Excessive consumption of sugar is a major cause of diet-related ill health in the UK: oversupply of cheap and highly available sugar contributes to food environments that generate unhealthy diets and diet-related ill health.\(^1\)

Supermarkets create and curate food environments: their decisions on which products to stock, market, and how to price and package them are currently fostering excessive sugar purchasing and consumption.

A focus by supermarkets on voluntary product reformulation has not resulted in a significant decrease in total sugar sales.\(^2\)

Feedback and Action on Sugar’s research reveals that nine out of ten UK supermarkets lack any policies to measure total sugar sales across all products and set reduction targets.

Without reduction targets, supermarkets’ practices are resulting in an increase in total sugar sold. Supermarkets must commit to publicly disclosing and reducing overall sugar sales.
Sugar rush: How UK supermarkets drive high sugar sales

EXECUTIVE SUMMARY

The UK sugar supply is three times the recommended maximum intake\(^{a}\) and growing\(^{b}\), making a major contribution to public health challenges such as obesity, childhood tooth decay, type 2 diabetes and hypertension\(^{c}\). To help address these health challenges – and the burden on individual lives and the NHS that they represent – total supply of sugar should decrease by two-thirds, to bring it in line with the Government’s recommended intake.

Supermarkets are at the frontline of what we buy and how we eat. Yet research carried out by Feedback and Action on Sugar found that nine out of ten UK supermarkets lack any policies to measure their sugar sales across all products, or to ensure that they are consistently reducing sugar sales. This report finds that supermarkets’ current policies on sugar reduction amount to ‘leanwashing’\(^{d}\) – giving the impression of action while failing to adequately address their contribution to sugar consumption and diet-related ill health. To ensure the progress needed to protect public health from excessive sugar consumption, supermarkets must commit to publicly disclosing their total sugar sales. They must set targets and take action to reduce the volume of sugar they sell by half by 2025, and two-thirds by 2030.

According to the World Health Organization, the supply of cheap and highly available sugar results in food environments which are major drivers of unhealthy diets, obesity and related diseases, including the 13 types of cancer for which obesity is a contributory cause\(^{e}\). To understand the role retailers play in this oversupply of sugar into our households, Feedback and Action on Sugar surveyed the UK’s 10 biggest retailers to see if their policies are fit for the task of reducing their overall sales of sugar.

The survey found 9 out of 10 of those retailers lacked any policies to measure and ensure an overall reduction of sugar sales across all products. Without mandatory measurement and targets to reduce overall sugar sales, reformulation and other sugar reduction initiatives can be part of supermarkets’ practices of increasing sales of all products, potentially resulting in an increase in overall sugar sold, as the government’s sugar reduction programme final report showed\(^{6}\). This report found limited evidence that any supermarkets are making efforts to reduce the absolute volume of sugar they sell across the board.

All the supermarkets who responded to our survey highlighted their reformulation successes. Reformulation is the practice of changing product recipes, and can include reducing the volume of sugar they contain. Reformulation can help reduce public consumption of sugar, but only if it happens consistently across product categories and if it reduces the sugar content of existing products. In some cases what supermarkets describe as reformulation could in fact mean new product development – or ‘formulation’, the development of ‘low sugar’ products, in addition to existing higher sugar recipes, for example, ‘low sugar’ muesli sold alongside a very similar product which is higher in sugar\(^{6}\). Retailers emphasised their aspirations to increase the ratio of healthy products sold, however by continuing to sell low/no-added sugar variants, alongside higher sugar ‘standard’ products, they lay the emphasis on shoppers to make the healthier choice.

The research found that supermarkets are still only taking responsibility for the sugar in their own branded products. Supermarkets choose which products to stock and these currently include very high sugar products, including those explicitly targeted at young children. Supermarkets could instead choose to remove the worst offenders from their shelves, with real benefits to the health of the public.

The survey results also show that while supermarkets were keen to show that they are becoming healthier, no retailers are willing to publicly support mandatory reduction targets to reduce the total volume of sugar they sell. This lack of action shows that, not only must supermarkets do more, but that there remains a key role for government: mandatory reporting of total sugar sales as well as mandatory reduction targets for supermarkets to ensure that the total amount of sugar sold starts to decrease. Furthermore, retailers and government both need to step up to increase access to healthy, unprocessed foods like fruit and vegetables.

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\(^{a}\) Maximum recommended amount for whole of UK is 0.7 million tonnes, calculated by multiplying the estimated UK population in 2017 of 66 million by 10.95kg (30 grams per day over the course of a year), rounded to the nearest 0.1 million tonne. Adjusting these figures for the number of young children in the country would lower this recommended amount further.

