers do not comply, the 20% reduction should be mandated.
- In food products, the sugar and/ or fat should be replaced with fibre, wholegrain cereals and fruit and vegetables (excluding fruit juice) where feasible and with overall reduction in energy-density.
- The sugar and calorie reduction programmes must be implemented primarily through reformulation. Portion size reduction and shifting promotions to healthier products are important but should be carried out in addition to reformulation.

- Public Health England's sugar and fat (calorie) reduction programmes should be independently monitored.
- Additional steps must be taken in the out-of-home sector:
    - Sugar-free drinks (including use of sugar free syrups) should be the default option, in all settings including restaurants and cafes.
    - All single serve desserts should have challenging calorie caps.
    - Calorific meals with more than 600kcal per meal should have challenging calorie caps.
    - Chefs and caterers should receive additional training in nutrition and the harmful effects of food high in fat, salt and sugar, and the benefits of increasing consumption of vegetables.

**2. Reduce salt intake by incremental reformulation to achieve average adult population intakes of 6g/day, and less for children.**

Most of the salt in the UK diet (75%) comes from salt added by the food industry to processed food or food eaten out of the home. As a result, many people do not realise they are eating too much salt and remain unaware of the effects it is having on their blood pressure and health. Reformulating foods to contain less salt is key to reducing population salt intake, lowering blood pressure and decreasing the prevalence of cardiovascular disease such as strokes and heart disease.

The Food Standards Agency, when in charge of nutrition, developed with Action on Salt a successful salt reduction programme which included a consumer awareness campaign and the setting of salt reduction targets for 85 categories of food. Targets were set in 2006 to be met in 2010 and since then have been reset twice. Close monitoring of the food industry was carried out regularly. This has resulted in a significant reduction in salt content of most foods (20-50% reduction) without the public being aware, meaning the changes impacted the whole population. During this time, population salt intake fell from 9.5g/day to 8.1g/day (2003-2011), accompanied by a fall in population blood pressure and mortality from strokes and ischaemic heart disease.[15] Approximatively, 9000 deaths per year have been prevented and the cost savings to the NHS were calculated by NICE to be more than £1.5 billion per year.[16]

In 2010, under the coalition government, the responsibility for nutrition and the salt reduction programme was transferred to the Department of Health, who then launched the Public Health Responsibility Deal, effectively allowing the food industry to police themselves with minimal monitoring or enforcement from government bodies. Following the dissolution of

the Responsibility Deal, there has been a complete lack of monitoring of industry progress and commitment to salt reduction. Furthermore, Public Health England, who assumed responsibility for the salt reduction programme in 2017 as part of their 'sugar reduction and wider reformulation programme', have not made any concrete affirmations as to when they will report on industry progress against the 2017 targets, nor whether new targets will be reset for 2018 and beyond. This lack of action has meant that thousands of people are dying unnecessarily from strokes and heart disease.[17]

**We recommend the following actions are implemented:**

- Regular monitoring of population salt intakes should take place every two years under the National Diet and Nutrition Survey rolling programme, through measurement of 24 hour urinary sodium analysis obtained from a random sample of the population.
- Industry compliance and commitment to the 2017 salt reduction targets should be reviewed and evaluated immediately, and industry progress should be published.
- Salt reduction targets should have been reset in 2016, and now urgently need to be reset to be achieved by 2022.
- Out of home salt targets should be reviewed and evaluated, and should to be the same as the retail sector.
- Local authorities should engage with small and medium businesses and encourage salt reduction in out of home outlets at a local level.
- The salt reduction programme should be independently and transparently monitored.
- The Department of Health and Public Health England should recommend the use of potassium-based salt replacers by the food industry, as approved by both the Scientific Advisory Committee on Nutrition and Committee on Toxicity, in categories where salt is required for safety purposes, e.g. some cured meat products.
- Where companies are replacing salt with sodium alternatives, the overall saltiness should still be reduced.
- Public awareness campaigns around the dangers of too much salt in the diet and its impact on health should be reintroduced.
- Public Health England need sufficient resources to carry out and monitor this reformulation programme.

