



Protecting and improving the nation's health

The problem with sugar

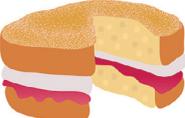
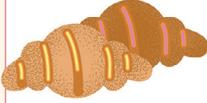
As a nation, we are consuming too much sugar which can often mean too many calories, leading to weight gain and obesity. Children and adults are consuming more than double their maximum recommended allowance of sugar.

In England, around a quarter of five year olds have tooth decay and one in three children are overweight or obese by the time they leave primary school. Obese or overweight children are more likely to become obese or overweight adults, increasing their risk of cardiovascular disease, type 2 diabetes and some cancers.

Sugar

Calls on the food industry to reduce sugar in their most popular products by **20%** by **2020**

categories include:

 <p>BREAKFAST CEREALS</p>	 <p>YOGURTS AND FROMAGE FRAIS</p>	 <p>ICE CREAM, LOLLIES AND SORBETS</p>	 <p>SWEET CONFECTIONARY</p>	 <p>CHOCOLATE CONFECTIONARY</p>
 <p>CAKES</p>	 <p>MORNING GOODS</p>	 <p>SWEET SPREADS AND SAUCES</p>	 <p>BISCUITS</p>	 <p>PUDDINGS</p>

In 2015, the Scientific Advisory Committee on Nutrition (SACN) published its report on [Carbohydrates and Health](#), recommending that no more than 5% of our daily calories should come from sugar. This informed government advice and was the basis for PHE's sugar reduction programme, which has challenged the food industry to reduce 20% of sugar from the food categories contributing the most sugar to diets of children up to 18 years, by 2020.

Dr Alison Tedstone, chief nutritionist at Public Health England, said:

“ This is about fighting the nation's obesity crisis. Too many children and adults suffer the effects of obesity, as does wider society with our NHS under needless pressure. Obesity widens economic inequalities, affecting the poor the hardest. ”

The first year

In this report, we are assessing the industry's progress towards achieving the first year ambition of 5% sugar reduction.

This is PHE's first detailed analysis of progress and demonstrates how far industry has come in reducing sugar in their products against a [2015 baseline](#). The report also looks at progress towards the reduction of calories in products likely to be consumed on a single occasion.

PHE is also reporting on reformulation progress for drinks covered by the Soft Drinks Industry Levy (SDIL) on behalf of HM Treasury within this report.

The results represent an early assessment of progress. This is because some progress made by industry to date is not reflected in the data used to produce the analysis included in this report as it took effect after the reporting cut-off point of August/September 2017. Therefore, a clearer indication of industry action will be available when PHE reports again in 2019.

Results

The report shows an encouraging start from retailers' own label and manufacturers' private label products, with a 2% reduction in both sugar and calories overall.

For the 8 food categories where measurement of progress was possible in the retail and manufacturer sector, the report shows:

Product Category	Sugar per 100g (% change)	Calories in products consumed on a single occasion (% change)
Biscuits	0%	-3%
Breakfast cereals	-5%	n/a*
Chocolate confectionery	0%	-3%
Ice cream, lollies and sorbets (g)	-2%	-7%
Puddings	1%	4%
Sweet spreads and sauces	-5%	n/a*
Sweet confectionery	-1%	0%
Yogurts and fromage frais	-6%	-6%

*n/a = not available as products generally not sold in single serve portions

Progress made on sugary drinks in response to the SDIL, includes:

- sugar has been reduced by 11% and average calories per portion by 6% by retailers' own label and manufacturers' private label products
- people are buying more drinks that have sugar levels below the SDIL cut off of 5g per 100g.

What does this mean?

This shows an encouraging start from many in the food industry to reduce sugar in their products and some businesses have shown promising leadership towards meeting the 5% reduction.

There have been reductions in sugar levels across 5 categories. Of these, yogurts and fromage frais, breakfast cereals, and sweet spreads and sauces have all met or exceeded the initial 5% sugar reduction ambition.

For retailer own brand and manufacturer branded products there has also been a 2% reduction in calories in products likely to be consumed in a single occasion – there have been reductions in 4 out of the 6 categories where calorie reduction guidelines were set and where progress has been measured.

While some categories have shown greater reductions in sugar than others, businesses have different starting points and opportunities to alter the sugar levels in their products. There can be more scope for larger reductions in products where sugar levels are higher and less scope where companies are starting with lower levels of sugar.

Reducing sugar in some products can also be more challenging than in others. For example, it is probably easier to remove sugar from soft drinks than it is from cakes. This is because sugar in soft drinks provides little functionality beyond taste, whereas in products like cakes, sugar serves to add colour and structure.

Duncan Selbie, chief executive at Public Health England, said:

“ We have seen some of the food industry make good progress, and they should be commended for this. We also know that further progress is in the pipeline.

