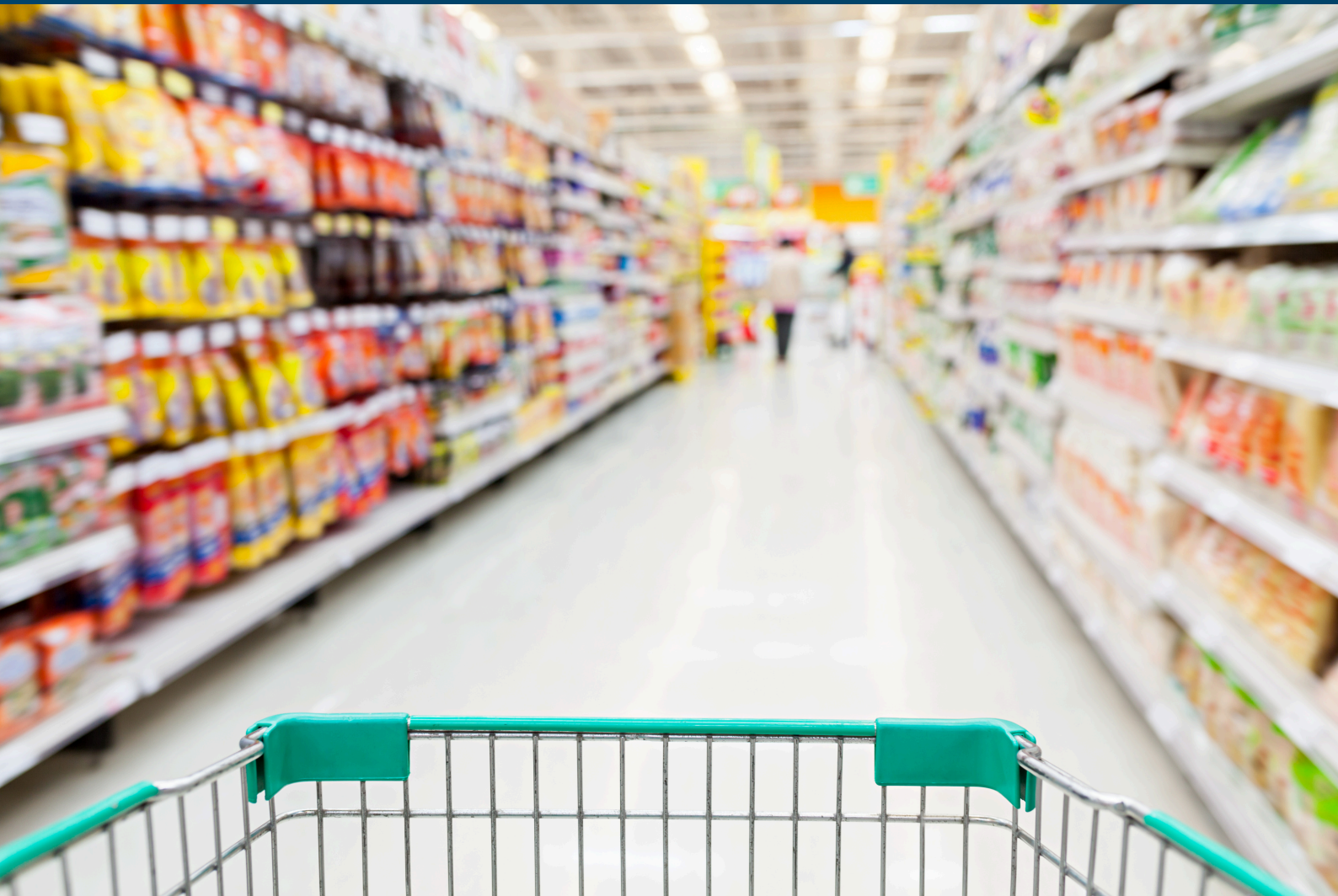


WHAT IS NEXT?

THE UK'S SUGAR REDUCTION PROGRAMME



November 2022



Acknowledgements

This report was developed by Mhairi Brown RNutr, Policy and Public Affairs Lead, and Hattie Burt ANutr, Senior Policy Officer.

About Action on Sugar

Action on Sugar is a group of experts concerned with sugar and obesity and their 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, type 2 diabetes and tooth decay.

About World Action on Salt, Sugar and Health

World Action on Salt, Sugar and Health (WASSH) is a global group with the mission to improve the health of populations throughout the world by achieving a gradual reduction in salt, sugar and excess calorie intake. Established in 2005 to translate the success of the UK's salt reduction programme worldwide, WASSH provide resources and expert advice. WASSH has a network of more than 600 members in 100 countries, all of whom are working towards reducing population salt, sugar and calorie intake.

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UK'S SUGAR REDUCTION PROGRAMME



In 2017, the government introduced a Sugar Reduction Programme, with a **20% reduction in sugar levels in certain key contributors to children's sugar intake expected by 2020**. The 2019 progress report showed that **only a 3% reduction had been achieved**¹. The government previously committed to reviewing alternative levers if not enough progress was made², but the final report has not been published and no further action taken, despite a clear need.

Action on Sugar strongly recommends that the government **implements a comprehensive, well-designed and mandatory sugar reduction programme** to drive the food industry to reformulate their products with lower sugar levels for better human, environmental and economic health.

Policy Summary

Reformulation involves food companies improving the nutrition profile of their products, gradually reducing harmful elements such as excess sugar. This removes the barrier of behaviour change or financial considerations for customers, who can continue to buy the same products, but with less sugar.

The Sugar Reduction Programme aimed to reduce sugar in certain key contributors to children's sugar intake including breakfast cereals, yogurts, biscuits, and cakes. The target 20% reduction was the same across all products; and could be achieved through reformulation, reducing portion size, or shifting sales to lower sugar products².

