CHAPTER

5

THE POLITICS OF GOVERNMENT DIETARY ADVICE: THE INFLUENCE OF BIG FOOD

Marie Bragg and Marion Nestle

OVERVIEW

- What trends exist in the development of dietary guidelines and food guides in English-speaking countries?
- How do stakeholders affect the development of government dietary guidance, especially guidelines for sugar consumption?
- Why is dietary advice vulnerable to political influence?

Although dietary guidelines and government policies are based on science, they are also subject to pressures from food companies concerned about the commercial implications of advice to restrict certain nutrients or foods. This chapter reviews recent examples of food industry—often referred to as Big Food—influence on dietary advice, particularly advice about sugar consumption, issued by the World Health Organization, the United States, Canada and Australia between 2004 and 2015. These examples suggest the need for governments to establish processes to keep dietary recommendations free of political influence.

KEY TERMS

dietary guidelines
food guides
nutrient standards
public health nutrition

Introduction

Governments issue dietary advice to their citizens in order to promote consumption of agricultural and food products, as well as to promote health. In the United States, for example, the Department of Agriculture (USDA) has produced **food guides** for consumers since the early 1900s. The early guides were designed to help Americans overcome nutritional deficiencies and typically recommended increased consumption of foods from a variety of groups. To the extent that such guides encouraged eating more of a greater variety of food to prevent nutrient deficiencies, they elicited little opposition. Such advice benefits all stakeholders in the food system, from producers to consumers. With the shift from prevention of nutrient deficiencies to the prevention of chronic conditions—for example obesity, type 2 diabetes, coronary heart disease, stroke and certain cancers—in the latter half of the twentieth century, dietary advice began to focus on restrictions on intake of dietary components that raise risks for these conditions: energy (measured in calories or kilojoules), saturated fat, cholesterol, sugars and salt—and of their principal food sources. This kind of advice inevitably provokes opposition from the affected food companies.

The history of **dietary guidelines** and food guides is rife with examples of controversy about advice to 'eat less' of any nutrient or food. Food companies are businesses and, like any business in today's global marketplace, seek to expand sales, meet growth targets and produce returns for investors. Given that all but the poorest countries in the world provide more food on average than is needed by their populations, the food industry is especially competitive. The US food supply, for example, provides about 3900 calories (16,300 kilojoules) per person each day, nearly twice the average amount of energy required. Yet unlike shoes, clothing and electronics, consumption of food is limited even for those with the largest appetites, making competition especially intense. The need to sell more food in an overabundant marketplace explains why food companies compete so strenuously for a 'sales-friendly' regulatory and political climate. It also explains their aggressive defence of the health benefits of their products, their intensive lobbying efforts, and their attacks on critics of their marketing, sales and lobbying practices (Nestle 2013).

There are all too many examples where the food industry has succeeded in inducing government agencies to eliminate, weaken or thoroughly obfuscate recommendations to eat less of certain nutrients and their food sources. It is able to do this in part because of the complexities of conducting human nutritional research. Humans, unlike experimental animals, cannot be caged and fed controlled diets, a problem that makes research results difficult to interpret. This chapter offers examples of the ways economic pressures and scientific uncertainties affect recent dietary advice from the World Health Organization (WHO), Canada, the United States and Australia, especially advice to reduce sugar consumption. Strong evidence links high sugar intake to obesity and related conditions (Morenga et al. 2013), and the sugar industry ('Big Sugar') is especially diligent in opposing advice to eat less of its products.

Sugar advice by the World Health Organization

The recent history of sugar industry efforts to influence dietary recommendations begins in the early 2000s with an especially well-documented example: the attempt by the WHO to recommend limits on sugar consumption. WHO set out to develop a global strategy to reduce the burden of illness and death related to poor diet and inactivity that would include evidence-based

recommendations along with action plans and implementation policies (Waxman & Norum 2004; Norum 2005).

