

Sugar Labelling Background Paper

This paper provides background information to the Sugar Labelling Policy Position Statement, providing evidence and justification for the public health policy position adopted by Public Health Association of Australia and for use by other organisations, including governments and the general public.

Summary

- Sugars are carbohydrates that occur naturally in foods such as milk and whole fruit, and can also be added to food and drinks by manufacturers or consumers. There is consistent public health guidance to limit intake of these latter 'added' or 'free' sugars in the diet. Existing Australian Dietary Guidelines recommend avoiding added sugars, whereas more recent World Health Organization guidance relates to free sugars, which includes all added sugars plus all non-intact (e.g. juiced or pureed) fruit and vegetables.
- Foods high in added sugars may displace more nutritious foods in the diet and can contribute to dental caries, unhealthy weight gain and associated non-communicable diseases (NCDs);
- Food labelling should enable consumers to make informed choices and support public health objectives. Currently, manufacturers are only required to provide 'total sugars' information in the mandatory Nutrition Information Panel (NIP) on the back-of-pack, meaning that consumers have no easy way to identify the added or free sugars they should be avoiding. Government is currently considering policy options to improve sugars labelling in Australia and New Zealand to allow consumers to make informed choices in line with dietary guidance.
- As part of this work, a definition of 'added' or 'free' sugars will need to be developed for Australia. PHAA suggests that regardless of the terminology adopted, any definition includes all sugars that are harmful to health, recognising ongoing evidentiary developments in this area. Further detail on the types of sugars and food components this should include is contained later in this document.
- Inadequate information on added sugars may also reduce the effectiveness of other initiatives, including the Health Star Rating system and the Healthy Food Partnership.
- PHAA supports improvements to sugar labelling, including mandatory quantification of added sugars information in NIP, clear identification of all sugars-based ingredients in the ingredients list, and consideration of additional measures that enhance the ability of consumers to use this information to make informed food choices.

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Public health issue

1. Excess sugar consumption is associated with dental caries and weight gain, which in turn increases the risk of non-communicable diseases (NCDs) such as heart disease, type 2 diabetes, stroke and some cancers.¹
 - Two thirds (67% or 12.5 million people) of Australian adults aged over 18 were overweight or obese in 2017-2018, an increase from 63.4% in 2014-15.¹
 - One quarter (25% or 1.2 million) Australian children aged 2-17 years were overweight or obese in 2017-2018, an increase from 20.9% in 1995.
 - There was a large increase for young adults aged 18-24 years, with 38.9% overweight or obese in 2014-15 compared with 46.0% in 2017-18.²
 - In 2010, 55% of 6-year-olds had experienced decay in their deciduous teeth and 48% of 12-year-olds in their permanent teeth.³
2. Over half of Australians (52%) are exceeding the World Health Organization (WHO) recommended intakes, with adolescents and young adults recording the highest sugar consumption.
3. The majority (81%) of free sugars consumed in Australia came from energy-dense, nutrient-poor 'discretionary' foods and beverages (hereafter 'foods').⁴
4. Obesity was estimated to cost Australia \$8.6 billion in 2011-12, in both direct costs such as health expenditure and indirect costs such as absenteeism.⁵
5. Poor oral health is also extremely costly. There are over 63,000 preventable hospitalisations annually, on top of \$8.7 billion reportedly spent on dental services, much of it directly from the pockets of individuals receiving treatment.³

Background and priority

6. Sugar is a type of carbohydrate that occurs naturally in foods like milk and fruit, and can also be added to foods and drinks by the manufacturer or processor. Sugars added to foods or drink are commonly referred to as 'added sugars'.
7. Foods and drinks can contain a combination of naturally occurring and added sugars, e.g. flavoured milk. The term 'total sugars' refers to the total amount of sugars in the product from both sources.
8. There is not yet a universally agreed definition of 'added sugars':
 - The WHO uses the term 'free sugars', which includes all sugars added to foods, as well as sugars in honey, fruit juice and fruit juice concentrates;¹
 - Countries including the United States and United Kingdom have developed working definitions of added or free sugars for the purposes of recently updated policies to address diet related disease (see further below);