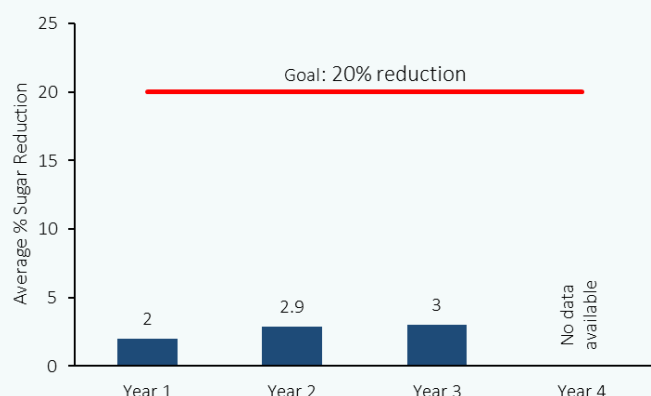
What is the need for sugar reduction?

- **Excess sugar intake is linked to various health issues:** tooth decay, obesity, liver disease, type 2 diabetes and high LDL cholesterol⁵. Oral diseases are the leading reason children aged 5-9 years are admitted to hospital, with 32,140 admissions in 2018-2019⁶.
- **Harvesting sugar beet, the UK's domestic source of sugar, is causing irreversible damage to our soils**⁷. Using prime agricultural land to make more sugar available for consumption – a crop which we need to eat much less of – is contrary to public health needs and environmentally damaging.
- Public Health England's 2015 analysis showed that **reducing average energy intake from sugar to the recommended 5% over the next 15 years would prevent 3,500 deaths** and avoid 173,000 dental caries cases annually, whilst also saving the NHS £396m each year⁸.
- National Food Strategy analysis showed that **if the Sugar Reduction Programme targets were met, UK economic output could grow by £2.2-5.7bn** as a result of the larger and healthier workforce⁹.

Public Support

- **Sugar levels are public's most common concern** about food they eat:
- 2 in 3 said sugar content was their leading concern³.
- 9 in 10 people support government working with food industry to make everyday foods and drinks healthier⁴.

Food industry progress so far ¹



Our recommendations

- Publish the final Sugar Reduction Programme Report.
- Implement a simple programme with **specific, upper limits for all contributing categories of sugar to the diet** (inc. alcohol and infant food). Mirror the government's well-designed salt programme.
- Make it **mandatory** to create a 'level-playing field' for industry: enforce compliance and reward progress by imposing **financial penalties for non-compliance, plus explore other fiscal measures**, such as preferential business rates for companies that produce a higher proportion of healthier foods.

INTRODUCTION

The current UK food system does not allow us all access to affordable food and drink that meet dietary guidelines and that nourish us and support our health. Instead, a highly globalised food industry, dominated by a few multinational corporations, extensively produce and market highly processed and nutrient-poor food and drinks – high in fat, sugar and salt (HFSS). These products are cheaper than nutrient-dense products and are at the centre of the billions in profit made by global food companies annually; profits that are often made at the expense of workers' wages and consumers' health¹. In contrast to these cheap, nutrient-poor products, evidence suggests that those on the lowest incomes would have to spend three quarters of their disposable income to eat a healthy diet, compared to just 6% for the most affluent – due in part to the high price of fresh produce².

Our food system puts an untold cost on our environment, with the conversion of natural ecosystems to crop production or pasture. The production of sugar beet, for example, is causing irreversible damage to soils, with British Sugar being responsible for the removal of hundreds of thousands of tonnes of precious topsoil every year³. The food system also has a huge impact on our health: unhealthy diet is the leading risk factor for death and disability worldwide. Excess sugar, salt and fat in our diets leads to an increased risk of health conditions such as high blood pressure, cardiovascular disease (i.e. strokes and heart disease), tooth decay, type 2 diabetes and obesity.

To address the impact of the UK's diet on health, the government has implemented numerous policies, including colour-coded front of pack nutrition labels, food and drink procurement guidelines for the public sector and some restrictions on the placement of HFSS products in prominent retail locations. In particular, the government's reformulation programme is a key policy with the potential for a huge, positive impact on our food system and health, if managed in the right way.

Reformulation involves food companies improving the nutrition profile of their products, by gradually reducing harmful elements such as excess sugar. This removes the barrier of behaviour change or financial considerations from consumers, who can continue to buy the same products they always have, but over time they will become healthier. Food companies have gradually reduced salt levels for many years, following the introduction of a Salt Reduction Programme in 2003, and correspondingly, the nation's salt intake and blood pressure have reduced⁴. In 2017, the government introduced a Sugar Reduction Programme, with a 20% reduction in sugar levels in certain key contributors to children's sugar intake expected by 2020⁵.

The UK was one of the first countries to implement sugar reduction targets and WHO Europe was recently tasked with sharing learnings from the UK on sugar and calorie reduction. However, the third progress report, published in 2019, showed that the Sugar Reduction Programme had not achieved the targeted reductions in sugar levels. The fourth and final report was originally due to be published in autumn 2021⁶, but was subsequently delayed to early 2022⁷.

To date this publicly-funded report has still not been released, with the Department of Health and Social Care (DHSC) most recently advising that it will be released by the end of 2022 in response to a Freedom of Information request. Notably, when the end date of 2020 was set, government committed to reviewing further regulatory levers if enough progress was not made⁵, but by continuing to delay publication of the final results, the question of what additional measures are needed is being avoided.

In the absence of the final report, we have compiled learnings from the programme to inform future options and share globally.

