



AUSTRALIAN
**FOOD &
GROCERY**
COUNCIL



AFGC SUBMISSION
**Standing Committee on Health, Aged
Care and Sport
Inquiry into diabetes in Australia**

31 August 2023

PREFACE

The Australian Food and Grocery Council (**AFGC**) is the leading national organisation representing Australia's food, beverage and grocery manufacturing sector.

With an annual turnover in the 2020-21 financial year of \$133 billion, Australia's food and grocery manufacturing sector makes a substantial contribution to the Australian economy and is vital to the nation's future prosperity.

The diverse and sustainable industry is made up of over 16,000 businesses ranging from some of the largest globally significant multinational companies to small and medium enterprises. Each of these businesses contributed to an industry-wide \$3.2 billion capital investment in 2020-21.

Food, beverage and grocery manufacturing together forms Australia's largest manufacturing sector, representing over 32 per cent of total manufacturing turnover in Australia. The industry makes a large contribution to rural and regional Australia economies, with almost 40 per cent of its 272,000 employees being in rural and regional Australia.

It is essential to the economic and social development of Australia, and particularly rural and regional Australia, that the magnitude, significance and contribution of this industry is recognised and factored into the Government's economic, industrial and trade policies.

Throughout the COVID19 pandemic, the food and grocery manufacturing sector proved its essential contribution to Australian life. Over this time, while our supply chains were tested, they remain resilient but fragile.

The industry has a clear view, outlined in *Sustaining Australia: Food and Grocery Manufacturing 2030*, of its role in the post-COVID19 recovery through an expansion of domestic manufacturing, jobs growth, higher exports and enhancing the sovereign capability of the entire sector.

This submission has been prepared by the AFGC and reflects the collective views of the membership.

EXECUTIVE SUMMARY

The Australian Food and Grocery Council (AFGC) welcomes this opportunity to contribute to the House of Representatives Standing Committee on Health, Aged Care and Sport Inquiry into Diabetes (“the Inquiry”).

The Inquiry’s Terms of Reference are broad and the issues regarding diabetes in Australia are complex. This submission focuses on the areas where the AFGC and its members have expertise. It provides an overview of the Australian food industry’s extensive and effective engagement to date and evidence of the AFGC’s readiness to work with governments and other stakeholders in addressing one of the major risk factors for type 2 diabetes mellitus (T2DM) — overweight and obesity.

The submission is supported by detailed discussion on particular aspects of the food industry’s activities. Individual companies are innovating to reduce total energy and to present products with portion control initiatives that help consumers with and without diabetes to moderate their portion size. They are also empowering consumers with tools and information to help make healthy choices.

AFGC and its members are active allies with the Government in flagship initiatives such as the Healthy Food Partnership and the Health Star Rating System (HSR), coupled with other state government-based initiatives.

Through food and beverage product development and reformulation, portion control measures, food labelling, initiatives for responsible marketing to children, and collaborations with government, companies both individually and collectively under the AFGC have demonstrated their readiness and ability to act.

Dietary measures and interventions to prevent and reverse obesity, and thus T2DM, must be holistic. Initiatives such as product reformulation and portion size of foods and beverages not only have the potential to achieve reductions in energy intake but also to increase the intake of positive nutrients and reduce those associated with risk. However, these must be supported by innovative, ongoing communication strategies underpinned by regularly updated dietary guidelines based on the best available evidence and the promotion of physical activity. Funding for research, evaluation of interventions and monitoring through regular national surveys, is essential to build the knowledge base for best practice and to guide the directing of resources.

The solution to the multi-factorial problem of diabetes, specifically T2DM, and obesity, rests on the ability of stakeholders and sectors to work together in a systems approach that recognises the complexities and interactions of the issues. There is no simplistic, single nutrient or silver bullet answer. A well-considered, evidence-based approach where all players have a role in supporting a consistent and united strategy, based not only on products, but also diets, education and activity, is the way forward. The AFGC and the Australian food industry is ready and well-positioned to be a key contributor.

RECOMMENDATIONS

The AFGC recommends that the Inquiry:

Partnerships

1. drives the Government to continue to lead and work within cross-sectoral collaborative partnerships to address the issue of diabetes such as the HSR front of pack nutrition labelling scheme, and the Healthy Food Partnership, which supports industry to reformulate and provide guidance on appropriate serving sizes.

Education and promotion of healthy eating

2. leverages the current review of the *Australian Dietary Guidelines* and the *Australian Guide to Healthy Eating* which are essential policy tools in educating Australians about the food groups and their serve sizes.
3. supports initiatives to promote healthy eating that are based on the whole diet, whole food approach of the *Australian Dietary Guidelines* rather than seeking to limit consumption of particular product categories or single nutrients.
4. has a greater focus on promoting the *Australian Dietary Guidelines* especially to those people that have poor literacy and would benefit from education programs and skills on nutrition and culinary literacy as a preventive health measure.