Its process began with an expert consultation involving international scientists who were asked to review existing research and make recommendations. The research review was published in 2003 as Technical Report 916 (WHO 2003a). The process further involved consultation with stakeholders in member states, UN agencies, governmental and nongovernmental organisations, the food industry and other private sector groups, and negotiation with the Food and Agriculture Organization (FAO) of the United Nations to co-sponsor the effort. The Global Strategy, released jointly by the two UN agencies, was ratified by member states in May 2004 (WHO 2004).

The dietary guidance components of this process proved especially contentious. In 2002, the Expert Consultation committee drafted a preliminary research review that included quantitative goals for intake of specific nutrients. The one for 'free' sugars—those added during processing—advised restriction to 10 per cent or less of total energy intake, a level consistent with decades of similar targets from numerous countries (Cannon 1992). The US 1992 Pyramid food guide, for example, recommended a range of 7 to 13 per cent of calories from added sugars, depending on caloric needs (USDA 1992). For a diet containing 2000 calories (8400 kilojoules), this goal specifies a daily limit of 50 g of 'free' sugars, about the amount in just one 16-ounce (475 mL) soft drink. For most Americans, this is half the amount typically consumed (DGAC 2015). Sugar producers and trade groups complained that neither sugars nor their primary food sources had been shown to cause obesity (World Sugar Research Organization 2002). In the United States, lobbyists for sugar trade organisations induced the Department of Health and Human Services (HHS) to submit critiques of the draft based on materials they had developed (Steiger 2002). Although sugar groups ostensibly based their arguments on science, their concerns were clearly economic. Such a recommendation, they said, would be likely to produce detrimental effects on the agricultural economy of sugar-producing countries (Khan 2003).

Just prior to release of Technical Report 916, the US Sugar Association threatened not only to publicly expose flaws in the report, but also to ask Congress to withdraw US funding for WHO; it demanded that WHO withdraw the report. Sugar groups also induced the co-chairs of the US Senate Sweetener Caucus to ask the HHS Secretary to use his influence to have the report rescinded (Briscoe 2003). In arguing against the 10 per cent target, sugar groups invoked US standards for nutrient intake published as Dietary Reference Intakes (DRIs) by the Institute of Medicine (IOM), a scientific organisation that conducts research studies for federal agencies. In developing the DRIs, the IOM (2002) established an upper limit for daily sugar intake at 25 per cent of calories as safe for preventing an increase in the risk of nutrient deficiencies. Sugar groups, however, chose to interpret the 25 per cent limit as a *recommendation*. In response, the IOM president wrote to HHS to deny that his organisation endorsed the 25 per cent upper limit as a goal (Fineberg 2003). Nevertheless, the published version of Technical Report 916 continued to include the 10 per cent goal for 'free' sugars.

During development of this report, WHO and FAO began drafting the Global Strategy. Early in 2003, the agencies sent a consultation document to member states that omitted quantitative targets for nutrient intake. In comments on the document, food industry representatives urged WHO to recognise that all foods can contribute to healthful diets and to emphasise nutrient adequacy, physical activity, consumer education and personal responsibility (WHO 2003b). Behind the scenes, they lobbied to convince member states that use of Technical Report 916 as the research basis for the Global Strategy would adversely affect the economies of sugar-producing countries (Waxman 2004; Norum 2005).

In May 2004, the 57th World Health Assembly endorsed the Global Strategy, but with major concessions to industry lobbyists (WHO 2004). As ratified, the Global Strategy stated that foods high in fat, sugar and salt increase the risk for non-communicable diseases, but said only to 'limit the intake of free sugars.' No mention of Technical Report 916 or its 10 per cent sugar recommendation appeared in the report, not even in a footnote.

Fast forward to 2015 when the WHO again issued advice about sugar intake. In preparation, WHO commissioned two research reviews to use as a basis for policy recommendations, one on the effects of sugars on chronic disease (Morenga et al. 2013) and the second on dental disease (Moynihan & Kelly 2014). Both reports strongly linked sugar consumption to those conditions. On that basis, WHO recommended that added sugars be restricted to no more than 10 per cent of energy, but stated that reducing intake to 5 per cent would provide even greater health benefits. In what can only be viewed as an understatement, WHO said that reductions of this magnitude 'will require substantial debate and involvement of various stakeholders' before policy makers can act (WHO 2015).