THE NEED FOR SUGAR REDUCTION

Sugar and Health

Excess sugar intake is linked to various health issues. There is a causal relationship between sugar intake and tooth decay, which has a large impact on children's physical and mental health⁸. Oral diseases are the leading reason children aged 5-9 years are admitted to hospital, with 32,140 admissions in 2018-2019⁹.

There is evidence of a link between free sugars and obesity, liver disease, type 2 diabetes and high LDL cholesterol⁸. High LDL cholesterol is further linked to strokes and heart attacks. These health conditions have a huge toll on individuals, families and communities, not to mention costing the NHS billions each year.

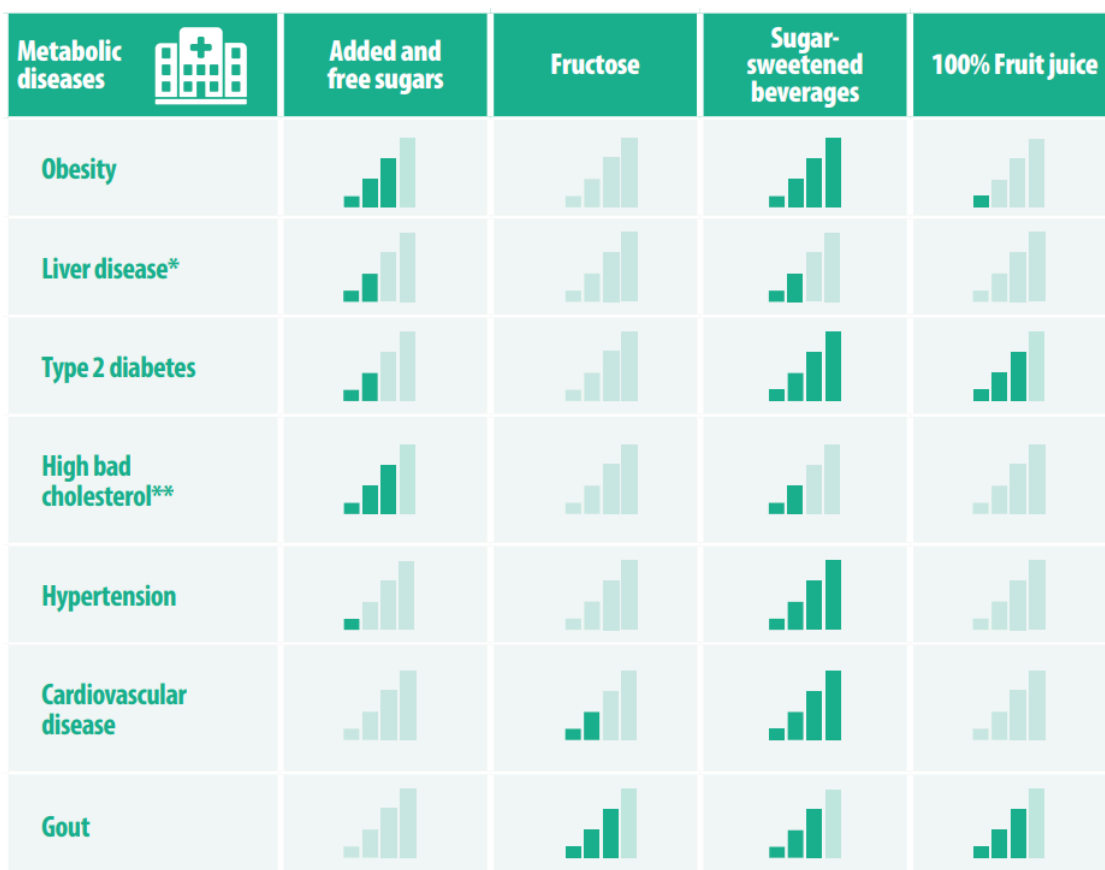
Naturally occurring and free sugars

Naturally occurring sugars are found in whole fruit, vegetables and milk-based products and are not considered harmful for health.

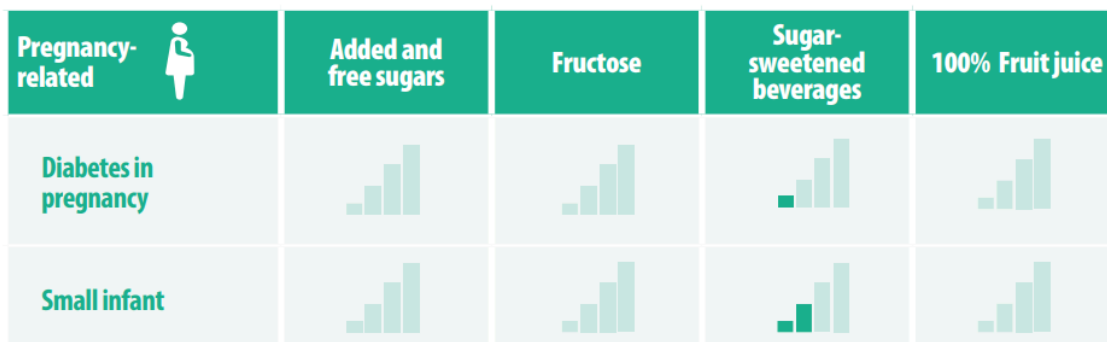
Free sugars include added sugars in any form, all sugars naturally present in juices, purees and pastes, and all sugars in drinks added to products during manufacture or by the consumer¹⁰. This includes ingredients such as honey, syrups and nectars, malt extract and glucose syrup, lactose and galactose added as ingredients and all sugars naturally present in fruit and vegetable juices, concentrates, smoothies, purees, pastes, powders and extruded fruit and vegetable products. All sugars in drinks are included too, such as alcoholic drinks and dairy-alternative nut-based drinks.

