



City Research Online

City St George's, University of London

Citation: Caraher, M. & Perry, I. (2017). Sugar, salt, and the limits of self regulation in the food industry. BMJ (Online), 357, j1709. doi: 10.1136/bmj.j1709

This is the accepted version of the paper.

This version of the publication may differ from the final published version. To cite this item please consult the publisher's version.

Permanent repository link: <https://city-ref-test.eprints-hosting.org/id/eprint/17313/>

Link to published version: <https://doi.org/10.1136/bmj.j1709>

Copyright and Reuse: Copyright and Moral Rights remain with the author(s) and/or copyright holders. Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge, unless otherwise indicated, provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way. For full details of reuse please refer to [City Research Online policy](#).

Sugar, salt, and the limits of self regulation in the food industry

Globally, policies are shifting towards mandatory reformulation, subsidies, and taxation

Martin Caraher,¹ professor of food and health policy, Ivan Perry,² professor of public health

¹City University, London, UK

²~~Please give address~~ University College Cork, Ireland

Correspondence to M Caraher m.caraher@city.ac.uk

A recent report from Consensus Action on Salt and Health (CASH) shows that only one out of the 28 food categories surveyed are on track to meet Public Health England's (PHE) 2017 salt reduction targets.¹ The food industry will also fail to hit a PHE target to achieve a 20% reduction in sugar content across nine food categories—including breakfast cereals, cakes, and yogurts—by 2020, confirming the long held view of some ~~commentators~~ experts ~~[experts? respected experts?]~~ that voluntary agreements aren't working and we should now move from soft to hard regulation.²

[OK?]

Modest progress towards reducing the salt content of the British diet has stalled, and efforts to reach agreement with the food industry on a voluntary reformulation strategy for sugar look unlikely to succeed. This is not surprising because voluntary agreements between industry and government (including ~~England's~~ the UK ~~P~~public ~~H~~health ~~R~~esponsibility ~~D~~eal [OK or does the responsibility deal cover the whole of the UK?]) ~~have~~ been shown repeatedly to be ineffective in improving public health.³ Sharma and colleagues have suggested minimum standards for any effective food industry self regulation, including transparency, meaningful objectives, accountability, objective evaluation, and independent oversight.⁴ However, failed attempts at voluntary agreements on tobacco, alcohol, and food show that strategies based on self regulation are typically self serving, deceptive, and generally designed to stall government legislation and protect business as usual.⁴

Our best hope of achieving ongoing reductions in the salt and sugar content of processed foods lies in mandatory regulation and taxation in specific areas, as advocated by the National Institute for Health and Care Excellence in 2010.⁵ Any partnership between government and the food industry should be supported by mandatory 2020 targets for the salt and sugar content of processed foods and taxes on

Comment [MC1]: Correct the confusion from me is that PHE were charged with leading on this for the devolved administrations and other government departments

specific food items that contribute disproportionately to consumption.³ The sugary drinks levy (scheduled for April 2018) will not be enough without concurrent public health interventions.

Sugar is a global problem.⁶ Nineteen countries have already introduced so called sin taxes on food and drinks, and more are likely to follow, with the aim of reducing sugar consumption by 20%.⁷ Globally, we may be at the start of a long overdue shift towards food policy actions upstream, including mandatory reformulation, subsidies, and taxation.

The food industry response to these developments is that initiatives such as the sugary drink tax in Mexico and ~~the fat tax in Denmark~~ the saturated fat tax in Denmark **[citations to key sources for these two? Readers may not be familiar with eg Denmark's fat tax. Was it a tax on foods rich in saturated fats? Or just high calorie foods?]** have not resulted in demonstrable improvements in health and have the potential to cause job losses in affected sectors. Fortunately, evidence exists to counter these narratives, including data from Mexico showing that a 10% tax on sugar sweetened beverages (equivalent to 1 peso (4p) per litre of sugary drink) was associated with a 5.5% decline in purchases averaging 7.6% over two years⁸ with the biggest effect on the poorest households.

Denmark's tax on saturated fat didn't survive, but research published soon after it was repealed showed that consumption of saturated fat had declined in Denmark while the levy was in force. Ref Vallgård et

~~Similarly, data released after the Danish fat tax was rescinded showed reductions in saturated fat intake while the tax was in place~~ **[Q to A correct? If not why did it go down after the tax was rescinded?]**⁹

The core issue is not about the effectiveness or otherwise of taxes on unhealthy foods but about what Smith terms the war of ideas.¹⁰ Industry arguments often fall back on ideas of personal freedom. Strategies include reframing soft drinks or fat taxes as issues of consumer rights and examples of the alleged excesses of the “nanny state” and then promoting public-private partnerships and corporate social responsibility deals that essentially allow the “fox to guard the hen house.”¹¹

In addition, to the evidence from authoritative studies, we need a clear, simple, and compelling narrative opposing these misleading arguments in a way that

Comment [MC2]: I would use reference 8 for Mexico and insert the following reference for Denmark
Vallgård, S., Holm, L., Jensen, J.D., 2014. The Danish tax on saturated fat: why it did not survive. Eur. J. Clin. Nutr. doi:10.1038/ejcn.2014.224

Formatted: Adjust space between Latin and Asian text, Adjust space between Asian text and numbers

Comment [MC3]: Okay the tax was rescinded because of lobbying from industry and a lack of PH support, the data classically in PH only became available after the tax was take off the statute books

Formatted: English (U.S.)

resonates with the general public and policy makers. Perhaps we need greater emphasis on the idea of healthy food as a matter of children's rights.