**3. Escalate the Soft Drinks Industry Levy and introduce a confectionary levy**

a. Sugar-sweetened drinks – the current threshold of 5g and 8g per 100ml should be slowly reduced and the amount of levy paid slowly escalated.

Sugar-sweetened beverages are the number one source of sugar in the UK.[18] The World Health Organisation, Public Health England, the Health Select Committee and several health organisations and medical bodies have supported the call for a sugar tax on soft drinks and a YouGov poll from March 2016 found that 56% of the public support a sugar levy.[19]

The Treasury implemented the Soft Drinks Industry Levy (SDIL) in April 2018, in the form of a tax paid by the producers and importers of soft drinks containing added sugar. The SDIL is tiered, with a lower levy for drinks with 5-8g sugar per 100ml and a higher levy for those with more than 8g sugar per 100ml. Modelling studies predict the SDIL's best scenario for health (in relation to reduced rates of obesity, diabetes and tooth decay) would be achieved through product reformulation. Additional benefits would be attained if the levy was passed on to the purchaser through raising the price of high-sugar and mid-sugar drinks and through activities aimed at increasing the market share of low-sugar products.[20]

So far this is a unique tax, which strongly supports the implementation of reformulation and has resulted in over 50% of manufacturers reducing the sugar content of drinks since it was announced in March 2016 – the equivalent of 45 million kg of sugar every year.[21] However, some companies have not reformulated and the tax must now be escalated on these drinks as has occurred incrementally for the tobacco tax.

Energy drinks consumption in the UK is a growing problem, particularly among children and teenagers. In 2011, a study by the European Food Safety Authority found young people in the UK consumed more energy drinks than in other EU countries [22] and market research data suggest a rise children aged 10–14 years consuming energy drinks.[23] Energy drinks contain staggering levels of sugar and caffeine which are associated with chronic sleep loss, addiction/dependence, withdrawal and intoxication.[24]

The EU Food Information Regulation requires specific warning label for high caffeine drinks (over 150 mg/L), which states that the product is not recommended for children. However, these products can be easily purchased and consumed by children.

Many supermarkets have banned the sale of energy drinks to under 16 year olds but this has not been supported by similar action by convenience stores, which sell a large volume of energy drinks to under 16 year olds. To create a level-playing field it is vital that Government bans the sale of energy drinks to under 16 year olds from all outlets.

**We recommend the following actions are implemented:**

- The SDIL should be escalated year-on-year, and the rate of escalation should depend on how well the industry responds to reformulation.
- The sugar thresholds should be gradually decreased to encourage further reformulation.
- To encourage a gradual lower preference for sweetness across the population over time, the artificial sweeteners used to replace sugar in drinks should not match the same level of sweetness.
- Companies that pass the SDIL burden onto their consumers, instead of reformulating, must only increase the price of the taxed (high-sugar) products instead of raising prices across the entire portfolio of high and low-sugar products.
- An independent agency should conduct a rigorous evaluation of the SDIL.
- High sugar milkshakes should be brought into the levy.
- Fruit juices, if not reformulated or if portion size are not reduced by 2022, should be brought into the levy.
- The hypothecated money should be spent primarily on financing the implementation of an effective nutrition programme whereby an independent agency is able to enforce reformulation, and tackle marketing and promotions, and secondly, specific programmes on preventing obesity and type 2 diabetes, both in the community and in the NHS.
- Ban the sale of energy drinks to under 16 year olds.

b. A similar levy for confectionery should be introduced, with the opportunity to reformulate based, not on sugar content, but on overall energy-density of products. These levies should be considered for other unhealthy energy dense products (e.g. fast food).