However, tackling the obesity crisis needs the whole food industry to step up, in particular those businesses that have as yet taken little or no action. ”

What is Sales Weighted Average (SWA)?

SWA is calculated by weighting the sugar level of individual products and calorie levels of single serve products by their volume sales. This means increasing sales of a top selling product with high sugar levels drives the sales weighted average upwards, whereas selling more of a top selling product with a low sugar level drives it downwards. Essentially this means businesses need to focus efforts on their top sellers if they are to make any significant impact on sugar reduction, as this will have the biggest impact on the SWA.

Data limitations

This is the first time a report of this kind – with this level of analysis and data – has been published anywhere in the world. Publication of this report is part of PHE's commitment to openness and transparency for the sugar reduction programme – however the data obtained for this report has some limitations, which PHE is working to address. Why isn't there data on cakes and morning goods?

Progress for 8 out of the 10 food categories for retailers and manufacturers has been analysed. For cakes and morning goods, sugar per 100g could not be calculated as too few had their accompanying weights available in both years so these have been excluded. For these products, nutrition information is often not provided per 100g so the weight of the product is needed to calculate sugar per 100g. Also there is a high percentage of 'inputted data' – where the data company has match nutrition information to similar products. This cannot be used to measure progress. Work is ongoing with the data supplier and it is the intention that these issues will be addressed for the report due in 2019.

There is more to the programme than simply reducing sugar

When PHE set the sugar reduction guidelines for industry to aim for, it stipulated that reductions in sugar should also be accompanied by reductions in calories where possible, no increases in saturated fat and the achievement of current salt targets. Our first year report shows:

- overall out of the top 20 brands which showed a reduction in sugar, calorie and saturated fat content did not change in 32% of the products, demonstrating that it is possible to reduce sugar without corresponding increases in calories or saturated fat.
- 11% of brands reduced sugar, calories and saturated fat and 6% showed an increase in calories and saturated fat content

Why isn't there progress data on out of home?

After the baseline for the out of home sector was set in the [March 2017](#) guidelines report, PHE took the decision to change the data supplier to one that could deliver a more comprehensive dataset for future monitoring. This means it is not yet possible to measure progress for this sector in terms of changes in sugar levels or calorie content through a comparison with the baseline, as too few products had nutrition information in both years.

The out of home sector is not legally obliged to provide nutritional information as retailers and manufacturers are, although some businesses do voluntarily provide this on their leaflets, menus or websites.

However, the data we have suggests servings are substantially larger in the out of home sector – on average double – when compared to retailer own brand and manufacturer branded products, although sugar levels per 100g are broadly similar .

We aim to provide a more comprehensive assessment of progress in the 2019 update report.

Why are there limitations on the data for individual businesses?

The data for two retailers is limited (Aldi and Lidl) – data is available for year 1 but not for the baseline so it is not possible to make comparisons to demonstrate progress for these retailers. However we will report on their progress in our 2019 report.

What about ice cream, lollies and sorbets?

The data presented in the report for the ice cream, lollies and sorbet categories are provisional. This is because there is inconsistency in reporting the nutrition content of these products – some use levels of sugar per 100g and others 100ml. We've made conversions between mls and grams based on average conversion factors across ice cream types, so this is not a precise conversion for each individual product. In the report, both figures have been used but more emphasis is put on the per 100g figure as this is most commonly used by manufactures.