WHO released the report despite extensive sugar-industry lobbying and objections during and after its preparation (European Committee 2015). We can only speculate on what changed in the intervening decade, but countries everywhere were experiencing rising levels of obesity, a problem that threatened to bankrupt their health-care systems. The evidence linking excessive sugar intake to weight gain had grown in strength and no longer seemed debatable. WHO could use these facts to resist lobbying pressures. An analysis of the sugar industry's lobbying efforts concluded that they had little effect on the final guidelines and that 'WHO's guideline-making process is relatively robust to industry influence' (Stuckler et al. 2016). The analysis attributed the robustness to WHO's exclusive health mandate and its independent review process.

Australia's 2013 dietary guidelines

In February 2013, Australia's National Health and Medical Research Council (NHMRC) released its updated Australian Dietary Guidelines to the public, aimed at advising individuals on the proper amounts and types of food to consume in order to maintain a healthy lifestyle and to decrease the risk for developing dietary related diseases (see Table 5.1 for the headings of each guideline). Recognising the increase in overweight and obesity among Australians, the guidelines emphasised ways to prevent weight gain, including cutting back on foods containing saturated fats, added salts and added sugars (NHMRC 2013).

TABLE 5.1 Australian Dietary Guidelines

Guideline 1: To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs.
Guideline 2: Enjoy a wide variety of nutritious foods from these five food groups every day.
Guideline 3: Limit intake of foods containing saturated fat, added salt, added sugars and alcohol.
Guideline 4: Encourage, support and promote breastfeeding.
Guideline 5: Care for your food; prepare and store it safely.

Source: NHMRC (2013)

Compared to the previous dietary guidelines released in Australia in 2002, the new guidelines placed greater emphasis on consuming wholesome food items rather than specific nutrients. The guidelines recommend eating lots of fruits and vegetables, consuming mostly unprocessed grains and cereals, reducing consumption of salt, fat and sugar, and being more active.

The Australian guidelines were developed in a research-based, two-step process. The NHMRC first appointed a group of scientists to conduct systematic reviews of studies investigating the link between food, diet and health, and published these findings in an evidence report (NHMRC 2011). A second group was then appointed to independently review the evidence and construct the guidelines with a focus on usability (NHMRC 2013). The report describes the guidelines in a clear and transparent manner. It outlines each guideline, describes the evidence that supports the guidelines, rates the strength of the evidence from 'A' through to 'C' and provides advice on how to implement the recommendations. The guidelines also offer specific advice for groups with special needs, such as pregnant women, infants, children and others (NHMRC 2013).

The guidelines advise cutting back on added sugars in an effort to improve overall health. The summary report states the link between sugar consumption and increased risk for tooth decay (dental caries). The guidelines advise reducing intake of sugar-sweetened energy drinks, and instead increasing consumption of water.

The guidelines emphasise the link between sugar-sweetened beverage consumption and weight gain, which rates a 'B' grade level for the quality of the research. They note that consumption of sugar-sweetened beverages is associated with type 2 diabetes and metabolic syndrome (a risk factor for heart disease and diabetes). Because sugar consumption in Australia is high, the guidelines appropriately recommend a general reduction in sugar intake for all individuals.

As might be expected, the sugar industry argued against the guidelines. George Christensen, a Member of Parliament with the Queensland National Party, publicly accused the NHMRC of demonising sugar and using weak evidence to support advice to limit added sugars, especially from sugar-sweetened beverages (Dunlevy 2012). Representing the largest sugar-growing district in Australia, Mr Christensen accused the NHMRC of attempting to 'create a nanny state and decimate one of our most important agricultural industries.' Despite these industry complaints, the 2013 guidelines unambiguously advised the public to limit sugar intake.