Chocolate and sweet confectionery are among the highest contributors of sugar in the British diet, providing together 10% of the total sugar in diets of children (4-10 year olds) and 11% in teenagers (11-18 years).[25] Chocolate confectionery is also among the highest contributor to saturated fat intake, providing 5% of total saturated fat intake in children's

diets (4-10 year olds) and 7% in teenagers (11-18 years),[26] yet they contain little or no nutritional value and contribute to tooth decay and excess calorie intake. These types of products are often on price promotion and widely available, encouraging overconsumption.

The government should introduce an energy density levy on confectionery and if successful in reducing saturated fat and sugar intake, should consider introducing a similar levy for other energy-dense products. Recent evidence suggests that taxes on confectionery can have a greater impact than the SDIL.[27] Furthermore, evidence from other countries with taxes on energy-dense products, such as Mexico with an 8% tax on non-essential foods with energy density of ≥275 kcal/100 g, show purchases were reduced by 5.1% in the whole population and 10.2% in low socioeconomic status households.[28] This approach would give companies the opportunity to reformulate below 275 kcal threshold and therefore avoid paying the levy.

**We recommend the following actions are implemented:**

- An energy-density levy should be introduced on sweet and chocolate confectionery produced by manufacturers and retailers (set at a minimum levy of 20%), including those products sold in cafes and restaurants.
- The levy should be invested in the implementation of an effective independent agency to enforce reformulation, and tackle marketing and promotion of HFSS products.

**4. Ensure only healthy products (not high in fat, salt and sugar) are marketed, promoted and advertised.**

HFSS products are heavily promoted in British supermarkets as well as in the out-of-home sector, and it has been found that such promotions increase the amount of unhealthy food and drink people buy by at least 6% of total sugar purchases (i.e. 30kcal per person, per day). This could be prevented if promotions on high-sugar products did not occur.[29]

The food industry spends very large amounts promoting, marketing and advertising their unhealthy products, for instance, the top crisp, confectionery and sugary drinks brands spend over £143 million a year on advertising their products. This huge amount of spending dwarfs the £5.2 million annual spent of the Government's healthy eating campaign.[30] Research shows that marketing greatly influences the food children choose to eat.[31] [32]

Cigarette advertising has been banned in the UK for many years because it causes cancer and cardiovascular disease, yet HFSS foods and drinks, which are now a bigger cause of

death and disability, can be advertised without strong restrictions to vulnerable children, who have no understanding of the consequences of consuming these products.

In 2017 the Committee of Advertising Practice introduced new rules, which bans the advertising of HFSS food and drink products in traditional and online children's media and other sites where children make up over 25% of the audience. However, there are currently loopholes in the regulations, which means children are still exposed to HFSS food and drink marketing online on sites popular with children and adults and on TV – for example, when watching popular 'family' TV programmes.

In addition, current regulations do not include strategic placement of HFSS products (i.e. at checkouts), the use of characters on product packaging and sponsorship of sporting and cultural events. It is vital that only non-HFSS foods and drinks can be marketed and promoted, including in-store price promotions. In-store food environments designed to entice unhealthy choices (e.g. sweets at checkouts), should be banned. This should not only apply to supermarkets, but convenience stores and the out-of-home sector, including restaurants, cafes and takeaways.

**We recommend the following actions are implemented:**

- Only healthy (non-HFSS) products should be marketed across all platforms, including TV, digital and print marketing.

**We realise this will take time, as did the ban on cigarette advertising. Therefore, in the meantime we recommend the following immediate actions:**

- Current restrictions on advertising should be extended to all broadcast media advertising.
- Current restrictions on online advertising and marketing must be strengthen to include not just websites popular with children but also websites popular with adults used by children.
- The use of unlicensed but commonly recognised cartoon characters and celebrity endorsement within children's advertising should not be allowed on HFSS products, including on packaging.
- Only healthy (non-HFSS) products should be put on promotion (including price promotions such as meal deals, multi-buy and extra-free deals).
- Only healthy (non-HFSS) products and brands should be allowed to sponsor sporting and cultural events.