Monitoring

5. supports more frequent monitoring of surveys, such as the Australian Health Survey, to assist in tracking progress of nutritional intake and body measurements such as weight status.

Active living

6. supports initiatives to motivate, inspire and enable participation in regular physical activity by people of all ages and abilities.

INTRODUCTION

The AFGC welcomes the opportunity to contribute to the Standing Committee on Health, Aged Care and Sport Inquiry into Diabetes (the Inquiry).

This submission was developed in consultation with, and represents the collective view of, experts in nutrition, dietetics and food science within the AFGC membership. It directly addresses the food industry's role in the ongoing efforts to reduce levels of overweight and obesity, a major risk factor for type 2 diabetes mellitus (T2DM) in Australia, and places this in the context of the wider role of the food industry in providing wholesome food every day to consumers with and without diabetes, assisting them to construct healthy diets.

Additionally, it will comment on the role of the food industry in assisting consumers - with and without diabetes - to make healthier diet choices, and how the AFGC and its members do and can continue to contribute to collaborative activities with government and other partners.

THE SHARED CHALLENGE

Throughout this submission, the AFGC has provided details on the many actions taken by the food industry collectively in a number of partnerships with Government and other stakeholders in response to advances in nutritional science and the rising levels of diabetes and obesity.

The AFGC and its members are committed to continuing to seek ways to make further changes, and remove more barriers to healthy eating by consumers, both in Australia and in markets to which Australian processed food products are exported.

Against this backdrop of complexity and uncertainty is the understanding that a single, simple action or intervention is not going to solve Australia's diabetes issue. Nor will a combination of actions with little evidence of their effectiveness shift the dial significantly.

In a recent report issued by the Australian Institute of Health and Welfare *Diabetes: Australian facts*¹, behavioural risk factors are those that are health-related behaviours that individuals have the most ability to modify for T2DM include unhealthy diet, such as inadequate fruit and vegetable intake, insufficient physical activity, and smoking.

Investing efforts focused on a single nutrient, or category of food is counter to the nutritional principle that all foods can be incorporated into healthy diets, and conversely unhealthy diets can be made up from foods which are generally perceived as healthy.

Ultimately, consumers determine the makeup of their diets. Upskilling consumers to enable better eating habits encouraged by innovative products from the industry is the key.

ROLE OF EDUCATION

The AFGC strongly supports the role that the individual has in making their decisions about their health through evidenced-based information and education.

The links between diet and health have been long recognised by the food industry. In today's food supply, there is an interdependence between consumer demand and the food industry. For consumers to accept and then purchase/consume healthier and more nutritious food, they need to understand what is meant by 'healthier food' and how to construct a healthy and balanced diet and dietary pattern based upon these choices along with implementing physical activity guidelines. Early intervention needs to start within the school system where cooking and food preparation skills, together with food choices, are part of the mandatory curriculum.

Sustained public education in a compelling and creative manner is critical to the success of industry's role in making a difference to addressing diabetes, its prevention, and its risk factors such as obesity.

The AFGC strongly supports collaborative cross-sectoral initiatives as the way forward in addressing the problem of diabetes and obesity. At the national level this approach has had a number of successes which have already been described above (the 2007 *Australian Children's Nutrition and Physical Activity Survey*¹; reformulation activities under the 2009-2015 *Food and Health Dialogue*²).

The AFGC has also worked with governments in the health area as a participant on the NSW *Premier's Council for Active Living*³, NSW and Queensland *Fast Choices Reference Groups*⁴, and is currently active on the *Healthy Food Partnership*⁵ Executive Committee and working groups and the *Health Star Rating Advisory Committee*⁶.

Recommendation

The AFGC recommends the Government continue to lead and work within cross-sectoral collaborative partnerships to address the issue of diabetes and obesity.

¹ [The 2007 Australian National Children's Nutrition and Physical Activity Survey Volume One: Foods Eaten \(researchgate.net\)](#)

² [Designing a Healthy Food Partnership: lessons from the Australian Food and Health Dialogue - PubMed \(nih.gov\)](#)

³ McCue Peter (2010) NSW Premier's Council for Active Living. *NSW Public Health Bulletin* 21, 128-128. [CSIRO PUBLISHING | New South Wales Public Health Bulletin](#)

⁴ Review of Fast-food Labelling Requirements ('Fast Choices') [Section 106R Review of Food Act 2003.pdf \(nsw.gov.au\)](#)

⁵ [Healthy Food Partnership | Australian Government Department of Health and Aged Care](#)

⁶ [Health Star Rating - Governance](#)

EMPOWERING CONSUMERS THROUGH INFORMATION - FRONT OF PACK LABELLING

The AFGC supports and acknowledges the role the food industry has in helping consumers - with and without diabetes - to construct healthy diets. This includes provision of appropriate portion sizes and serving sizes that help consumers moderate their intake; and innovation bringing new food and beverage products or formats to market such as those with reduced total energy through fat and carbohydrate substitutes or with slow energy release (i.e. low Glycaemic Index) that can assist consumers to eat healthily.