US dietary guidelines

The US Department of Agriculture (USDA) and the US Department of Health and Human Services (HHS) have jointly issued dietary guidelines at five-year intervals since 1980. The first three editions were voluntary. In 1990, the US Congress required the agencies to revisit the guidelines every five years. The guidelines now constitute US policy for preventing chronic disease for all citizens over the age of two years. Although virtually unknown to the public, they greatly influence what the public eats. They govern the content of federal nutrition programs, constitute the basis of food guides (pyramids and plates) for public education, and are widely invoked by nutrition professionals, journalists and food companies. Advice to eat more of a nutrient can be used by companies to market products. Because 'eat less' advice might turn the public away from products, every new set of guidelines elicits substantial controversy. Every edition requires appointment of an advisory committee to review the research, hold hearings, review testimony and write a report. Each of these steps is subject to intense lobbying by food companies and trade associations. Food companies nominate candidates for committee positions, submit research reviews on the value of their products to health, testify at hearings, and meet with agency

officials to promote the health benefits of their products and the lack of compelling evidence for adverse effects (Nestle 2013).

Since 1980, the guidelines have endured objections from the meat, egg, dairy, alcohol, soda (soft drink) and snack food industries. Prior to 2005, the Dietary Guidelines Advisory Committees (DGACs) could ignore the lobbying and write guidelines with minimal interference from the sponsoring agencies. That year, the agencies decided that their staff would take over the task of writing the guidelines, basing them on the DGAC's research report. Whereas the work of the DGACs is entirely transparent—videotapes and transcripts of meetings and correspondence are placed online—the agencies write the actual guidelines in secret, thus permitting even greater politicisation of the process. Furthermore, the agencies now require the DGAC to take an entirely 'science-based' approach to evaluating research, thereby enabling food industry critics to use scientific uncertainty as a basis for challenging guidelines they deem undesirable.

These politics are reflected in the history of the sugar guidelines, as summarised in Table 5.2. Whereas the 1980 and 1985 guidelines simply stated 'avoid too much sugar', the recommendation has become more complicated and obfuscated over the years.

TABLE 5.2 Evolution of the US dietary guideline for sugars

YEAR	SUGAR GUIDELINE OR RECOMMENDATION
1980	Avoid too much sugar
1985	Avoid too much sugar
1990	Use sugars only in moderation
1995	Choose a diet moderate in sugars
2000	Choose beverages and foods to moderate your intake of sugars
2005	Choose and prepare foods and beverages with little added sugars or caloric sweeteners, such as amounts suggested by the USDA Food Guide and the DASH Eating Plan
2010	Reduce the intake of calories from solid fats and added sugars
2015 DGAC Report	Added sugars should be reduced in the diet and not replaced with low-calorie sweeteners, but rather with healthy options, such as water in place of sugar-sweetened beverages

Source: USDA and HHS at www.health.gov/DietaryGuidelines/

The 2010 dietary guidelines

The election of President Obama in 2008 ushered in a variety of changes in US food politics. Early in 2010, First Lady Michelle Obama announced 'Let's Move!', a program aimed at reducing childhood obesity by encouraging healthier diets and physical activity. To establish an agenda for Let's Move! President Obama appointed senior officials of federal agencies to a task force charged with making recommendations for action. When this committee released its report in May 2010, First Lady Michelle Obama's staff set about implementing its recommendations (White House 2010). Over the following year, USDA and HHS—with considerable input from the White

House—released the 2010 DGAC's 455-page research report (DGAC 2010) and the 95-page dietary guidelines policy document based on that report (USDA & HHS 2010).

The DGAC noted that its report was distinctly different from previous research reports. The Dietary Guidelines were now addressed to an American public largely overweight or obese. The DGAC had used a newly developed Nutrition Evidence Library at USDA to answer scientific questions, and it considered the total diet in making specific recommendations. Nevertheless, neither the DGAC nor the Dietary Guidelines stated issues directly. Although the final guidelines report noted that sodas and juice drinks provide nearly 37 per cent of all added sugars in US diets, it does not explicitly say to consume less of these drinks. Instead, the committee and the guidelines introduced a new euphemism: SoFAS—solid fats and added sugars—only translated into food terms on page 67 of the guidelines document: 'Drink few or no regular sodas, sports drinks, energy drinks, and fruit drinks. Eat less cake, cookies, ice cream, other desserts, and candy. If you do have these foods and drinks, have a small portion.'