- There are methods available to estimate added or free sugars based on ingredients and recipes⁶ making it technically feasible for industry to provide this information to consumers.
9. Ultra-processed foods and beverages high in added sugars tend to be lower in micronutrients (vitamins and minerals) compared to whole or less processed foods,⁷ and can displace more nutritious foods in the diet.⁸
 10. There is increasing concern that intake of added or free sugars – particularly in the form of sugar-sweetened beverages – increases overall energy intake and may reduce the intake of foods containing more nutritionally adequate calories, leading to an unhealthy diet, weight gain and increased risk of NCDs.
 11. Sugars are also an essential dietary factor in the development of dental caries. Dental caries develop when bacteria in the mouth metabolize sugars to produce acid that demineralises the hard tissues of the teeth.^{9,10}

Recommended intakes globally

12. The WHO provides a ‘strong’ recommendation that ‘free sugars’ should account for less than 10% of total energy intake (approx. 50 grams/12 teaspoons) for the prevention of unhealthy weight gain and dental caries, and a ‘conditional’ recommendation of that less than 5% would provide additional health benefits, particularly for dental caries.¹
13. In 2015, the UK Scientific Advisory Committee on Nutrition advised that the UK population’s intake of ‘free sugars’ should be less than 5% of total energy intake.¹¹
14. The 2015-2020 Dietary Guidelines for Americans recommend a limit for added sugar intake of less than 10% of total energy for adults and children.¹² This is justified on the basis that for most calorie levels, there are not enough calories left after meeting food group needs to consume 10 percent of calories from added sugars and 10 percent from saturated fats and stay within calorie limits. The definition of added sugar developed by the US for labelling purposes is detailed further below.
15. The European Food Safety Authority will provide scientific guidance on daily intake of added sugar in 2021. The aim of this work is to provide a science-based cut off value for added sugar consumption that is not associated with adverse health effects.¹³

Current situation

16. The current Australian Dietary Guidelines (ADG) introduced in 2013 recommend limiting intake of foods containing added sugars (as well as saturated fats, salt and alcohol). The ADGs provide examples of types of food and drinks high in added sugars, but not a definition of added sugars, nor a quantification of what 'high in' added sugars means, or a limit on the amount of added sugars the population should consume.¹⁴ In 2020, the NHMRC announced that the ADGs would be reviewed, and these gaps present opportunities for the guidelines to be updated to reflect updated evidence on added and/or free sugars.
17. There is currently no specified guidance amount or upper limit for added sugars in Australia or New Zealand. This contrasts with information on saturated fat and sodium intake for example, in the NHMRC Nutrient Reference Values.
18. In April 2016, the Australian Bureau of Statistics (ABS) released results of analysis on consumption of 'free' and 'added' sugars in the Australian population in 2011-12.⁴ It found:
 - Australians consumed an average of 105 grams of total sugar per day.
 - Just over half of this was free sugars (60 grams, or approximately 14 teaspoons a day), with the balance being naturally occurring sugars.
 - Consumption was much higher in some groups: adolescents aged 14-18 years recorded the highest intake, with males consuming an average of 92 grams per day (22 teaspoons), and females 70 grams (17 teaspoons). The top 10% of males in this group consumed at least 160 grams (38 teaspoons) of free sugars per day.
 - The majority (81%) of free sugars were from energy-dense, nutrient-poor 'discretionary' foods and beverages.
 - The leading contributors of free sugars were soft drinks and sports and energy drinks (account for 19% in the population) followed by fruit and vegetable juices and drinks (13%). In particular, teenage males obtained approximately 35% of their free sugar from soft drinks and sports and energy drinks.
 - More than half (52%) of Australians exceeded the WHO recommendation to limit energy from free sugars to less than 10% of energy, with the average intake being 10.9%. Children and adolescents were most likely to exceed the recommendation with almost three-quarters of 9-18 year olds exceeding the recommendation.
 - The majority (90%) of Australians exceeded the conditional recommendation that free sugars be reduced to less than 5% of energy intake. Children and teenagers (aged between 4 and 18 years) were most likely to exceed this recommendation (97% of this group exceeded the recommendation). The group least likely to exceed this recommendation were adults aged 51-70 years, however, 81% of this group still exceeded the recommendation.