Two recent developments show this war of ideas in action. The first was high profile media reports of industry representatives saying that a 20% sugar cut "won't be technically possible or acceptable to UK consumer," and that even a 5% cut would not be universally achievable [edit correct?].¹² Then, a week later, PHE published a document outlining progress in consultations with industry and the development of a sugar reduction programme.¹³ The document includes no sanctions or legislation to guide such reductions. It is effectively toothless and shows the importance of timing, framing, and publicity in gaining the upper hand.

Comment [MC4]: Yes what they said

PHE, the devolved administrations of NI and Scotland and the Department of Health need to stand firm and hold the food industry fully accountable for its actions.¹⁴ Meanwhile, public health advocates must continue to encourage political will and public support for ~~the~~ "hard regulations" such as taxes and subsidies. These are the most likely interventions most likely to achieve real change in the salt and sugar content of our food, and real improvements in public health. [suggested ending, please edit]

Comment [MC5]: Any better???

Competing interests: We have read and understood BMJ policy on declaration of interests and declare that IP is a share holding non-executive director of Food Choice at Work, a commercial company.

Provenance and peer review: Commissioned; not externally peer reviewed.

<eref>1 CASH warns of thousands of unnecessary deaths from salt—urges Public Health England to take immediate action.
<http://www.actiononsalt.org.uk/news/Salt%20in%20the%20news/2017/193765.html></eref>

<eref>2 Voluntary public health measure can only go so far: chair of UK responsibility deal. Food Navigator, 21 Jan 2015.
<http://www.foodnavigator.com/Policy/Voluntary-public-health-measures-can-only-go-so-far-obesity-expert></eref>

<jrn>3 Knai C, Petticrew M, Mays N. The childhood obesity strategy. *BMJ* 2016;354:i4613.. [PubMed doi:10.1136/bmj.i4613](#)</jrn>

<jrn>4 Sharma LL, Teret SP, Brownell KD. The food industry and self-regulation: standards to promote success and to avoid public health failures. *Am J Public Health* 2010;100:240-6.. [PubMed doi:10.2105/AJPH.2009.160960](#)</jrn>

<eref>5 NICE. Cardiovascular disease prevention.
<https://www.nice.org.uk/guidance/ph25></eref>

<jrn>6 Popkin BM, Hawkes C. Sweetening of the global diet, particularly beverages: patterns, trends, and policy responses. *Lancet Diabetes Endocrinol* 2016;4:174-86.. [PubMed doi:10.1016/S2213-8587\(15\)00419-2](#)</jrn>

<bok>7 Euromonitor International. *Sin tax in food and beverages—strategies,*

outcomes and learnings. Euromonitor International, 2016.</bok>

<jrn>8 Colchero MA, Popkin BM, Rivera JA, Ng SW. Beverage purchases from stores in Mexico under the excise tax on sugar sweetened beverages: observational study. *BMJ* 2016;352:h6704.. [PubMed doi:10.1136/bmj.h6704](#)</jrn>

<jrn>9 Bødker M, Pisinger C, Toft U, Jørgensen T. The Danish fat tax-Effects on consumption patterns and risk of ischaemic heart disease. *Prev Med* 2015;77:200-3. [PubMed doi:10.1016/j.ypmed.2015.03.031](#)</jrn>

<bok>10 Smith A. *Beyond evidence-based policy in public health; the interplay of ideas*. Palgrave, Macmillan, 2013 [doi:10.1057/9781137026583](#).</bok>

<jrn>11 Mindell JS, Reynolds L, Cohen DL, McKee M. All in this together: the corporate capture of public health. *BMJ* 2012;345:e8082. [PubMed doi:10.1136/bmj.e8082](#)</jrn>

<eref>12 Food giants insist they won't meet 20% target for cutting sugar levels: Furious campaigners demand law is changed to force firms to act. *Daily Mail* 2017 Mar 23. <http://www.dailymail.co.uk/news/article-4340924/Food-giants-insist-20-sugar-cut-2020-impossible.html#ixzz4chTNJqxY></eref>

<unknown>13 Public Health England. Sugar reduction and wider reformulation programme stakeholder engagement: May 2016 to March 2017. Public Health England, 2017. <https://www.gov.uk/government/publications/sugar-reduction-and-wider-reformulation-stakeholder-engagement></unknown>

<jrn>14 Panjwani C, Caraher M. The public health responsibility deal: brokering a deal for public health, but on whose terms? *Health Policy* 2014;114:163-73. [PubMed doi:10.1016/j.healthpol.2013.11.002](#)</jrn>