\(^{b}\) As part of the new UK Global Tariff (UKGT) announced on the 19 May 2020, the government established an autonomous tariff rate quota (ATQ) to allow for a set volume of 260,000 raw cane sugar to enter the UK tariff free while the new Australia trade deal increases UK sugar supply by 80,000 tonnes a year and increasing by 20,000 tonnes a year until it reaches 220,000 in year 8.

\(^{c}\) Leanwashing is a term coined in public health research to refer to the practices of the food and beverage industry which perpetuate the myth that exercise is at least or more important than diet as the cause of obesity, when in fact diet is a significantly bigger factor than exercise. In this report we use it to refer to the statements, marketing, lobbying and other narratives used by supermarkets and other Big Food companies to convey the impression that they are doing more to address public overconsumption of sugar, and subsequent ill-health, than they really are.

\(^{d}\) For example, Waitrose offers an ‘Essential Waitrose No Added Sugar Fruit and Nut Muesli’, as well as an Essential Waitrose Fruit Muesli. Per 100g the ‘No Added Sugar’ muesli contains 8.8g of sugar, whereas the ‘Fruit Muesli’ contains 12.4g.
Consumption of sugar in food and drinks is linked with liver disease, type 2 diabetes, hypertension and tooth decay, the leading cause of hospitalisation in children aged 5-9 in the UK, with over 600 children hospitalised each week. Sugar consumption also causes increased risk of obesity and high bad cholesterol; around 64% of adults and 40% of children in England are overweight or living with obesity, with an estimated total economic impact in the UK of £58 billion in 2022. Obesity in turn is considered a cause of other diseases including 13 types of cancer.

Reducing the amount of sugar eaten in the UK would benefit individual health and wellbeing, our overburdened NHS and the economy – and yet overall sugar consumption in the UK does not appear to be decreasing. There is a lack of publicly available data on overall sugar sales by supermarkets, however the government’s Sugar Reduction Programme progress report shows that while average sugar content of products in the programme went down by 3.5%, the total amount of sugar sold across all the products in the programme increased by 7% between 2015 and 2020. This increase in the total volume of sugar sold is deeply concerning, indicating that although reformulation is having some success, these could easily be outweighed by shoppers simply buying more sugary products overall. More effective action is needed to result in an overall decrease in sugar sold, across all products.

Two drivers of sugar consumption make it unsurprising that existing efforts have not curbed the devastating impact of sugar on public health. First, total supply of sugar to the UK far exceeds what is safe for our health. Sugar supply to the UK is 2.21 million tonnes per year which is more than three times the maximum safe consumption by the UK population (see box 1). This oversupply of sugar is a major cause of unhealthy diets and diet-related ill health.

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e New supply volumes fluctuate according to growing conditions and can be stored for future years so we used a 10 year average to estimate how much sugar is in our supply chain each year. Total new supply of beet and cane sugar, minus exports, averaged 1.9 million tonnes. Net imports of new confectionary are 0.3 million tonnes (Richardson and Winkler, 2019).

f Maximum recommended amount for whole of UK is 0.7 million tonnes, calculated by multiplying the estimated UK population in 2017 of 66 million by 10.95kg (30 grams per day over the course of a year), rounded to the nearest 0.1 million tonne. Adjusting these figures for the number of young children in the country would lower this recommended amount further.
Sugar supply in the UK is supplied by a duopoly of two companies: Tate and Lyle Sugars, which processes and sells sugar made from imported sugar cane, and British Sugar, which processes sugar made from UK-grown sugar beet. Since Brexit, new tariff-free quotas permit an additional 340,000 tonnes of sugar cane imports for processing by Tate and Lyle rising every year until they reach a total of 480,000 tonnes in 2030. In addition to this, sugar beet, from which over half our sugar is made, is taking up prime agricultural land and causing irreversible damage to the soils in which it is grown. Between 400,000 and 600,000 tonnes of prime non-renewable topsoil is permanently removed from UK fields with the sugar beet harvest every year, adding between 13-21% of soil loss to annual UK soil erosion and jeopardising the ability to grow high quality food. In the UK we use roughly the same amount of land to grow sugar as for all other vegetables put together. There is a three million tonne deficit of fruit and vegetables for everyone in the UK to meet their recommended level, even accounting for the 75% of fruit and vegetables which are imported. If sugar supply from beet and cane was reduced by two thirds, in line with the recommended maximum intake, over 73,000 hectares of prime agricultural land and topsoil would be freed up to produce 270,000 tonnes of peas or nearly 6 million tonnes of carrots every year.