The 2015 dietary guidelines

As always, the 2015 DGAC reviewed the research and wrote a lengthy report (571 pages). Its most controversial recommendation? Diets based largely on plant foods are not only better for health, but also for environmental sustainability (DGAC 2015). When the agencies posted the report online for public comment, 29,000 individuals and groups responded. Meat industry groups objected vehemently and induced Congress to introduce a rider into agricultural appropriations bills insisting that dietary guidelines be 'limited in scope to only matters of diet and nutrient intake', thereby excluding sustainability from consideration and making it clear that Congress intended to intervene in dietary guidelines if they were unfavourable to industry.

Sugar industry groups also objected. The DGAC report noted (2015, p. 20) that nearly half of US sugar intake comes from beverages other than milk and 100 per cent fruit juice, and that research on sugars and health is 'compatible with a recommendation to keep added sugars intake below 10 per cent of total energy intake.' Interestingly, this recommendation survived in the final guidelines that were released in December 2015 (US Department of Health and Human Services & US Department of Agriculture 2015).

Sugar on US food labels

Soon after WHO released its sugar recommendations, the US Food and Drug Administration (FDA) proposed to revise food labels to establish a Daily Value, in this case an upper limit, for added sugars—at 10 per cent of energy intake (FDA 2015). Nutrition Facts panels on US food packages currently list total sugars in grams per serving without distinguishing natural from added sugars or placing the amount in the context of a daily diet. Sugar industry objections focused on the biochemical similarity of natural and added sugars, the lack of science supporting a role of sugars in obesity, and the level of the target percentage. In 2016, the FDA adopted those proposals, giving food companies time to begin listing Daily Values for added sugars on their labels.

Big Sugar lobbying in the US

Industry lobbying is a major obstacle to the enactment of national and international policies to reduce sugar intake. Industry lobbyists use their power and money to sway sugar legislation in their favour, and to ensure that policies that might hinder sugar production or sales are never enacted or enforced. In the United States, sugar lobbying has a long and well documented history.

In 1966, the US National Institute of Dental Research (NIDR), well aware of research linking sugar consumption to dental disease, initiated a program to research and plan interventions to eliminate tooth decay within a decade. In 1971, the NIDR launched the National Caries Program to reduce dental caries. Although unknown to outsiders at the time, the sugar industry greatly influenced the program's research priorities (Kearns et al. 2015).

The sugar industry's aim was to block interventions that might suggest eating less sugar, and instead focus on reducing sugar's harmful effects. The industry preferred to support research on enzymes that could break up dental plaque and vaccines against tooth decay. Industry representatives developed relationships with NIDR staff and submitted reports to sympathetic staff members that were incorporated almost in their entirety into the NIDR's call for research applications. Notably missing from National Caries Program priorities was research that might lead to reduced sugar consumption.

Another example: In 2009, health advocates in the United States convinced some members of Congress to propose excise taxes on sugar-sweetened beverages as a way to reduce health-care costs. Spending by lobbyists for soda companies such as PepsiCo, the Coca-Cola Company, and the American Beverage Association increased sharply to nearly $40 million that year, from about $5 million the previous year. The measure did not pass (Nestle 2015).

One more example: In 2010, Congress passed the Healthy, Hunger-Free Kids Act to improve the nutritional quality of school breakfasts and lunches. These meals constitute a major source of nutrition for children in low-income households. The act used science-based standards to set limits on the amounts of sugar, salt and saturated fat in school meals. Many companies linked to Big Sugar interests publicly supported the act; their companies could now produce uniform products to meet the new standards (Goldman et al. 2014). But when the USDA wrote regulations to implement the act, sugar companies objected. The draft rules included two options: to limit the amount of sugars to 35 per cent of calories (the caloric-limit) or to 35 per cent by weight (the sugar-by-weight-limit). About 70 health professional groups submitted comments advocating for the more restrictive calorie-limit method. But nearly 1200 comments from grocery trade associations and food manufacturers supported the sugar-by-weight option. The final rule limited acceptable products to 35 per cent by weight.