- Only healthy (non-HFSS) products can be placed near the checkout or on the end of aisle in any retail settings.
- 'Upselling' techniques commonly used in the out-of-home sector to persuade customers to buy additional products should only be used to sell non-HFSS products.
- Free refills on drinks in out-of-home sector should only be available for water.
- The above actions should be made mandatory and progress must be independently monitored.
- The current Nutrient Profiling Model used to determine if products are HFSS should be revised with the updated free sugars recommendation.

**5. All products sold and provided in the public sector, e.g. schools, hospitals etc, must meet strict nutritional guidelines.**

The public sector spends around £2.4bn each year – approximately 5.5% of UK food service sales – procuring food and catering services for schools, hospitals, armed forces, central and local government, government agencies, prisons and courts[33]. This provides a large-scale opportunity, with significant purchasing power, to influence the diets of those that use these services, whether they are visiting, working or living within these facilities, and improve the overall food chain to provide foods with far less fat, salt and sugar, and more fruit, vegetables and fibre.

Current government policy does not set strict, regulated guidelines for public sector food to ensure that they are lower in fat, salt and sugar. It is therefore essential that guidelines are set by government and implementation is closely monitored. The public sector must lead by example, particularly in schools and in the NHS.

**We recommend the following actions are implemented:**

- Food and drink provided in public sector should meet strict standards for fat, salt and sugar.
- Sugar and calorie reformulation targets should be included in procurement standards for government buying standards (as salt reduction targets are currently).
- School food standards must be made compulsory for all schools, including currently exempt academies and free schools, and early-years provision.
- School food standards must also apply to all packed lunches consumed in school – ensuring that all food consumed in schools is healthy and nutritious.

- School food standards must be revised with the updated free sugars recommendation.
- The implementation of school food standards should be enforced and monitored by Ofsted.
- Hospital food standards should be enacted, on the same legal basis as school food standards, to ensure hospitals must mandatorily meet minimum standards for the food served to patients, staff and visitors.
- The hospital food standards should be independently monitored and enforced.
- Soft drinks containing more than 5% sugar, and all sweet and chocolate confectionery should not be sold on any NHS settings.
- Only healthy products should be put on promotion (including price promotions and multi-buy and extra-free deals) in any NHS settings.
- Vending machines on all public sector premises should meet government buying standards.
- Free water should be made available in all public sector settings.

**6. Uniform colour-coded labelling on front of pack should be made mandatory on all products sold in retail and out-of-home, with stricter criteria for high fat, salt and sugar.**

Consistent front-of-pack labelling helps people make more informed and healthier choices.[34] Research shows the 'hybrid label', i.e. the colour-coded labels, alongside percentage reference intakes, is one of the most effective ways to communicate nutrition information.[35] [36]

Currently the recommendations are voluntary, and this means that different labels are used, which are confusing to the public. The current government policy has no legal requirement for manufacturers to adopt a consistent use of hybrid labelling in retail or out of home sector.[37] This must be made mandatory across all products sold in retail and must be publicly available on packaging or on menus for food and drink available in restaurants, cafes and other out-of-home outlets.

Consumers have the absolute right to know what is in the food and drink they are buying. Nutrition labelling in restaurants and cafes helps consumers reduce their calorie intake. A recent review by the Cochrane Collaboration found that menu labelling helps people reduce calories by about 50 calories per meal, on average.[38] A new law passed in the US now ensures that restaurant chains with 20 or more outlets must have nutrition labelling. The

Government must ensure the UK out of home sector are made to be transparent, similar to the retail sector.