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**SUPERMARKETS ARE ACTIVELY INCREASING DEMAND FOR SUGAR, DESPITE REFORMULATION POLICIES**

Most of the sugar that floods the UK market is sold by supermarkets, who are powerful creators of demand. Although retailers previously claimed that they responded to demand, rather than drove it, they have now distanced themselves from this wildly unrealistic claim. Indeed, supermarkets’ influence on their customers, known as retailer power, has long been a topic of research: supermarkets are the gatekeepers between food producers and consumers, and the market dominance of their model means that both suppliers and customers have limited alternatives to sell and buy food. This power is demonstrated by the dominance of five supermarkets over 75% of all retail market share. On the one hand, supermarkets’ ‘buyer power,’ and dominance over suppliers, means they hold the power over suppliers to determine what will and will not be stocked, as well as quality, quantity, packaging, and price. This imbalance of power applies even for very large manufacturing brands such as Procter & Gamble, Nestlé, and Unilever. The figure below illustrates that the expanding supermarket dominance of the retail market increases their buyer power, which in turn increases their retailer power further and extends their influence on what we eat.
Sugar rush: How UK supermarkets drive high sugar sales

FIGURE 1: UK SUPPLIERS, SUPERMARKETS, AND HOUSEHOLDS.

Design: Nicholson and Young, 2012\textsuperscript{12} and updated by Feedback. Data: IBISWorld 2022\textsuperscript{13}, Kantar 2022\textsuperscript{14} & Statista 2022\textsuperscript{15}

FIGURE 2 RETAILER POWER AND BUYER POWER ARE REINFORCING.

Suppliers

“Buyer Power”
Influence over suppliers

The more supermarkets buy, the better terms they get

Supermarkets

Influence over consumers
“Retailer Power”

Buyers

The better terms they get, the more they sell

Consumers

Source: Nicholson and Young, 2012\textsuperscript{12}
As well as this influence on volumes and content of supplier products, supermarkets are stocking an increasing share of own brand products. Own brand products are more profitable for reasons including control over advertising and manufacturing, and often mimic the packaging and product development of established brands. This increase in own brand items allows supermarkets to apply downward price pressure on branded products whilst raising prices of own brand products.

On the other hand, supermarkets control the environments within which the vast majority of the public makes decisions about what to buy and forms food habits. With different products offering different levels of profit, it is not surprising that supermarkets have an incentive to sell more of those products with the highest value added – processed foods which are often high in sugar, salt, and saturated fat, which tend to have a long shelf life, high palatability and high convenience. Unprocessed whole foods, such as fruit and vegetables, do not generate high value added profit. It is therefore unsurprising that supermarkets choose to stock highly processed, sugary food in great variety and abundance, as well as using other tools to influence purchasing. Supermarkets can influence what shoppers buy through a variety of the following methods:

1. **STOCKING CHOICE**

   While ‘choice editing’ is a term usually used to describe action taken to make purchases more sustainable, ‘assortment strategies’ represent the thousands of decisions that supermarkets make about the range of foods available. The products for sale and the size of the range of products on offer determines what customers buy and retailers tend to offer a greater assortment of unhealthy foods compared to healthy foods.

   Supermarkets could choose to remove or reduce the space taken up by certain types of foods, such as children’s cereals containing more than 20% sugar. Failing to do so implies that shoppers must take sole responsibility for avoiding products that are highly damaging to their health, with the science of individual shopping behaviour showing again and again that unhealthy food environments prohibit this.

2. **LAYOUT**

   The layout of the supermarket determines what products we are most likely to encounter, as well as our ability to stick to our shopping list and maintain rational decision making. The aisle and the banner that the product sits underneath determine if we perceive it as a snack or a meal item, and whether it is framed as healthy. Placement of sweetened yoghurts in the dairy aisle frames them as healthy, and researchers at Trinity College argue that if supermarket layouts were overhauled and foods were re-categorised and laid out according to how healthy they are shoppers would be more able to maintain healthy shopping habits. Recategorising food items would mean most yoghurts would be placed in the soft drinks’ aisle, most cereals in the snacks’ aisle and most baked goods in the desserts’ aisle. Supermarket layout is also used to entice us to spend longer in stores and buy more, for example by placing essential items at the back and far away from each other. Retail designers calculate that after 25 minutes shoppers switch from rational to emotional decision making. Emotional decision making makes us much more susceptible to special offers or marketing and it is at this point that we buy the extra 50% of products that we didn’t intend to. Further tactics to entice us to buy more include playing ambient music, and providing larger shopping trolleys, offers and rewards programs.

3. **POSITIONING**

   Supermarkets use prime positioning, at store entrances, checkout areas, aisle ends or free-standing display units to prompt impulse shopping. In their 2018 study of positioning of unhealthy foods in prime locations in five UK supermarkets, the Obesity Health Alliance found that 43% of all food and drink products located in prominent areas, such as store entrances, checkout areas, aisle ends, or free-standing display units (FSDUs) were for sugary foods and drinks. The health impact of this positioning is the driving force behind the government’s decision to introduce restrictions on the placement of food and drinks which are high in (saturated) fat, salt or sugar (HFSS) in 2022.