Free sugars add unnecessary calories to diets, without any nutritional benefits. They give little satiation and increase palatability of foods, leading to overconsumption.

The strongest evidence exists for sugar-sweetened beverages, which - in addition to obesity, liver disease, type 2 diabetes and high cholesterol - have links with hypertension, cardiovascular disease and gout⁸.



*Non-alcoholic fatty liver disease (NAFLD). ** = Dyslipidaemia.



Degrees of certainty

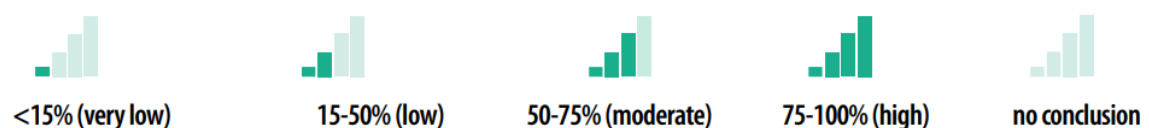


Figure 1: Links between sugars and health problems

Source: European Food Safety Authority (EFSA)

<https://www.efsa.europa.eu/sites/default/files/2021-07/sugars-factsheet-en.pdf>

Sugar and Environment

The process of harvesting sugar beet, the UK's domestic source of sugar, is causing irreversible damage to our soils, lifting an estimated 489,000 tonnes of topsoil from UK fields every year, and relies on harmful neonicotinoid pesticides to maintain productivity³. Reducing sugar production would benefit not just our health, but the environment.

The decision to support the use of prime agricultural land to make more sugar beet available for consumption – a crop which we need to eat much less of – is contrary to public health needs. The latest evidence tells us that everyone over the age of 11 should consume no more than 30g of free sugars per day¹¹. Using this as a benchmark, researchers at the Food Research Collaboration calculated that for the UK population as a whole, we would use around 0.7 million tonnes of sugar per year¹²; a mere third of what is currently supplied to the UK market.

Public Support

Sugar reduction has strong public support. The most common concern the public has about the food they eat is levels of sugar in their food, with two in three respondents to the Food Standard's Agency's Food and You survey highlighting sugar content as their leading concern¹³.

Furthermore, around 9 in 10 people support the government working with the food industry (manufacturers, supermarkets and the eating out of home sector) to make everyday foods and drinks healthier¹⁴.

UK GOVERNMENT SUGAR REDUCTION PROGRAMME

In 2015, the government's Scientific Advisory Committee on Nutrition (SACN) released a review of evidence relating to carbohydrates and health. Within this report, SACN recommended that 'average population intake of free sugars should not exceed 5% of total dietary energy for age groups from 2 years upwards'¹⁵.

In 2016, the government's Childhood Obesity Plan proposed, among other measures, a Sugar Reduction Programme, which challenged the food industry to reduce the overall sugar content of the food products that contribute the most sugar to children's intakes by 20% by 2020¹⁶.

In 2017, Public Health England (PHE) released their sugar reduction guidelines, specifying a 20% overall reduction across the following categories:

- Breakfast cereals
- Yogurts
- Biscuits
- Cakes
- Morning goods (e.g. croissants, English muffins, waffles)
- Puddings
- Ice cream, lollies and sorbets
- Chocolate confectionary
- Sweet confectionary
- Sweet spreads and sauces (e.g. chocolate spread, peanut butter, dessert toppings)
- Juice and milk-based drinks (added 2018)
- Fermented yogurt drinks (added 2019)

PHE provided a 2015 baseline average sugar content, a 5% reduction guideline to be achieved in the first year, a 20% reduction guideline and a calorie (kcal) per serve guideline for industry. They also specified that sugar reduction should be achieved without an increase in the saturated fat content of the product and, ideally, should be accompanied by a calorie reduction⁵.

PHE also proposed that the 20% reduction in sugar content could be achieved by:

1. Reformulating products to lower the levels of sugar present
2. Reducing the number of calories in, and/or portion size, of products that are likely to be consumed by an individual at one time
3. Shifting consumer purchasing towards lower/no added sugar products

At the consultation stage, industry, NGOs and academics had multiple opportunities to input, share learnings and express concerns. However, it is unknown whether or how these submissions altered the final programme design.

EXPECTED BENEFITS OF SUGAR REDUCTION

Frontier Economics estimated that the total economic impact of obesity in 2022 would be £58 billion, accounting for NHS and social care costs, lost productivity, workforce inactivity and welfare payments¹⁷. A similar assessment by McKinsey in 2014 estimated the economic impact of obesity in the UK to be equivalent to 3% of its GDP¹⁸. Therefore, the benefits associated with reducing population sugar intake in the UK are clear, both from a health and an economic standpoint. Public Health England's original 2015 analysis showed that reducing average energy intake from sugar to 5% over the next 15 years would prevent 3,500 deaths and avoid 173,000 dental caries cases annually, whilst also saving the NHS £396m each year¹⁹.

More recently, analysis in the National Food Strategy showed that if the Sugar Reduction Programme targets were met, average sugar consumption would reduce by 1 kg to 3.6 kg of sugar per person annually, bringing consumption levels 16% and 83% closer, respectively, to the target intake of 30g sugar per person per day²⁰. The corresponding reduction in average daily calories per person would be 15-38kcal, which according to experts, could prevent weight gain at a population level²¹.