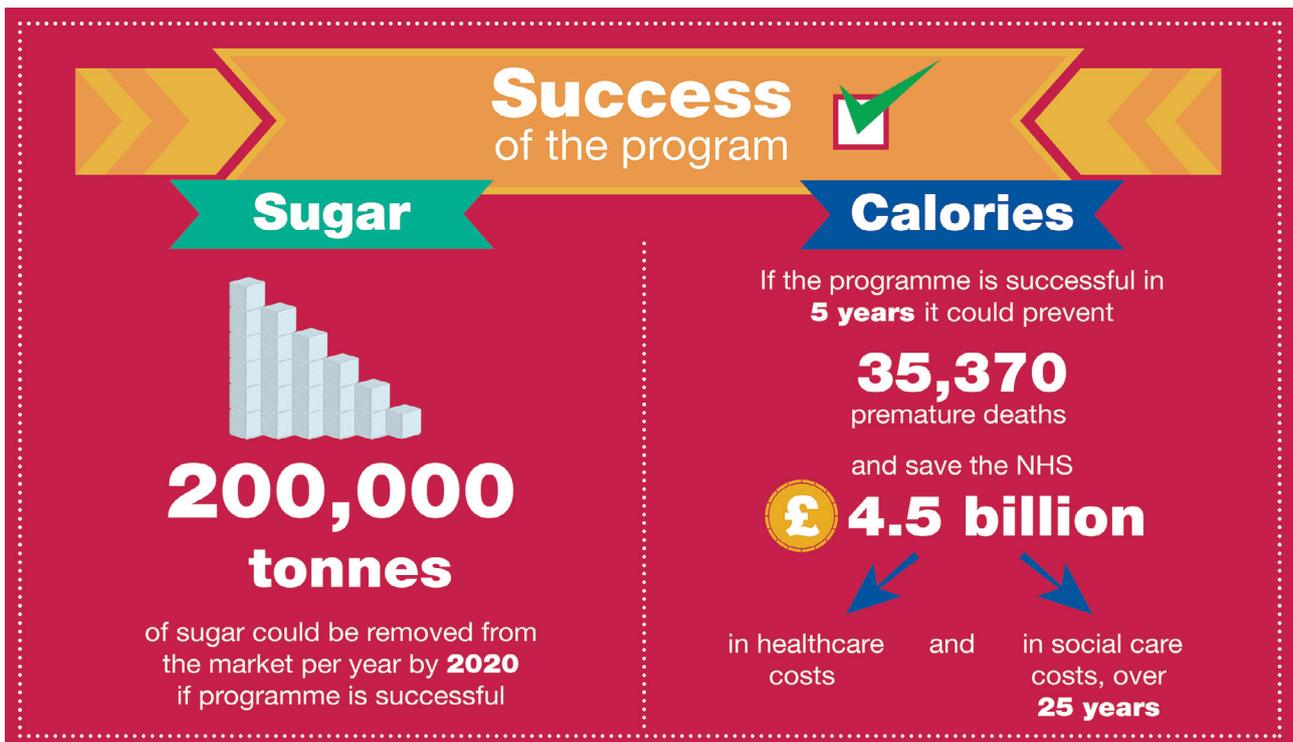
PHE will work with manufacturers, retailers and the data provider to improve product level information for next year's progress report. This may result in revised baseline and year 1 figures being published.

“Shopping basket” data

The data used for the analysis is based on what people actually buy. This is known as “shopping basket” data, and is most useful for retailers to track their sales. This data is at the end of the supply chain, and at this point, companies may have already improved products going through the reformulation cycle or have made commitments to change recipes this year. Therefore, the datasets used may not reflect all the sugar reduction and product reformulation activity that has taken place or is in the pipeline.

Sugar Reduction Programme – the story so far

- SACN published its report on Carbohydrates and Health in July 2015 and concluded that sugar intakes should be halved to no more than 5% of total calorie intake
- the [sugar evidence document](#) suggesting a structured, transparent programme of sugar reduction was published by PHE in October 2015
- the government published [Childhood Obesity: A Plan for Action](#) in 2016, including plans for a sugar reduction programme overseen by PHE
- this set a first year sugar reduction target of 5%, to be achieved by August 2017, with an overall target of 20% reduction to be achieved by 2020
- this included the product categories based on the foods contributing the most sugar to children's diets, including breakfast cereals and chocolate confectionary
- PHE published its sugar and calorie reduction guidelines for these categories for industry in March 2017. Industry was given three options to help them to achieve this. They can reformulate products (change the recipe), reduce portion sizes or encourage consumers to choose lower or no sugar options
- in July 2017, PHE started meeting with retailers, manufacturers and the out of home sector to consult on guidance for adding juice and milk based drinks
- in April 2018, the government's Soft Drinks Industry Levy came into effect
- in May 2018, PHE published its report on progress against the first year target of 5%
- two further detailed reports will be published in 2019 and 2020, which will include in-depth assessments of the out of home sector, as well as cakes and morning goods



Juice and milk based drinks

New guidelines for the drinks industry to reduce the amount of sugar children consume through milk based drinks and juices have also been published.

The drinks categories join the other ten categories in PHE's sugar reduction programme. Juice and milk based drinks are currently excluded from the government's Soft Drinks Industry Levy (SDIL), but the exemption of milk-based drinks will be reviewed by Treasury in 2020.

By mid-2021, the drinks industry is expected to:

- reduce sugar in juice based drinks by 5% (excluding single juice – this includes juice from a single fruit with nothing added to it, for example 100% orange juice)
- cap single servings of all juice based drinks (including blended juices from multiple juice sources, smoothies and single juices) to 150 calories
- reduce sugar in milk based drinks by 20% and cap single servings to 300 calories.

Next steps

Next steps for the reformulation programme as a whole are set out below. PHE will discuss and engage extensively with stakeholders on all these areas:

- working towards setting guidelines for the foods included in the calorie reduction programme with the aim of publishing these in mid-2019
- progress towards the 2017 salt targets will be assessed and published by the end of 2018. This will be followed by consideration of next steps for salt reduction
- the programme will begin to consider product ranges targeted explicitly at babies and young children
- the next phase of engagement with specific parts of the out of home sector will now begin to move forward to ensure full participation in the reformulation programme and to continue to increase our understanding of the particular challenges faced by the sector.

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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