4. **PRICING AND PROMOTIONS**

   The fourth tool that supermarkets use to encourage customers to buy additional food is price promotions; temporary changes to the price of food and drinks designed to increase purchases. They can be temporary price reductions; multi-buy offers and other offers such as increased packaging size or meal deals. Of these, multi-buys offer the greatest increase in sales compared to temporary price reductions. Price promotions are more common for unhealthy foods than healthy ones, while purchases of food on promotion are again more common for unhealthy foods. A report from Public Health England found that up to 83% of purchases made on price promotion are “impulse purchases” that the customer was not planning to make. Shockingly 50% of unhealthy ‘discretionary’ foods are bought while on promotion. The UK government announced restrictions on price promotion like “buy one get one free” (known as BOGOF) deals for HFSS food and drinks, which are due to come into force in October 2023.
Unfortunately, this legislation was delayed from October 2022, but there is sufficient evidence to support the restriction of price promotions on unhealthy food as part of any government’s obesity strategy in spite of industry resistance as they lead to households spending more than they had intended, not less.

5. PACKAGING

Portion size depictions, colour, images, brand equity characters and food labelling can all be used to increase appeal of products to shoppers, including children. Retailers also develop own brand packaging to mimic that of branded packaging, again to sell more. Restricting advertising to children in all forms of media including packaging is one policy option that could be used in the prevention of diet-related ill health.

The impact of these techniques, and their dominant market share, means that small changes by retailers can influence the health of most of the population. The next section explores what supermarkets are doing to address their outsized influence on the country’s health by reducing the sugar they sell.

THE UK’S TOP TEN MAJOR SUPERMARKETS HAVE INADEQUATE SUGAR REDUCTION POLICIES

We surveyed 10 UK supermarkets in Summer 2022 - Aldi, Asda, Morrisons, Sainsbury’s, Waitrose, Co-op, Lidl, Iceland, Tesco and Marks and Spencer - and received responses from all but two, Iceland and Asda. Our aim was to find out how supermarkets view their role in sugar consumption reduction and to find evidence of concrete actions that would lead to a nationwide reduction in sugar consumption in the UK.
1. TOTAL SUGAR SALES: WHY INCREASING THE RATIO OF HEALTHIER SALES IS NOT ENOUGH

**KEY FINDING ONE: ONLY ONE SUPERMARKET HAS A TARGET TO REDUCE OVERALL SUGAR SALES**

When asked what efforts they are making to cut down on total sugar sales only one supermarket, Morrisons, mentioned a target to reduce sugar sales overall. Many supermarkets instead told us about their targets to increase sales of ‘healthier products’. But without an overall sugar sales reduction target, the effect of these efforts may still be an overall increase in the amount of sugar consumed by the public, as shoppers are directed towards buying more products which still contain significant amounts of sugar.

**FIGURE 3: NUMBER OF SUPERMARKETS WITH AN OVERALL SUGAR SALES REDUCTION TARGET**

While Morrisons said they introduced absolute sugar targets to their nutrition policy in 2018, other respondents only mentioned a target for a sales-weighted average. This means that supermarkets are working to reduce the average sugar content of their products, where the calculation of average sugar content is adjusted to give more importance to products with the highest sales. This is not the same as an overall reduction target: a decrease in sales weighted average sugar content could still be accompanied by a simultaneous increase in overall sugar sales, for example if there was a large increase in sales of ‘healthier’ foods that still contain relatively high levels of sugar or if an increase in healthier food sales was accompanied by an increase in sales of chocolate. While the final sugar reduction programme progress report shows that supermarket sales of sugar have been increasing, all supermarkets have been publicly celebrating their sugar reduction or reformulation efforts. Promoting the perception that they are helping to solve the diet-related ill health problem while deflecting attention from the way their stocking choices, sales tactics and formulation of new products contribute to it is ‘leanwashing’.

**How supermarkets are ‘leanwashing’**

Researchers have defined ‘leanwashing’ as “public relations and marketing activities of a firm that deceptively promote the perception that the firm is helping to solve the obesity problem and that deflect attention from the fact that it is directly contributing to the obesity crisis.” Promoting sugar reduction success without reducing sugar sales misleads the public and government to think that retailers are part of the solution to obesity and diet-related ill health, while in fact being part of the problem. 100% of our survey respondents promoted their sugar reduction efforts and yet were unable to provide evidence of a reduction of total sugar sales. The Competition and Markets Authority’s Green Claims Code, aimed at combating greenwash, demonstrates the importance of clear and unambiguous information and of not omitting or hiding important information. Throwing the emphasis onto some limited actions, such as reformulation of certain products, and the formulation of ‘low sugar’ products, distracts from urgent action that could be far more effective (for example, a binding target to reduce total sugar sales, removing highly sugary products from shelves, or replacing more existing sugary products with reformulated versions rather than selling ‘low sugar’ versions). Table 1, on the following page, shows that each of the respondents in our survey promoted the progress of their sugar reduction efforts, yet were unwilling or unable to provide evidence of their total sugar sales decreasing. In the context of the only publicly available data – the 7% overall increase in sugar in the 2022 Sugar Reduction Programme Report - lack of evidence of decreases from individual retailers is very worrying. Table 1 sets out the gap between the supermarkets’ promotion of sugar reduction actions on their website or in their survey response to us, compared to the actual evidence of overall sugar sales reductions.
### TABLE 1: RETAILERS FAIL TO PROVIDE EVIDENCE TO BACK CLAIMS THEY ARE HELPING ADDRESS DIET-RELATED ILL HEALTH BY REDUCING SUGAR CONSUMPTION

