

Sugar reduction targets – Letter of support

Introduction and background

In the UK, a third of children fall within the overweight or obese weight categories and a quarter of five year olds in England have tooth decay.

Obesity in children is almost entirely due to the food environment and this is an unacceptable situation. Obesity in children leads to the premature development of cardiovascular disease, stroke, heart attacks and heart failure, which are the commonest causes of death and disability in the UK. Furthermore, obesity predisposes to type II diabetes which further increases the risk of cardiovascular disease and also, importantly, it can lead to severe complications i.e. the commonest cause of blindness, renal dialysis and amputation of the lower limbs.

These complications are extremely expensive to manage and will overwhelm the health service if the increase in obesity and type II diabetes is not stopped. At present, the costs of obesity and type II diabetes are estimated at approximately £29 billion a year and, given the number of children who are now obese, this figure is predicted to rise exponentially.

Urgent, forceful and coherent action is required by the food industry and the government to change our food environment, for the health of our children. There is no nutritional requirement for free sugars in our children's diets and foods containing sugar also often contain high amounts of calories and fat, have little satiating effect and may displace more nutritious foods in our diets.

In June 2014, Action on Sugar put forward a strategy to prevent Childhood obesity to Jeremy Hunt MP, and then again to David Cameron in 2015, which included a proposal to reformulate all food and drink with 50% less sugar by 2020ⁱ. The Obesity Health Alliance, representing over 30 charities, also proposed a 50% reduction in sugar by 2020 in the 2016 policy briefingⁱⁱ, based on the impact demonstrated by PHE's modelling work.

We are delighted to see that an, albeit watered down, plan is being put in place to work towards our proposal and we support the setting of targets to reduce sugar by 2020 in the 9 largest contributors of sugar in children's diets, with a view to extending this to all categories, alongside a sugar-sweetened drinks levy and the introduction of a calorie and fat reduction programme in 2017. We thank Public Health England (PHE) for inviting Action on Sugar and other selected NGOs to attend the target setting meetings, for giving us an opportunity to share our views and, ultimately, for working in the best interests of UK children.

We must not lose sight of the very important aim of this public health strategy, that is, to save millions of children from disability and early death. This is the priority: not the profits of the food industry, or even public opinion.

Summary of the proposed targets

Manufacturers and retailers, both large and small, with a narrow or broad range of products, in retail and in catering, are being asked to reduce the sales-weighted average (i.e. volume) of sugar in each of the 9 categories that contribute the most sugar in the diets of children (including seasonal products) by 20% from their current (end 2015) category portfolio baseline, or to the 20% below current (end 2015) baseline of the total market category, as calculated by PHE, by 2020.

This can be achieved via:

- a- Reformulating their products with less sugars, (sugar replacers are allowed), as long as the saturated fat and salt levels are not increased
- b- Reducing portion sizes of single serve products
- c- Calorie caps per single serve products
- d- A New Product Development (NPD) target set at 20% below market category baseline
- e- Shifting sales from higher to lower sugar products within manufacturers' portfolios

Salt reduction targets

It is worth recapping on the salt reduction campaign, as it was referenced throughout the target setting meetings as an example of an effective reformulation programme.

- The target setting for salt aimed to achieve a 40% reduction in salt in the nation's diets, gradually, with small incremental reductions of 5-15% every 2-3 years.
- All categories were included, to create a level playing field.
- The salt reduction programme included a comprehensive range of categories, approximately 80, broken down into sub categories based on technical challenges within each category. This made for a complex set of targets that were hard to measure, but allowed for difficulties for specific products within a broader category with no other issues to be taken into account (e.g. baked goods could easily achieve reductions, unless they used raising agents, so an allowance was made for this sub category).
- Targets were set based on what was achievable technically by category, meaning some targets were much lower than others.
- The Food Standard's Agency applied transparent monitoring, with strict enforcement.
- Many companies said the salt reduction targets were not achievable due to technical reasons which, on further interrogation, turned out not to be true.
- Measuring the targets was an essential component and must be replicated for sugar. As Margaret Chan, DG of WHO, said "*What gets measured, gets done*".

We are glad that the targets are being set and are supportive of the process. However, based on data researched by Action on Sugar, plus the huge range in the variation of sugar in the different categories shown by PHE, we are able to demonstrate that reductions of at least 30% can be made without technical issues, and that manufacturers should gradually, incrementally, work towards a reduction of **at least 20%** (sales weighted average) from PHE's baseline (either by total category or by sub category) across the board, by 2020.

We challenge all manufacturers to provide evidence to back up any assertions that any lesser reductions cannot be achieved for ‘technical reasons’. Claims that less sugar will make their product less palatable, or that people will ‘switch’ to higher sugar products should not be accepted, as taste preferences will change over time, as they did for salt.

The cost savings from a successful sugar reduction programme in preventing obesity and type 2 diabetes will be immense. It is absolutely vital that Public Health England commits enough resources to ensure that this programme is carried out robustly, transparently and with involvement of all companies, giving them a level playing field.