Canada's dietary advice

In 2007, Health Canada released 'Eating Well with Canada's Food Guide', an update of its 1992 version (Health Canada 2007a). Like all such guides aimed at the public, this one was intended to improve food selection and promote nutritional health by recommending intake of specified numbers of servings from various food groups. Canada has issued such guides since 1942. The evolution of the advice is notable for the substantial increase in the number of recommended servings. For the first 50 years, the guides were based on a 'foundation diet' approach designed to ensure intake of the minimum amount of food needed to meet the nutritional requirements of most people in the population (Health Canada 2002). In 1992, however, Health Canada switched the basis of the Guide to a 'total diet' approach. This called for diets that would meet energy and nutrient requirements defined by standards that had just been developed (CIC 1990; Bush & Kirkpatrick 2003). These standards were based on research on single nutrients, an approach that leads to higher levels that encompass the nutrient needs of most individuals within a population. The 'total diet' approach resulted in advice to consume more food and, therefore, more calories. Its effect was to double the

recommended number of grain servings, more than double the number of vegetable and fruit servings, and increase the number of meat servings by 50 per cent.

Responses to the release of the 1992 Guide indicated substantial food industry influence on its development and content, as revealed in newspaper accounts such as 'Industry Forced Changes to Food Guide ...' (Anon, 1993) and 'Food Guide Changed After Industry Outcry' (Evenson 1993). Such accounts were based on documents obtained under Canada's Access to Information Act, which revealed that earlier drafts had been altered in response to protests from beef, egg and sugar producers. The then Minister of National Health and Welfare, Benoit Bouchard (1993), defended the Guide as 'based on sound science' and reflecting the 'total diet' approach: 'There are no good foods or bad foods,' he said. 'It is the overall choices of foods made and not any one food ... that determines healthful eating'. Despite this statement, the 1992 Food Guide design—a rainbow—was intended to indicate that some foods *are* better than others and should be eaten in greater quantities; its largest bands were devoted to the grain and vegetables and fruit groups.

A decade later, concerns about rising rates of obesity and chronic diseases suggested the need to revise the Guide (Shields & Tjepkema 2006). The prevalence of obesity in Canada had occurred in parallel with a 14 per cent increase in available calories in the food supply (Statistics Canada, 2002). Furthermore, Canada had jointly participated with the United States in development of **nutrient standards** and was using them (Health Canada 2007b). Revising the Food Guide provided an opportunity to reverse the 'eat more' messages of the 1992 version.

To do so, Health Canada conducted a series of consultations and stakeholder sessions, and worked closely with advisory groups (Health Canada, 2007b). Critics immediately complained that industry groups appeared to be overrepresented in the process. Invitational stakeholder meetings included far more industry than independent experts (Health Canada 2004a; 2004b). Critics charged that members of advisory committees had ties to food industry groups, had potential conflicts of interest, and lacked independence and expertise (Jeffery 2005; Freedhoff 2006). Although the Ontario Society of Nutrition Professionals in Public Health had nominated potential members, none of its nominees was appointed (Jeffery 2005). Meanwhile, food companies and trade associations hired lobbyists and submitted detailed briefs to ensure that the Food Guide would reflect their interests (Waldie 2007).

In late 2005, Health Canada proposed to decrease the recommended daily servings of fruits and vegetables from 5–10 to 5–8 and to increase servings of meat from 2–3 to 4 for men. Commentators judged this proposal as 'obesogenic.' They calculated that following the Guide would produce diets overly high in calories (Kondro 2006). The Dairy Farmers of Canada met with Health Canada to complain that the Guide placed soy milk in the milk category, and would lead to reduced milk consumption (Payne 2006). How Health Canada dealt with such complaints can only be surmised. Reviewers of early drafts were required to return them, and neither draft guidelines nor transcripts of consultations or committee meetings were posted on the Internet.

As published, the 2007 Guide was more complicated than the previous version. The most significant changes from 1992 were an increase in the minimum number of vegetable and fruit servings and a decrease in grain servings. Changes from the 2006 draft were a reduction in the prominence given to soy milk, and elimination of a food shopping tip to 'buy local, regional, or Canadian foods when available.' The final Guide advises consumers to be active, read food labels, limit trans fats, satisfy thirst with water, enjoy eating, and eat well. 'Eat well' includes an 'eat less' message: '[by] limiting foods and beverages high in calories, fat, sugar, or salt (sodium) such as cakes and pastries, chocolate and candies, cookies and granola bars, doughnuts and muffins, ice cream and frozen desserts, soft drinks, sports and energy drinks, and sweetened hot or cold drinks' (Health Canada 2007a). The reasons for such changes, however, are not stated.