An additional benefit to colour-coded labelling is that manufacturers who want their products to be seen in the best possible light, are more likely to reformulate products, which would otherwise receive a red label. Indeed, menu labelling has been shown to spur restaurants to reduce the calories in their foods.[39]

Some products can contain up to 20% sugar, yet won't receive a red label, suggesting the criteria for a red label in food is too lenient. Therefore, there needs to be stricter criteria for HFSS products as many unhealthy products are rated as healthy under the current criteria. Consumers do not need to be concerned with all the different types of sugars in their food and drink, apart from those categorised as free sugars. Therefore, the current nutrition label for total sugars needs to be changed to the amount of free sugars added to the product.[40]

**We recommend the following actions are implemented:**

- Front-of-pack colour coded hybrid nutrition labelling should be made mandatory across all packaged food and drink products.
- Front-of-pack colour coded labelling should be made mandatory for the out-of-home sector with more than 20 outlets, on all menu items.
- The current criteria for sugars should be reviewed, and the threshold lowered, to reflect the most recent free sugars recommendation.
- Front-of-pack labelling should include the reference intake for free sugars, not total sugars (that include naturally occurring sugars, i.e. those present in whole fruit and milk).
- The back-of-pack nutrition labelling should include the amount of free sugars instead of total sugars.
- The scheme should be independently monitored.

**7. Ensure the food and drink industry increases fruit and vegetable content of products through reformulation**

Evidence shows there are significant health benefits associated with eating at least five portions of a variety of fruit and vegetables every day.[41] However, more than three-quarters of adults and secondary school children in the UK don't get their five-a-day.[42] There needs to be a strong push for the food and drink industry to make the consumption of fruit and vegetables, particularly vegetables easier.

**We recommend the following actions are implemented:**

- Retailers and manufacturers should commit to increase the volume of vegetables in ready meals.
- The out-of-home sector should commit to increasing the number of portions of vegetables they sell as part of meals.
- The out-of-home, catering and the public sector providing food must commit to supporting people to eat two portions of vegetables at lunchtime at no extra charge.

## Summary

These pragmatic actions have the potential to remove a substantial amount of excess calories (estimated 300 kcal) from the average British diet, helping prevent increases in overweight and obesity, and also reduce salt and saturated fat intake and risk of raised blood pressure and heart disease. The UK Government can produce and implement a world leading nutrition policy to tackle the unhealthy food environment and the excessive supply of and demand for products high in fat, salt and sugar. Current policies are very weak and need to be made stronger, before these health issues bankrupt the NHS. The British food and drink industry is one of the most entrepreneurial industries in the world and can adapt to the changes required and still make large profits. Furthermore, less people will die prematurely and the industry will have more consumers.

**Action on Sugar**

Action on Sugar is a group of scientific experts concerned with sugar and obesity and its effects on health. It is working to reach a consensus with the food industry and Government over the harmful effects of a high calorie diet, and bring about a reduction in the amount of sugar and fat in processed foods to prevent obesity and type 2 diabetes.

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**Action on Salt**

Action on Salt is a group concerned with salt and its effects on health, supported by 25 expert scientific members. Action on Salt is successfully working to reach a consensus with the food industry and Government over the harmful effects of a high salt diet, and bring about a reduction in the amount of salt in processed foods as well as salt added to cooking, and the table. To date we have been successful with many supermarkets and food manufacturers choosing to adopt a policy of gradually reducing the salt content of their products, and a Government-financed campaign to raise awareness of the effects of salt on health.

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Throughout the document, 'sugar' refers to 'free sugars' and 'drink' refers to non-alcoholic drinks.

'Free sugars' comprises all monosaccharides* and disaccharides* added to foods by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups and unsweetened fruit juices. Under this definition lactose (the sugar in milk) when naturally present in milk and milk products and the sugars contained within the cellular structure of foods (particularly fruits and vegetables) are excluded. *Monosaccharides are single sugar units (glucose and fructose) and disaccharides are two single units joined together (sucrose).

The definition for food and drink high in fat, sugar and salt (HFSS) refers to the Department of Health Nutrient profile system definition.[43]

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