Sugar reduction target recommendations

Using existing products available in the market, we are able to demonstrate that reductions of at least 30% SWA below current baseline are both technically achievable, and acceptable to the public, as follows:

Category	Calculated baseline SWA (g/100g)	Proposed SWA figure for 20% reduction (g/100g)	Proposed SWA figure for 30% reduction (g/100g)	Product example with ~30% less sugar than the SWA
Yoghurts and fromage frais	11.05	8.8	7.8	Aldi Optifit Active Fat Free Yogurt Vanilla 500g (6g)
Breakfast cereals	20.01	16.01	11.7	Nestle Shredded Wheat (0.7g)
Ice cream	21.6	17.3	15.1	Jude's Salted Caramel Ice Cream 500ml (13.8g)
Biscuits	31.6	25.3	22.1	Marks & Spencer Oat Crunch Biscuits 300g (20.8g)
Cakes	36.0	28.8	25.2	- Tesco Lemon Loaf Cake (21.8g)
Morning goods	14.8	11.8	10.4	- Lidl Crownfield Crowni Cereal 6 x Bars Hazelnut No Added Sugar (1g)

pudding	17.8	14.3	12.5	Aldi Perfect Puds Vanilla & Chocolate Twist 150g (12g)
Chocolate Confectionary	54.3	43.4	38.0	Morrisons Savers 20 Milk Chocolate Digestive Bars (31.2g)
Sweet spreads:				
Chocolate spread	54.8	43.8	38.4	-Jimjams Hazelnut Chocolate Spread 350g (8.7g)
Peanut butter	4.9	3.9	3.4	- Cream-Nut Crunchy Natural Peanut Butter 368g (3.1)
Dessert toppings and sauces	48.2	38.5	33.7	- Sainsbury's Reduced Sugar Blackcurrant Jam 415g (29.9g)
Fruit spreads	43.1	34.5	30.2	
Sweet confectionary	61.1	48.9	42.8	- Aldi Dominion Jelly Jumble (41g) and Marks & Spencer Sugar Free Rhubarb & Custard Drops (0.1g)

We recommend to PHE that if technical claims refuting these figures cannot be justified with evidence, that they be dismissed.

Both the target and timeframe in which to achieve it are realistic, taking into account reductions already made in 2016.

There must be a strong emphasis on gradual and incremental reduction in sugar content of products so that consumer's sweet taste preference gradually adjusts. The overall sweetness of the product should be reduced, even when sugar is replaced with artificial sweeteners.

We encourage all manufacturers to reduce sugar and calories in all of their product categories, even if they fall outside of the current reformulation programme, if we are to have the maximum benefits on our health.

New product development/ maximum targets

- No new products should be brought on to the market that exceeds the agreed SWA target.
- We would also recommend introducing a maximum sugar target for each category, to bring the sweetness of all products down.

Public education

- PHE should continue to develop public education campaigns e.g. Change4Life.
- It is important to include messages around the public health need for smaller portion sizes to combat negative perceptions about value for money.

Additional information

- The amount of saturated fat and calories in each category must be closely monitored to ensure that they are not significantly increased.
- Responsible use of promotions, marketing and advertising is essential to ensure that lower sugar varieties are purchased more regularly than higher sugar varieties. This should be in addition to achieving sugar reduction through reformulation.
- Colour-coded hybrid labelling should be promoted so consumers may more easily choose lower sugar and calorie products.
- Clear and transparent monitoring is required.
- If a category does not move towards the proposed target sufficiently quickly, levers such as regulation should be put in place.

Data and Monitoring

We strongly advise that as much of the data is released every 6 months as possible. We also encourage the release of data on progress by category, progress by business, a “barometer” of progress in retail and out of home, and progress on portion size. This is an important step in the process to show progress and accountability.

The cosignatories to this letter will endeavour to support sugar reduction by doing all or some of the following;

- Encouraging all manufacturers across the sector to reduce sugar in their foods, to create a level playing field
- Raising awareness of the importance of sugar reduction to the public, to improve acceptability
- Ensuring the data is transparently monitored and evaluated
- Fairly representing progress of manufacturers towards the public health goal of reducing sugar in children’s diets
- Continuing to research acceptable technical solutions to sugar reduction, and to communicating these to the public

Best wishes,

Action on Sugar
Consensus Action on Salt and Health
Jamie Oliver Foundation
British Dental Association
Children's Food Campaign
Faculty of Dental Surgery, Royal College of Surgeons of England
The Food Foundation
School Food Matters
Health Equalities Group
Faculty of Public Health
Blood Pressure UK
National Obesity Forum
International Obesity Forum
Faculty of General Dental Practice (UK)
GPs Interested in Nutrition Group (formerly RCGP Nutrition Group)
Professor Sir Nicholas Wald, Barts and The London School of Medicine and Dentistry
Professor Tim Lang, Centre for Food Policy, City University London
Professor. W. Philip T. James, Nutrition, London School of Hygiene & Tropical Medicine

ⁱ <http://www.actiononsugar.org/News%20Centre/Press%20Releases%20/2015/167492.html>

ⁱⁱ <http://obesityhealthalliance.org.uk/wp-content/uploads/2016/08/Reformulation-briefing-FINAL.pdf>