Contradictions between the written messages and the illustrations make the Guide difficult to interpret. For example, it recommends 'Drink skim, 1%, or 2% milk each day', and 'Select lower fat milk alternatives', yet illustrates dairy products in their full-fat versions. The meat illustrations do not depict red meats at all and exclusively depict meat alternatives such as fish, beans, tofu, eggs, nuts and peanut butter (Health Canada 2012).

The messages on sugar consumption appear especially misguided. The Guide groups fruit juice into the daily recommended fruit serving, a recommendation that is questionable given that many fruit juices contain just as much, if not more, sugar than sodas. Similarly, it classifies sugar-sweetened cereals as grain servings. Although the written messages say to choose foods prepared with little or no added sugar, the illustrations include foods high in sugars. Such contradictions can confuse consumers using the information to inform their food choices (Picard 2014).

Canada's 2015 nutrition labelling system

In August 2014, the Canadian Heart and Stroke Foundation issued a report on the effects of sugars, recommending that intake of free sugars not exceed 10 per cent of total daily energy or, ideally, less than 5 per cent. The Foundation called on the Canadian Government to clearly label free sugars on the labels of food products, and to group all sugars together when listing ingredients on product packaging. The government, it said, should restrict the marketing of all foods and beverages to children, and educate Canadians about the risks associated with excessive sugar consumption.

The government, however, adopted only some of this advice when it proposed to update food labelling regulations in 2015 (CFIA 2015). It had established mandatory food labelling—the Nutrition Facts Table—in 2003. To address the rising prevalence of chronic disease, the labelling rules needed revision. Officials held two consultation rounds to identify problems with the existing system. Consumers said they did not understand serving sizes or the names on ingredient lists, and wanted information about sugars.

In response, the government required food colors and other additives be listed by their common names, and provided an explanation of the per cent Daily Value. With respect to sugars, the government followed the Foundation's recommendation to group all sugar-based ingredients together, thereby moving them higher on the ingredient list. But it decided against requiring labelling of *added* sugars. Instead, it planned to institute a Daily Value for total sugars of 100 grams—an amount that constitutes 20 per cent of total calories for people consuming 2000 calories a day—twice what was recommended by the Foundation, the WHO, and other health authorities. It also gave the food industry five years to adopt the changes once they would be enacted (Government of Canada 2015). Once again, industry lobbying had diluted public health messages. (See Chapter 6 for a discussion of industry lobbying and the Australian food labelling system).

Conclusion

Nutrition scientists maintain—quite correctly—that science is complex, that individualisation makes sense for advising people about their own diets, and that dietary standards and dietary guidelines are meant as tools for professionals, not the general public. Because standards and guidelines are the basis of food guides for the general public, they need to be based not only on science, but also on the need to communicate basic principles of diet and health to an increasingly confused public. As chronic diseases overtake nutrient deficiencies as **public health nutrition**

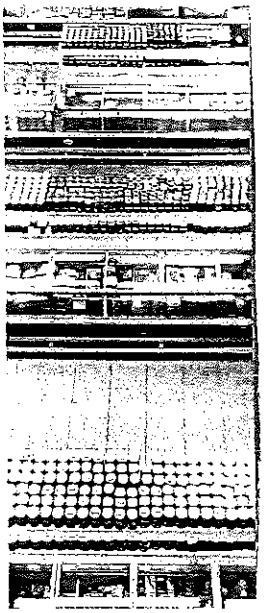
problems, dietary guidance should encourage people to optimise eating patterns by clearly stipulating the foods best eaten on a habitual basis. Dietary guidance should also explicitly encourage people to reduce energy intake by greatly reducing sugar consumption.