<table>
<thead>
<tr>
<th>Retailer</th>
<th>Does the retailer promote sugar reduction progress on their website or in survey response?</th>
<th>Does the retailer have a total sugar reduction target?</th>
<th>Is any evidence provided of total increase or decrease in sugar sales?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tesco</td>
<td>Yes</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Aldi</td>
<td>Yes</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Lidl</td>
<td>Yes</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>M&amp;S</td>
<td>Yes</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Morrisons</td>
<td>Yes</td>
<td>Unclear if absolute or relative to total volume sales</td>
<td>None</td>
</tr>
<tr>
<td>Sainsbury’s</td>
<td></td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Co-op</td>
<td>Yes</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Waitrose</td>
<td>Yes</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Iceland</td>
<td>No response</td>
<td>No response</td>
<td>No response</td>
</tr>
<tr>
<td>ASDA</td>
<td>No response</td>
<td>No response</td>
<td>No response</td>
</tr>
</tbody>
</table>

**KEY FINDING TWO: ALL EIGHT RESPONDENTS ARE ‘LEANWASHING’ - CONTRIBUTING TO THE DIET-RELATED ILL HEALTH PROBLEM WHILE CREATING THE PERCEPTION THAT THEY ARE HELPING TO SOLVE IT**

In other words, companies can be **reformulating** existing products while denying the impact of **formulation**\(^h\) (new product development) and even holding a genuine belief that a company’s health efforts are helping to solve the problem\(^66\). This belief in their own ‘leanwashing’ efforts may arise because those managing brands producing and retailing sugary foods, including supermarkets who manufacture their own brand products, have two contradictory responsibilities: a fiduciary responsibility to grow the market share, and a social responsibility to decrease consumption of unhealthy products\(^67\). With these competing interests, managers, who are accountable to shareholders, will always be obligated to prioritise market share and will work hard to convince policymakers, the public (and themselves) that they are also creating healthier food environments.

Transparent disclosure of total sugar sales is the only way to monitor if sugar sales at individual retailers are increasing or decreasing. Several respondents told us they already measure total sugar sold as part of the methodology for calculating other metrics – transparency on this data is essential.

**Action: Supermarkets must publicly disclose their absolute sugar sales**

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\(^h\) Formulation is all food innovation that stimulates a desire for energy dense, nutritionally empty foods: new product development, new flavours, editions, package sizes, snacking occasions and channels, as well as the infiltration of previously healthful food categories with UPF variations (Norah Campbell et al., ‘Ultra-Processed Food: The Tragedy of the Biological Commons’, International Journal of Health Policy and Management, 27 November 2022, [https://doi.org/10.34172/ijhpm.2022.7557](https://doi.org/10.34172/ijhpm.2022.7557)).
2. OWN BRANDED PRODUCTS

It is imperative that transparent disclosure of total sugar sales includes own brand products as well as branded products. In all the retailer responses there was a focus on own brand products and most did not mention any initiatives that would cover branded products. Their answers implied that branded products are not their responsibility.

All respondents told us about their reformulation of own brand high sugar children’s foods including breakfast cereals and yoghurt. Sainsbury’s told us about the reduction of sugar tonnage in own brand products.

3. MANDATORY TARGETS

We asked retailers, in light of the unsuccessful sugar reduction programme, if they are willing to publicly support mandatory reduction targets to reduce the absolute volume of sugar sold across all categories of product and bagged sugar. None of the retailers were willing to publicly support mandatory reduction targets to reduce the absolute volume of free sugar.

No retailers told us that they would welcome mandatory reduction targets. Waitrose told us they support the mandatory reporting of total sugar sold, sales of healthy products and are supportive of a framework that ensures a level playing field across the industry. Lidl told us they are open to supporting further government targets, whether this is reformulation or sourcing commitments, should they be realistic and achievable for the food industry. Many of the retailers told us that their health target measures healthy food sales volumes, as a proportion of total sales of food and non-alcoholic drinks.

Overwhelmingly the responses told us that retailer sugar reduction efforts are focussed on increasing the ratio of healthy to unhealthy foods. Some retailers support mandatory reporting on the healthiness of sales by the food sector, but they do not support mandatory public reporting on an individual business level.