Modelling by the DHSC suggests that this level of calorie reduction could save 400,000–1,030,000 quality-adjusted life years (QALYs) over 25 years. Further modelling by the London School of Hygiene and Tropical Medicine estimated that the benefits could be even greater (900,000–2,300,000 QALYs over the same period). Based on the DHSC's more conservative modelling,

the UK's economic output could grow by £2.2bn to £5.7bn as a result of the larger and healthier workforce. Savings to the NHS and the social care system could be £1.6bn– £4.1bn and £1.9bn– £4.8bn, respectively. Combining all of these benefits, the total gain to the UK could be as much as £63bn over 25 years²⁰.

A Note on Sugar Replacers

There are many sugar replacers on the market. They have slightly different functions, taste profiles and the amount of research conducted on them varies. Sugar replacers fall into two categories: high-intensity sugar replacers which have no energy value but an intense sweet taste, and polyols which are less sweet, low-calorie sugar replacers with other functions in foods besides sweetness, such as providing bulk.

All types of sugar replacers used in the UK are regulated by the European Food Safety Authority (EFSA) and have been approved as safe for human consumption up to the Acceptable Daily Intake (ADI). In line with advice from partner organisations, we do not believe that sugar replacers or sugar sweetened beverages should be consumed by children²². It is not clear whether sugar replacers are effective for long-term weight control: based on the results of a systematic review and meta-analysis²³, the World Health Organization recently consulted on a draft guideline suggesting that high-intensity sugar replacers not be used as a means of achieving weight control or reducing risk of noncommunicable diseases and we await the results of this consultation²⁴.

Ultimately, reductions in both calories and sweetness are needed to improve the nation's diet and health. New product development should be skewed towards producing food and drink with less sugar, less sugar replacers and more whole fruit and vegetables and wholegrains to bring about a change in population taste preferences.

FOOD INDUSTRY PROGRESS TOWARDS 20% REDUCTION

PHE released Sugar Reduction Programme progress reports in 2018, 2019, and 2020. The reports provide a summary of progress at the category level, using Kantar data which prohibits the release of product-level data, and case studies submitted by the food industry.

Overall, poor progress has been made. Against an expected 20% reduction, the food industry only achieved a 3% reduction by Year 3 (2019) of the programme²⁵. The final report, due to be released in 2021 has still not been made public, meaning that it is not possible to assess overall progress.

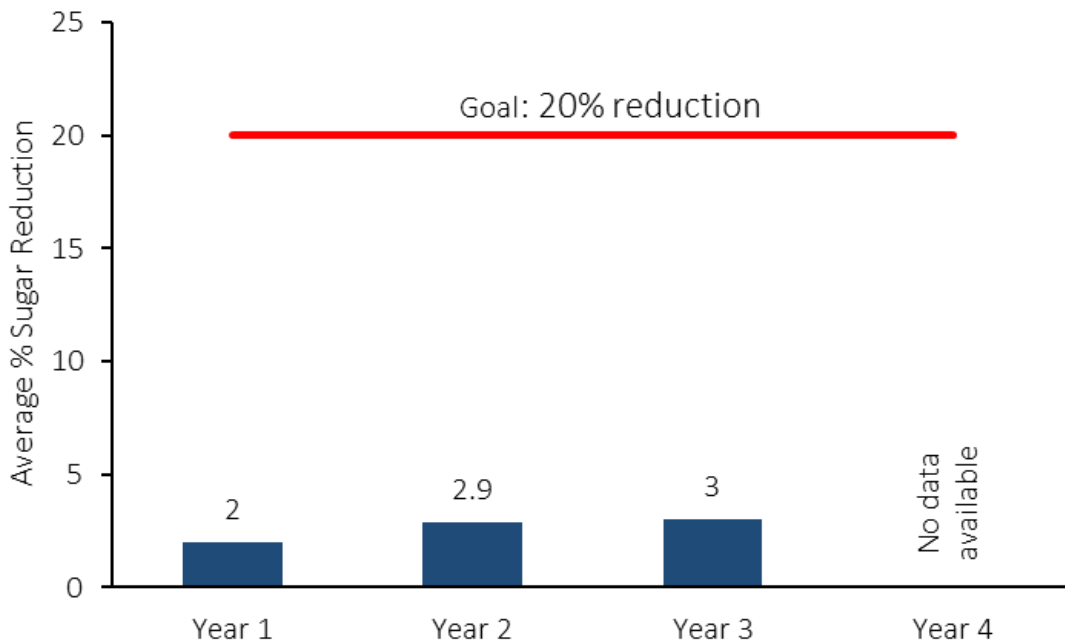


Figure 2: Sugar Reduction Programme Progress

Source: Public Health England (PHE)

At the category level, reasonable progress has been made in breakfast cereals and yogurts, both achieving a 13% reduction by 2019. However, sweet confectionery and chocolate confectionery made little progress, and there was an increase in the sugar content of puddings.