Governments should be responsible for providing accurate and sound nutrition advice to their populations; the fact that most have difficulty doing so is an indication of the power of food companies to influence the process. Nutrition and health advocates should be diligent in encouraging governments to issue dietary advice that is clear, unambiguous and useful to the public. In backing up these sound nutrition recommendations, governments need to adopt and uphold policies aimed at guiding the public to leading a healthier lifestyle through appropriate consumption. Individuals cannot easily change their eating behaviour on their own, and need policies to make the food environment more supportive of healthful food choices. Policies to help people reduce sugar consumption and to curb lobbying efforts ought to greatly improve public health.

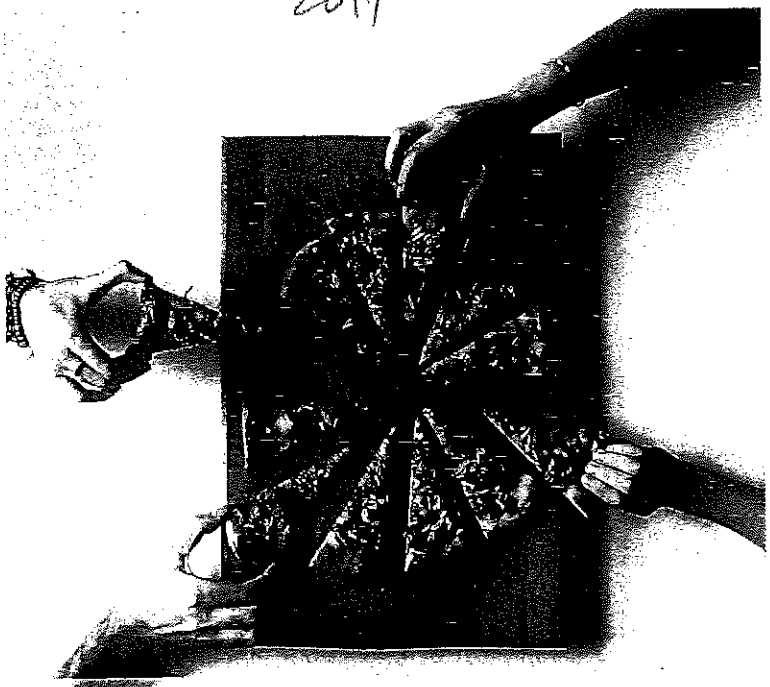
OXFORD
UNIVERSITY PRESS
AUSTRALIA & NEW ZEALAND

A SOCIOLOGY OF FOOD & NUTRITION

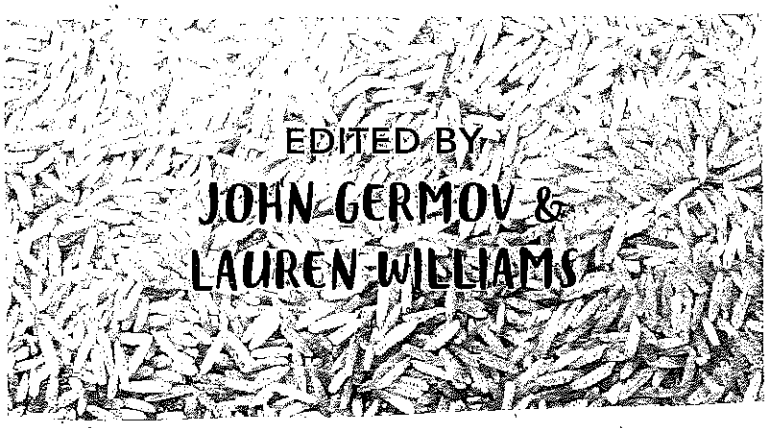
THE SOCIAL APPETITE

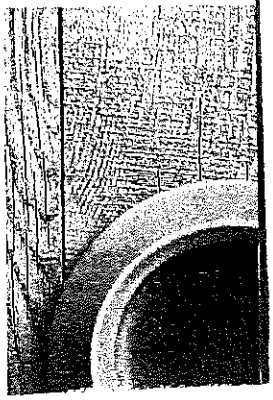


2017



♥ 432 #4th edition





EDITED BY

JOHN GERMOV &

LAUREN WILLIAMS