Mandatory reporting has a much greater chance of success than voluntary action and provides a level playing field across the industry. An All Party Parliamentary Group report highlighted that voluntary controls on price promotions and discounts are unlikely to work. In a landscape in which supermarkets fail to measure and disclose their total sugar sales, there is very little chance that a single retailer would volunteer to reduce absolute sugar sales without credible threat of regulation in the case of inaction.
The limited number of successful corporate voluntary actions by retailers have shown only modest success, if that, including the voluntary Sugar Reduction Programme, which fell a long way short of meeting its target of a 20% reduction in average sugar content by 2020\textsuperscript{70}. The final progress report, published in December 2022, showed that between 2015 and 2020 average sugar content of products in the programme went down by 3.5%, while at the same time the total amount of sugar sold across all the products in the programme has gone up by 7%. Although retailers made greater reductions in total sugar per 100g compared with manufacturers, the variation remaining between sugar content of similar products shows how much more can be done\textsuperscript{71}. Compare this to the success of the Soft Drinks Industry Levy, a mandatory programme, which saw a decrease of 30% in sugar sold per capita from soft drinks in just four years\textsuperscript{72}. The huge variation in sugar content across own brand ‘on the go’ sweet snacks like doughnuts and cookies demonstrates the potential by retailers to reduce population sugar intake, yet without incentives some retailers are lagging a long way behind.

“Apart from the sugary drinks levy, it’s abundantly clear that the Government’s voluntary sugar reduction programme is simply not working... Food and drink companies that want to do the right thing are crying out for a level playing field, which can only be achieved by setting mandatory targets for calorie and sugar reduction. The soft drinks levy has shown that this approach is both best for business, and best for everyone’s health, including people from more disadvantaged groups.”

Graham MacGregor CBE – Chairman of Action on Sugar, Professor of Cardiovascular Medicine, Queen Mary University of London

**Action: Retailers must adopt targets to reduce overall sugar sales by half by 2025, and two-thirds by 2030.**

### 4. DEFINITION OF HEALTHY PRODUCTS

Many supermarkets are investing in reformulating their products to make them healthier. To most effectively monitor this progress, and to facilitate fair and transparent comparisons between companies, it is important that the same definition of ‘healthy’ be used across the industry.

The UK Government uses the Nutrient Profiling Model (NPM) to categorise products as ‘healthy’ or ‘less healthy’ (i.e. high in (saturated) fat, salt or sugar – HFSS), an approach supported by the independent Scientific Advisory Committee on Nutrition (SACN) and many other nutrition experts\textsuperscript{73}. Originally developed by the Food Standards Agency in 2004-5, and now under the Department of Health and Social Care’s remit, the NPM was designed to determine which products should or should not be advertised to children, as part of a set of broadcasting restrictions introduced by Ofcom in 2007. The model was based on evidence that consumption of fat (especially saturated fat), salt and sugar was too high, and that consumption of fruit and vegetables was too low – which is still the case. The NPM is now being used to categorise which products can or cannot be displayed in prominent retail locations, as well as which products will or will not be allowed to be advertised online or pre-9pm from October 2025\textsuperscript{74}.

Although retailers are required to use the NPM categorisation for the purposes of complying with relevant legislation, many retailers use a different definition when reporting ‘healthy sales’, making comparison between retailers difficult.

**KEY FINDING FIVE: RETAILERS USE DIFFERENT DEFINITIONS WHEN REPORTING SALES OF ‘HEALTHY’ VERSUS ‘LESS HEALTHY’ PRODUCTS**

This finding aligns with earlier research from ShareAction, which found that Tesco, ALDI UK, Asda and Morrison’s use the Government’s NPM for reporting purposes, although of those retailers only Tesco reports on both branded and own-brand products\textsuperscript{75}. Sainsbury’s, Lidl, Marks & Spencer, and Co-op use different definitions based on a mixture of traffic light labelling, government reformulation targets, and other criteria, whereas Iceland and Waitrose did not disclose how they defined ‘healthier’ products\textsuperscript{76}. Mandatory reporting for large companies was proposed in the National Food Strategy, covering sales of HFSS food and drink as a proportion of total sales\textsuperscript{77} and the government has since launched the Food Data Transparency Partnership, as part of which it has committed to consulting on implementing mandatory public reporting against a set of health metrics\textsuperscript{78}.