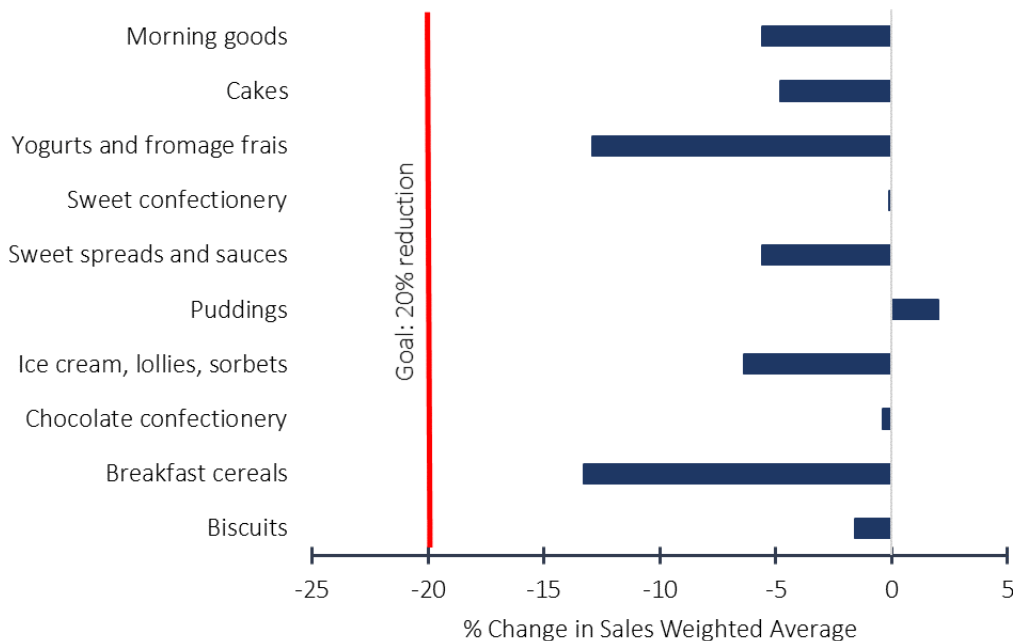


Figure 3: Percentage Change in Sales Weighted Average Sugar Sales for Retailers and Manufacturers 2019

Source: Public Health England (PHE)

The results are highly frustrating and disappointing, particularly as our research shows progress is possible. Over the past five years, Action on Sugar's cross-sectional surveys have found a large variation in the sugar content of categories subject to the programme, showing the opportunity and technical feasibility for manufacturers to reduce sugar content in higher sugar products to bring them in line with lower sugar equivalents.

In 2017, we surveyed the sugar content of 272 sweet spreads (jams, marmalades and chocolate spreads). Two in three (67%) contained 3 tsp sugar per portion, with chocolate spreads containing up to 57 tsp per jar. The most sugary chocolate spread contained 6 times more sugar than the least sugary product, while the most sugary jam had 26 times more sugar than the least sugary jam²⁶.

In 2018, we surveyed on-the-go blueberry muffins available at travel hubs and supermarkets, with the majority containing six teaspoons of sugar or more per muffin. There was a huge variation in sugar content, with a Costa Blueberry Muffin containing 10 teaspoons per muffin, compared to 3 teaspoons each in M&S 4 Blueberry Muffins²⁷.

We also surveyed the sugar content of confectionery sharing bags, which contained up to 29 tsp sugar per bag. With more than a third of 16-24 year olds saying that they would consume a whole bag in one go, this is equivalent to four times their maximum recommended daily sugar intake. There was also a large variation in sugar levels, with the most sugary product containing 22 times more sugar than the least sugary sharing bag²⁸.

In 2019, we surveyed 191 waffles, crepes, pancakes and pretzels for sale in the out of home sector, finding up to 100g of sugar per serve. We also revisited breakfast cereals, finding half of cereals with child-friendly packaging have a red front of pack label to indicate high sugar content. The most sugary cereal had 67 times more sugar than the least sugary cereal²⁹.

In 2021, we surveyed yogurts with child-friendly packaging. Just one in 20 products had low levels of sugar, despite being marketed at children, and the most sugary product had more than 5 tsp sugar per serve, in addition to being 4 times more sugary than the least sugary yogurt³⁰.

In April this year, we looked at sugar levels in doughnuts, brownies and cookies available in the retail and out of home sectors. Some cookies contained up to 50% sugar (10 tsp per serve), whilst the most sugary doughnut contained twice the sugar of the least sugary product³¹.

WHY WAS THE 20% NOT ACHIEVED

There are many factors that may have impacted on the programme's progress.

Structure of the Programme

Targets were set as overall, percentage reductions as opposed to evidence-based and data backed specific targets at the category level (as used in the Salt Reduction Programme³²). Alongside this, the government specified three methods of achieving the 20% reduction – with only one (reformulation) being reported on. This likely moved sugar reduction from being a long term strategic aim for the food industry to gradually remove excess sugar from products, to being a short term marketing opportunity.

Building on consumers' desire for lower sugar products, companies could simply make a product with 30% less sugar, apply '30% less sugar' claim to product packaging, and then market this product heavily alongside full-sugar product lines to bring consumers to the category. A 30% reduction is very noticeable, especially when signposted on product packaging, and creates customer expectation of a healthier, lower calorie and less sweet product. This affects decision making about how much to consume and how frequently, as well as perception of enjoyment and satiation, plus has a knock on effect on other eating occasions known as 'compensatory behaviour'. Furthermore, companies are unwilling to reformulate their main full-sugar products at all, as the new '30% less sugar' variants would then lose their '30% less' status.

As an example, Mondelez invested heavily in research and marketing for Dairy Milk '30% less sugar', but did not take the risk of reformulating their main product with less sugar³³. However, if provided with motivation, leadership and guidance throughout the process, Mondelez could have successfully reduced the sugar content of many of their products by using the 30% reduced version in their (child-targeted) Freddo, Roses, Crunchie and Fudge products, plus seasonal lines such as Easter eggs, Halloween and Christmas products, without advertising this to customers. This could have been accompanied by a slower, gradual reduction in sugar in the full sugar Dairy Milk using their new technology, which was generally seen as taste and sensorily acceptable³³. Numerous other examples exist, such as Ambrosia Mini Custard 30% Less Sugar, Sharwood's Sweet Chilli 30% Less Sugar Stir Fry Sachet and Mr Kipling 30% Less Sugar Viennese Whirls.

Governance

Sugar reduction was PHE's flagship policy, but they did not have final say on the structure of the programme as an "executive agency" of the Department of Health and Social Care. PHE's role was one of providing guidance as opposed to independent and transparent policy making, with the authority to set and enforce strict targets. With PHE's closure in 2020, the Sugar Reduction Programme lost leadership, credibility and momentum.