19. Added sugars have been associated with unhealthy weight gain and dental caries. While causes of these conditions are complex, and not only related to added sugars consumption, it is known that:
- High body mass index accounted for 6.8% of the total disease burden in Australia in 2015 and was the second leading risk factor contributing to total disease burden after smoking (7.2%).¹⁵ For Australians aged 18 years and over, the prevalence of overweight and obesity increased in Australia from 56.3% in 1995 to 63.4% (11.2 million people) in 2014-15. For children aged 5-17 years, the proportion who were overweight or obese increased from 20.9% in 1995 to 25.7% in 2011-12 and then remained stable to 2014-15 (27.4%).¹⁶
 - The prevalence of overweight and obesity in the Aboriginal and Torres Strait Islander population (aged 18 years and over) in 2018/19 was 74% and 45% were obese. Aboriginal and Torres Strait Islander adults (aged 18 years and over) were reported to be 1.2 times more likely to be overweight, and 1.6 times more likely to be obese compared to the non-Indigenous population.¹⁷
 - During the 30 year period 1989-2007, 46% of children under the age of 6 had already experienced caries. Dental decay is also estimated to affect up to five million people in Australia each year.¹⁸
 - After adjusting for sociodemographic, behavioural and clinical characteristics, added sugar has a significant relationship with increased risk for cardiovascular disease mortality.¹⁹
 - In a study looking at excessive weight gain in pregnancy, a high protein to carbohydrate ratio in the diet has been associated with reduced gestational weight gain, partly driven by a decrease in intake of added sugar.²⁰

Current requirements for sugar labelling

20. Most foods are required to carry a mandatory Nutrition Information Panel on the back-of-pack, which provides the average amount of energy, protein, fat, saturated fat, carbohydrate, sugars and sodium in a food (per serve and per 100g), as well as any other nutrient about which a claim has been made.²¹ This means that sugar content is currently reported as part of total carbohydrates, and *total* sugars i.e. both those present naturally and any added during manufacturing.
21. The Statement of Ingredients requires ingredients to be listed in descending order (by ingoing weight). In listing ingredients, manufacturers must describe the ingredient by a name that is commonly known, or describes the true nature of the ingredient, or a generic name specified in the Food Standards Code. Consumer groups have noted that added sugars may appear in the ingredients list under at least 40 different names, which can make it difficult to identify foods

containing added sugars and to limit intakes of these foods as recommended by dietary guidelines.²²

22. The Health Star Rating System, currently being voluntarily applied on the front-of-pack uses total sugar in its algorithm,²³ though public health groups including PHAA have called for incorporation of added sugars to improve its performance and alignment with the ADGs.

Policy developments

23. Food Ministers in Australia and New Zealand are currently considering a program of work by Food Standards Australia New Zealand (FSANZ) investigating labelling approaches to providing information on sugars.²⁴
- This work originated to support consideration of Recommendation 12 in the Labelling Logic: Review of food labelling law and policy (2011) report: *'That where sugars, where sugars, fats or vegetable oils are added as separate ingredients in a food, the terms 'added sugars' and 'added fats' and/or 'added vegetable oils' be used in the ingredient list as the generic term, followed by a bracketed list (e.g. added sugars (fructose, glucose syrup, honey), added fats (palm oil, milk fat) or added vegetable oils (sunflower oil, palm oil)'*
 - Work is now proceeding separately on added sugars. FSANZ has acknowledged that in the time since publication of Labelling Logic, public concern relating to the impact of added sugars on health has increased significantly.
24. Several important international developments have occurred with regard to the use of added sugar information in policies to address diet-related disease:
- The United States has adopted a new % Daily Value for added sugars based on a USDA daily Reference Value of 50g for adults and children aged 4 years and over.²⁵
 - Mandatory declaration of added sugars information as a component of added sugars is now required as part of an updated Nutrition Facts panel in the USA.²⁵ Added sugars are defined as either added during the processing of foods, or are packaged as such, and include sugars (free, mono and disaccharides), sugars from syrups and honey, and most sugars from concentrated fruit or vegetable juices.
 - In the United Kingdom, a Public Health England review of the UK nutrient profiling model has recently recommended inclusion of free sugars, in order to reflect updated UK dietary recommendations.²⁶
 - In Canada, sugars-based ingredients now have to be grouped: in brackets, by weight, in descending order after the name 'sugars', to help consumers see that sugars have been added to the food and to understand how sugars compare to other ingredients. They also now require