**Action: All retailers should as a minimum report on sales of ‘healthier’ non-HFSS products and ‘less healthy’ HFSS products (value in sterling and volume in tonnes) to ensure consistent and transparent reporting.**
The main objective of reducing sugar in products is to obtain reformulated products that are less energy dense and are less cariogenic (tooth damaging) than the original products. New product development (formulation) should be skewed towards producing food and drink with less sugar, less sugar replacers and more whole fruit, vegetables, and wholegrains to bring about change in population taste preferences, in line with the latest WHO guidance. However, retailers frequently focus on formulating new products which can be branded as low-sugar or ‘healthy’, rather than reformulating existing products. This is a problem. Reformulating existing products to be lower in sugar allows shoppers to carry on with their habitual purchases, while consuming less sugar. Adding new products to a range merely increases the amount of choice on offer, leaving the onus on shoppers to decide which products to buy (while also increasing the likelihood of people buying more). It has been repeatedly shown that an emphasis on individual choice as the main remedy for healthier diets is not effective. If retailers are unable to reformulate products to be lower in sugar, then they should consider removing these from the shelves.

Tesco’s No Added Sugar Bolognese Pasta Sauce is an example of formulation of a no-added sugar variant, instead of reformulation of the original product into a no-sugar version. A better option would have been to leave the original product branding unchanged and remove the sugar. Comparing the two recipes reveals that the only difference in the conventional sauce is the inclusion of sugar as the third ingredient, adding an extra 1.1g of sugar per 100g. What appear small differences like this add up to a considerable variation in an individual’s total sugar consumption.

Another example comes from Morrisons, who offer two Morrisons own brand mueslis – one of which is labelled ‘No Added Sugar’ which offers 12.8g of sugar per 100g, while the standard ‘Fruit and Nut Muesli’ offers a worryingly high 21.3g of sugar per 100g. It would perhaps be more appropriate, and accurate, to market these two options as a ‘High Sugar’ product and a ‘Low Sugar’ product, rather than presenting the high sugar muesli as the standard choice, as against the ‘No Added Sugar’ version.

Action: Retailers must reformulate across their entire product range, including best-selling products, rather than formulating new low/no-added sugar variants.

Supply of sugar needs to reduce by two-thirds to bring it in line with the NHS maximum recommended intake per person. But far from taking real action to protect public health, from our children’s teeth to the growing number of people living with type 2 diabetes, supermarkets are pursuing business as usual strategies that drive overall sales of sugary products higher. By publicly highlighting their reformulation efforts and framing these as successes, they are creating the illusion of helping to solve diet-related ill health in the UK. However, at the same time they are continuing to promote demand for sugary foods in an effort to maintain and grow their market share and maximise returns for shareholders.

Contributing to diet-related ill health while creating the perception that they are helping to solve it is ‘leanwashing’ and we found that all the respondents in our survey were involved in it. This ‘leanwashing’ contributes to delaying more effective policy, designed by those with a remit to protect our health. Supermarkets are currently driving an increase in sugar sales, not a decrease. More transparency on sugar sales is needed, to show which retailers and initiatives are helping, and which are hindering the health problem. Unless supermarkets implement measurement and reduction targets for total sugar sales, mandatory measurement and reduction targets will be necessary to address the unhealthy food environments of supermarkets.
Supermarkets must:

- Introduce transparent public disclosure of absolute sugar sales, sales of ‘healthier’ non-HFSS products and ‘less healthy’ HFSS products, as recommended in the National Food Strategy;85
- Publish their overall sugar sales data;
- Introduce targets to reduce overall sugar sales by 50% by 2025 and two thirds by 2030, in line with the government’s recommended intake per person;86
- Reformulate across their entire product range, including best-selling products, rather than formulating new low/no-added sugar variants.

### ANNEXE 1: HOW SUPERMARKETS DESCRIBE THEIR PROGRESS ON SUGAR REDUCTION, COMPARED TO THE ACTUAL IMPACT ON THEIR TOTAL SUGAR SALES