Furthermore, PHE's use of opaque sales-weighted averages, as opposed to measuring against a maximum target, was an issue as many companies could simply take some sugar out of their best selling product rather than comprehensively addressing sugar levels across their product portfolios.

Voluntary versus Mandatory

The programme is voluntary, rather than mandatory, meaning that a company can choose to invest as much or as little into reducing sugar in its products as it wants, making full compliance unlikely, as the programme's progress shows. Indeed, CEO's of the UK's major food retailers told the National Food Strategy team – and their nutrition teams have told us directly – that they will not reformulate all products without government legislation, and that "they need a level playing field if they are to start making their products healthier, otherwise the competition will simply move in and undercut them"²⁰.

WHAT FOOD INDUSTRY INCENTIVES ARE NEEDED?

It is clear that for a Sugar Reduction Programme to be successful, it must properly incentivise the food industry to reduce the sugar content of their products, across their whole portfolio and including their flagship products. When it comes to product recipes, health is one factor alongside a multitude of others including cost, consumer preference, and competitive advantage. Therefore, it is necessary to make reformulating products with less sugar (salt and saturated fat and more fibre, fruit, vegetables and nuts) the easy choice for business. In other words, it must be financially beneficial for food companies to produce healthier products.

Voluntary programmes are not going to achieve this. We have seen that the food industry responds to legislation, for example by removing sugar from soft drinks to avoid the Soft Drinks Industry Levy, and by changing recipes or introducing new products in response to the recent and incoming (but delayed) HFSS restrictions³⁴. Quaker, for example, announced that 98.6% of their range would be non-HFSS by October 2022.

Viable options for introducing sugar reduction legislation include introducing mandatory targets with penalties for those that do not comply, or alternatively, positive incentives for those that do comply e.g., the Soft Drinks Industry Levy could be expanded to other drinks and food categories. Other fiscal measures could also be explored, such as preferential business rates for companies that produce a higher proportions of healthier, non-HFSS foods, to encourage health and nutrition to be prioritised in new product development.

Strengthening procurement rules, as proposed in the National Food Strategy, to ensure that the food and drink supplied and sold in public sector institutions is nutritious, would also provide growth opportunities for businesses willing to produce and supply this food. The public sector spends £2.4bn on food annually, accounting for over 5% of the total UK food service turnover, thus providing a sizable opportunity for the public sector to shape the market and lead the way in healthy food provision²⁰.

What Could Mandated Sugar Reduction Achieve?

The Soft Drinks Industry Levy provides a useful model for mandated sugar reduction, as it has been instrumental in the reformulation of sugar-sweetened drinks. Due to the tiered structure, companies have been incentivised to reformulate and by 2018, the estimated revenue from the SDIL was downgraded as more than half of companies had reduced the sugar content of drinks since it was announced in March 2016 – the equivalent of 45 million kg of sugar every year - to avoid paying the levy³⁵. Many drinks companies have the revenue to absorb the cost and continue selling high sugar products, but chose not to.

PHE found that there had been a 43.7% reduction in total sugar content of drinks between 2015 and 2019²⁵. Sales of drinks subject to the levy increased, meanwhile, allaying industry fears that the levy would lead to a loss of sales and profit, but the total sugar purchased per household from drinks decreased across all socio-economic groups. Sugar reduction is technically easier to achieve in drinks compared to solid food products, but the SDIL was successful in uniting drinks manufacturers to reformulate to avoid penalties.

WHAT SHOULD HAPPEN NOW?

The evidence linking excess sugar intake and health has not changed, and our consumption has not gone down. The importance of a healthy, productive population has come into even sharper focus as the UK's health and care service and economy come under increasing strain³⁶. Education is not the answer; despite marketing campaigns like Change4Life and Better You, as well as an app to help make healthier choices, these initiatives have not resulted in sustained or widespread behaviour change³⁷.

The government must publish the final Sugar Reduction Programme report; not only is the public entitled to see the results of this publically funded programme, but the report will inform the need for regularly levers to reduce sugar consumption, which we cannot continue to avoid.

It is clear to us that the UK needs a Sugar Reduction Programme, and with the expiry of the previous targets in 2020, now is the time for the government to implement a comprehensive and mandated programme. The UK's long-standing Salt Reduction Programme provides an example of an effective public health initiative: launched in 2003 it is still going strong 20 years later. This is due to the specific, data-based targets for a comprehensive range of contributors to the nation's salt intake, which are simple for the food industry to understand and for the government to monitor, therefore benefitting the nation's health. Sugar reduction could have that same success if designed in a similar way, with bold government leadership and a strong monitoring framework.

OUR RECOMMENDATIONS

Programme Structure

Building on the model of the salt reduction programme, universally agreed as a well-designed, successful programme by industry and NGOs alike, we need a simple programme with specific, but comprehensive, mandatory upper limits for all contributing categories of sugar to the diet.

The targets can be based on an agreed maximum sugar limit of e.g. at the 75 percentile sugar level of the market. Enforcement could include imposing financial penalties based on individual cases, or a levy applied to a manufacturer in the case of multiple/repeat offences.

In addition to existing categories (which can be sub-categorised to allow for more specific targets), additional categories are needed, so that all the top contributors to sugar intake are included. After sugar-sweetened soft drinks, sugar itself and chocolate, alcoholic drinks contribute the most to our

total sugar intake and are therefore an important category to include. Although some of these categories do not contribute large amounts of sugar individually, when combined they make up around a fifth of our free sugar intake from processed foods (i.e. excluding sugar added by individuals to tea, coffee etc.).