a percentage daily value for total sugars to be shown in the NIP. The food industry has until 2022 to meet the new regulations.²⁷

Policy options

In November 2017, the Australia and New Zealand Ministerial Forum on Food Regulation (Forum) considered a Stage 1 program of work on sugar labelling. In light of its findings, the Forum agreed a case had been made to continue to Stage 2, i.e. to develop and evaluate policy options for sugar labelling.²⁴

The following policy options were put for public consultation in mid-2018²⁸. Options were not mutually exclusive. PHAA's position on these options is provided in the following section under 'Recommended Actions'

25. Status quo

- Including mandatory NIP reporting of total sugar and voluntary initiatives including percent daily intake of total sugars, HSR, and voluntary declaration of added sugar content.

26. Education on how to read and interpret labelling about sugars

27. Change to the statement of ingredients to overtly identify sugars-based ingredients

- Options here include bracketed lists, or use of asterisks or bolding to indicate sugars-based ingredients

28. Added sugars quantified in the Nutrition Information Panel

- Approaches here include simple quantification, or providing this information with additional contextual information, such as high/medium/low messaging in relation to added sugar content, or using %DI labelling for added sugar.
- This additional contextual information could support consumers to make judgments on individual products without requiring comparison of products. Cut-offs or a Daily Reference Intake amount would need to be developed as part of implementation of this option.

29. Advisory labels for foods high in added sugar

- These would indicate that a food is high in added sugar and/or include advice to consumers on the negative health consequences of consuming too much added sugar
- These could be implemented using a shape or symbol, or a text box with a specific message.

30. Pictorial approaches to convey the amount or types of sugars in a serving of food

- This option could include information on added sugar content in teaspoons of sugar

31. Digital linking to off label web-based information about added sugar content

- The food label would signal the availability of further information about the food which can be access on a website via an electronic or digital link.

In August 2019, Forum Ministers reviewed these options and requested that FSANZ review nutrition labelling for added sugars, noting that the option to quantify added sugars in the NIP (Option 4 above) best met the desired outcome of informing consumer choice. They also agreed that a pictorial approach (Option 6) warranted further consideration, along with other options, pending a parallel response in the HSR Review.²⁴

Throughout 2020, FSANZ conducted targeted consultations on technical issues related to added sugars labelling, including the technical feasibility of developing a definition of ‘added sugars’. It is expected that the matter will be referred back to Forum Ministers for further direction in mid 2021.²⁹

Definitions critical to implementation

32. For the purposes of implementing the above options, PHAA supports adoption of an expansive definition that includes all sugars that are harmful to health, regardless of the terminology used. This definition should include those sugars referred to in WHO Guidelines as ‘free sugars’ which include not only monosaccharides and disaccharides, but also sugars naturally present in honey, syrups, 100% fruit juices and fruit juice concentrates. In the US context, where any of these sugars are added during the processing of foods, or are packaged as such (e.g. a bag of sugar), they must be quantified in the NIP as added sugars.
33. On the basis of currently available science, PHAA supports the following inclusions and exclusions from this definition.³⁰