<table>
<thead>
<tr>
<th>Retailer</th>
<th>How supermarkets promote their sugar reduction efforts</th>
<th>Evidence of impact on total sugar sales – across all retailers, the findings of the Sugar Reduction Programme indicate that total sugar sales went up by 7%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tesco</td>
<td>Website states a 9.3 Percentage point change in volume of sugar for Tesco UK own brand products below own brand volume growth (vs 2015 baseline)</td>
<td>A Percentage point decrease in volume of sugar sales against volume growth is compatible with an increase in total sugar sales. Tesco measure total sugar sales for their calculations but choose not to publish the data</td>
</tr>
<tr>
<td>Aldi</td>
<td>Survey response: “we believe we have achieved good progress in sugar reduction.”</td>
<td>Survey response: “We do not measure absolute sugar sales.”</td>
</tr>
<tr>
<td>Lidl</td>
<td>Survey response: “we have signed up to the government’s sugar reduction targets, building this into our specifications and existing product development process to ensure that we are driving sugar reductions”. Website states: sugar reductions have been made in 5 categories.</td>
<td>Survey response: &quot;We are open to supporting further government targets, whether this is reformulation or sourcing commitments, should they be realistic and achievable for the food industry. &quot;</td>
</tr>
<tr>
<td>M&amp;S</td>
<td>On website: “Our health and wellbeing outcome is influenced by our surrounding environment and choices...At M&amp;S we recognise we have a role to play as part of a multi-stakeholder approach to address the UK dietary imbalance.”</td>
<td>No mention of measuring absolute sugar sales in survey response or on website.</td>
</tr>
<tr>
<td>Morrisons</td>
<td>Survey response: &quot;We added absolute sugar targets to Nutrition policy. Since 2018 we have removed 2934.4t of sugar and 23.8b calories.&quot;</td>
<td>Morrisons have not published the data behind these calculations and it is unclear if these are absolute volumes or measured against total volume growth.</td>
</tr>
<tr>
<td>Sainsbury’s</td>
<td>On website: “Sainsburys has a long history of reporting on healthy sales.” “We support Public Health England’s (PHE) aim to reduce the sugar in children’s diets by 20% and we acknowledge the role we play in this.”</td>
<td>No mention of measuring absolute sugar sales in survey response or on website.</td>
</tr>
<tr>
<td>Co-op</td>
<td>Survey response: “In 2021 we removed over 7 billion calories, over 480 tonnes of fat (of which 129 tonnes of saturated fat), over 44 million teaspoons of sugar and over 1.5 million teaspoons of salt, through product reformulation across our Co-op range (based on annual sales).”</td>
<td>Removal of sugar is based on assumption that sales remain flat year on year. Therefore this is compatible with an increase in total sugar sales, as suggested by Sugar Reduction Programme results.</td>
</tr>
<tr>
<td>Waitrose</td>
<td>Survey response: We aim to inspire our customers to make healthier choices through new and exciting products. Also, “We already publicly support the National Food Strategy’s recommendations on mandatory reporting and increasing transparency across the industry. This includes supporting the mandatory reporting of total sugar sold, sales of healthy products and we are supportive of a framework that ensures a level playing field across the industry.”</td>
<td>Waitrose support the mandatory reporting of total sugar sold, yet do not publish total sugar sales.</td>
</tr>
<tr>
<td>ASDA</td>
<td>No response to survey</td>
<td>No response to survey</td>
</tr>
<tr>
<td>Iceland</td>
<td>No response to survey</td>
<td>No response to survey</td>
</tr>
</tbody>
</table>
Sugar rush: How UK supermarkets drive high sugar sales

REFERENCES


5 World Health Organization, ‘WHO European Regional Obesity Report 2022’.

6 Office for Health Improvement and Disparities, ‘Sugar Reduction Programme: Industry Progress 2015 to 2020’.

7 EFSA Panel on Nutrition, Novel Foods and Food Allergens (NDA) et al., ‘Tolerable Upper Intake Level for Dietary Sugars’.


9 Levine 2021.

10 EFSA Panel on Nutrition, Novel Foods and Food Allergens (NDA) et al., ‘Tolerable Upper Intake Level for Dietary Sugars’.


13 World Health Organization, ‘WHO European Regional Obesity Report 2022’.

14 Office for Health Improvement and Disparities, ‘Sugar Reduction Programme: Industry Progress 2015 to 2020’.


16 Richardson, B., and J. Winkler, ‘Sugar Reduction in Post-Brexit UK’.


26 Richardson, B., and J. Winkler, ‘Sugar Reduction in Post-Brexit UK’.


37 C Nicholson, B Young, ‘The Relationship between Supermarkets and Suppliers: What Are the Implications for Consumers?’.


41 C Nicholson, B Young, ‘The Relationship between Supermarkets and Suppliers: What Are the Implications for Consumers?’.

42 C Nicholson, B Young, ‘The Relationship between Supermarkets and Suppliers: What Are the Implications for Consumers?’.

43 C Nicholson, B Young, ‘The Relationship between Supermarkets and Suppliers: What Are the Implications for Consumers?’.


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Norah Campbell, Sarah Browne, and Francis Finucane.


Bennett et al., ‘Prevalence of Healthy and Unhealthy Food and Beverage Price Promotions and Their Potential Influence on Shopper Purchasing Behaviour’.


Bennett et al., ‘Prevalence of Healthy and Unhealthy Food and Beverage Price Promotions and Their Potential Influence on Shopper Purchasing Behaviour’.

Bennett et al.


C Nicholson, B Young, ‘The Relationship between Supermarkets and Suppliers: What Are the Implications for Consumers?’


Office for Health Improvement and Disparities, ‘Sugar Reduction Programme: Industry Progress 2015 to 2020’.


Office for Health Improvement and Disparities, ‘Sugar Reduction Programme: Industry Progress 2015 to 2020’.

Campbell et al., ‘Ultra-Processed Food’.

Campbell et al., ‘Ultra-Processed Food’.


Office for Health Improvement and Disparities.