- Alcoholic beverages
- Bread and bread products
- Baked beans
- Pizza
- Soup
- Sauces, pickles, gravies, condiments
- Ready meals
- Sausages
- Burgers and kebabs
- Nutrition powders and drinks
- Cooked veg products
- Chicken and turkey products (including ready meals)
- Processed egg products, e.g. quiche
- Pasta products/ready meals

Governance

Voluntary reformulation has failed to produce the progress required; the food industry want mandatory targets. The programme should be enforced across the food industry, monitored transparently, and reviewed and adjusted depending on progress. The Office for Health Improvement and Disparities – PHE’s replacement - must have the power to lead and enforce the programme.

The National Food Strategy proposed a statutory duty on sugar (and salt) and for all food companies with more than 250 employees – including retailers, restaurant and quick service companies, contract caterers, wholesalers, manufacturers and online ordering platforms – to publish an annual report on the following set of metrics²⁰:

- Sales of food and drink high in fat, sugar or salt (HFSS) excluding alcohol
- Sales of protein by type (of meat, dairy, fish, plant, or alternative protein) and origin†
- Sales of vegetables
- Sales of fruit
- Sales of major nutrients: fibre, saturated fat, sugar and salt
- Food waste
- Total food and drink sales

This must be implemented by the government (as per its commitment in the Government Food Strategy³⁸) to help support governance of the Sugar Reduction Programme, by providing accessible data to government departments and the wider health community to track progress, and ‘name and shame’ companies.

Early Years

Early years (infants and young children aged 0-3 years old) is a black hole of policy making. Despite being a crucial period in a child's development, to date public health policies proposed in the Childhood Obesity Plan, subsequent chapters and subsequent strategies, fail to cover products marketed for the early years. Products designed for infants and young children, including all products displaying cartoon characters and child friendly packaging, must have strict sugar targets to help ensure infants and young children have access to a range of tastes, rather than products that encourage sweet taste preferences and lead to health issues, particularly tooth decay in the short term.

Other Levers

A well-structured, mandatory Sugar Reduction Programme should be supported by other levers as part of a comprehensive strategy.

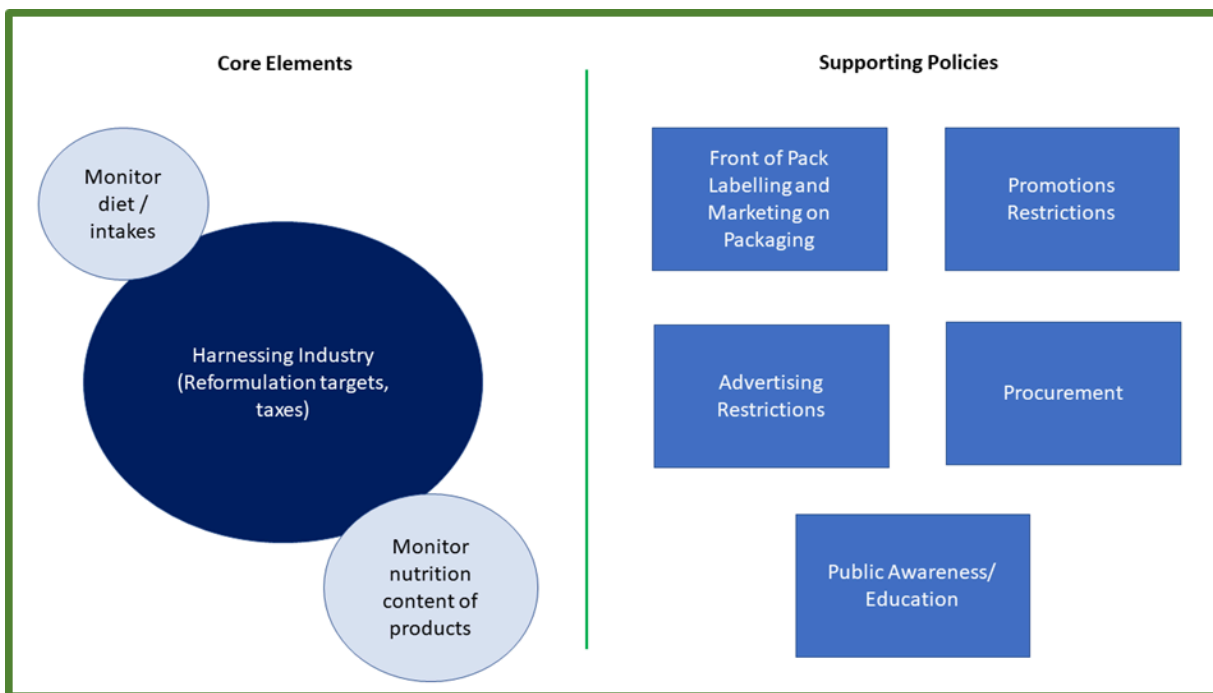


Figure 4: Core Elements and Supporting Policies of a Sugar Reduction Programme

The recently implemented restrictions on the placement of HFSS products in prominent retail locations including checkouts, shop entrances and end of aisles is an important element. Other policy levers are needed, including:

- Mandatory front of pack labelling and full nutrition labelling in the out of home sector – the food industry will reformulate their products to avoid displaying red labels, indicating high sugar content.
- Strict advertising restrictions on sugary products, specifically a 9pm TV watershed and a total online ban on advertising HFSS products – the food industry will reformulate their products to reduce sugar content and continue advertising.

- Strict criteria for marketing claims and child-friendly characters on packaging – parents will no longer be misled by dishonest product packaging, and the food industry will reformulate their products to continue displaying claims and characters
- Policies that reduce sugar supply to the UK market, both domestic product and imports, for example using land use policy to better support and transition from sugar beet production to sustainable horticulture.

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