Included	Excluded
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<p>Sugars in whatever form and from whatever source (e.g., cane sugar, beet sugar, white sugar, brown sugar, granulated sugar, icing sugar, fruit sugar, invert sugar)</p> <p>Monosaccharides and disaccharides isolated from their original food sources and added as an ingredient to foods or drinks (e.g., lactose – including lactose in whey powder, galactose, fructose)</p> <p>All sugars naturally present in processed fruit and vegetables (blended, juices, pastes, purée, powdered, concentrates, nectars) when sugars are no longer in their natural cellular structure</p> <p>Concentrated fruit or vegetable juice or deionised fruit or vegetable juice</p> <p>Dried fruits</p> <p>Sugars naturally present in syrups (e.g., maple syrup, golden syrup, high-fructose corn syrup, glucose syrup, agave syrup), honeys, molasses, treacle, malt and malt extract, starch hydrolysate, maltodextrin and similar products</p>	<p>Lactose and galactose when naturally present in milk and dairy or dairy-based products</p> <p>All sugars naturally present in fresh and some processed (stewed, canned and frozen) fruit and vegetables (including beans) when sugars remain in their natural cellular structure (e.g. the intact fruit component (whole or pieces) of tinned fruit would not be added sugars, but any sugars added in the form of syrup to that product would be)</p> <p>All sugars naturally present in cereal grains including rice, pasta and flour regardless of processing (other than cereal-based drinks)</p> <p>All sugars naturally present in nuts and seeds regardless of processing</p> <p>Sugar substitutes that do not contain sugars, such as polyols (sorbitol) and other non-nutritive sweeteners*</p>
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*However, complementary approaches to improved labelling of these non-nutritive sweeteners may be considered as part of sugar labelling reforms. See further in practical considerations below.

34. PHAA also supports development of a daily intake reference value (including upper limit) for added sugars, and/or cut-offs for high/medium/low messaging of added sugars content. However, determination of these reference points should not unduly delay implementation of quantified added sugar information in the NIP and improvements to the ingredients list.

Recommended action

PHAA supports and will advocate for the following as a matter of priority:

35. The development and adoption of policy definitions and objectives that address all sources of sugars that are considered harmful to health, regardless of the terminology used e.g. added and/or free sugars.
36. The mandatory quantification of harmful sugars as a subset of total sugars in the Nutrition Information Panel;
37. The statement of ingredients to be updated to overtly identify sugars-based ingredients on all foods and beverages;

38. These changes should be accompanied by an education campaign that enhances consumer's ability to read and interpret this information.

PHAA also supports:

39. Consideration being given to additional interpretive measures including advisory¹ labels and/or pictorial displays of the amount of sugars. This consideration could include how such measures could operate effectively in addition to existing initiatives (e.g. HSR), and/or particular categories of product where such labels may offer additional utility to consumers (e.g. beverages).
40. Inclusion of added sugars in the HSR algorithm. Further information on this initiative can be found in PHAA's background document and position statement on the Health Star Rating system.
41. Development of targets for added sugar reduction as part of the Healthy Food Partnership.
42. Development of a daily intake reference value (including upper limit) and/or thresholds for low/medium/high added sugar content to provide additional contextual information for consumers as part of improved food labelling or other public health initiatives. However, development of these materials should not unduly delay implementation of the above improvements to sugar labelling.

Of the options proposed, we also note that PHAA does *not* support:

- Continuation of the status quo, given this does not provide consumers with sufficient information to make informed food choices in alignment with dietary guidelines;
- Further education for consumers on how to read *current* labelling requirements, given that current labelling requirements lack sufficient information for consumers to identify added sugar content (in alignment with dietary guidelines advice);
- Reliance on digital linking to off-label information or websites, given equity concerns with access to this information and logistical challenges with providing this information at the point of sale (e.g. reliance upon wi-fi from within a supermarket environment), which make it unlikely to be used.

¹ Please note for the purpose of the Australia New Zealand Food Standards Code, warning and advisory statements have specific meaning (see <http://www.foodstandards.gov.au/consumer/labelling/advisory/Pages/default.aspx>). A food must have a warning statement when people may be unaware of a severe health risk posed by a food or an ingredient (e.g. royal jelly). Advisory statements must be provided for certain foods or ingredients which may cause health risks for some consumers (e.g. caffeine, aspartame). It is more likely that labelling of added sugars would fall into the category of 'advisory statement'. As FSANZ have proposed advisory labels as an option, we have elected to refer to the proposed label in these terms.

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