The food industry also helps people - with and without diabetes - to make decisions through the provision of nutrition information through online resources (e.g. portion guidance, allergen labelling, front of pack labelling, how to read a label) and smart phone applications.

Providing product choice in the market is an important step to helping consumers choose foods as part of a healthy and balanced dietary pattern. The AFGC has been involved in the design and implementation of the Health Star Rating (HSR) System, a front of pack labelling system that rates the overall nutritional profile rather than just focusing on a single nutrient. That involvement has included the initial discussions with the Australian Government, participation on the original Project Committee and working groups, provision of food composition data to allow modelling and, following implementation, participation on the former and newly formed Health Star Rating Advisory Committee (HSRAC).

Endorsed by Government and promoted to consumers and the food industry as a trustworthy aid to the selection of a healthier diet, the AFGC considers the implementation of the HSR System has been a successful public health intervention. Uptake by industry has been strong. Consumers understand, use and generally trust the on-pack labelling – supporting them make food choices more consistent with the advice of the Australian Dietary Guidelines⁷ (ADG) and New Zealand Eating and Activity Guidelines⁸ (NZEAG).

The food and beverage industry will continue to support the HSR System through maintaining its ongoing relevance based on the best available science while ensuring it is consistent with its intent of providing at-a-glance nutrition information that allows consumers to make comparisons within product categories and make choices which in aggregate will result in healthier diets.

The Front of Pack Secretariat (provided by DoHA) developed a new campaign⁹, launched in late April 2023, for consumers and the food industry to help them understand potential changes to the ratings of products as a consequence of the changes to the algorithm as a result of the 5-year review, and to encourage businesses to adopt the system.

⁷ [The Australian Dietary Guidelines | Australian Government Department of Health and Aged Care](#)

⁸ [Eating and Activity Guidelines for New Zealand Adults | Ministry of Health NZ](#)

⁹ [Health Star Rating - Health Star Rating campaign](#)

VOLUNTARY PRODUCT DEVELOPMENT AND REFORMULATION AND PORTION/SERVING SIZE GUIDANCE

The food industry has an established track record of offering product variants which are reformulated in response to advances in nutritional science and particular public health concerns. In the past, companies acted individually, but more recently have joined collective actions such as the current [Healthy Food Partnership](#) addressing reformulation and serving size, and its pre-cursor *The Food and Health Dialogue*.

Alongside consumer advice of choosing healthier foods, consumers require guidance to avoid eating above their total energy needs – more specifically to increase their consumption of core foods and drinks, and to consume energy dense, nutrient poor foods in moderation. This will not only moderate their energy intake but also increase positive required nutrients and reduce risk associated nutrients intakes, all at once. More needs to be done to educate Australians on the ADGs.

This approach is supported by the Australian Health Survey (AHS) data that show 35 per cent energy in the Australian diet comes from foods described as “discretionary”¹⁰ and the Five Food Groups (FFG) are significantly under consumed.

Portion and serving size guidance can assist consumers to moderate their intake. Appropriate serving sizes labelled on pack coupled with practical, convenient devices provides portion guidance to consumers which underpins healthy diet selection. Evidence consistently shows that people consume more food and beverages when offered larger serving sizes than when offered smaller serving sizesⁱⁱ.

The Healthy Food Partnership has identified [portion size](#) and portion control as priority areas within its work program. An [Industry Best Practice Guide Working Group](#) has recently developed clear, practical guidance for the food industry on appropriate serving sizes on pack for food and drink products – for meat pies and pastries, pizza, chocolate, cakes, biscuits, crumbed protein foods, ice cream and sugar sweetened drinks – based on energy content and how the food contributes to a healthy diet, consistent with established scientific evidence and Government recommendations. The [Industry Guide to Voluntary Serving Size Reduction](#) covers categories in both retail and out of home settings.

Examples of current industry initiatives include encouraging portion control through companies’ participation in the ‘*Be Treatwise*’ campaign to help consumers understand how much of their recommended daily intake products contain. Individual companies are also helping to address portion size through innovative consumer resources. ^{iii iv}

Recommendation

The AFGC recommends continued collaborative, partnership approaches which have a demonstrated effectiveness in Australia through initiatives such as the HSR front of pack nutrition labelling scheme, and the Healthy Food Partnership which supports industry to reformulate and provide guidance on appropriate serving sizes.

¹⁰ Discretionary foods are those which tend to be higher in energy, fat, sodium and sugar. There is no established definition and no agreement on a nutrient criterion by which to identify them.

BETTER USE OF THE EVIDENCE AND DATA

The AFGC supports better use of the evidence and data to inform decisions, actions and to assess outcomes.

In 2009, the National Preventive Health Taskforce completed the most comprehensive examination (before or since) of overweight and obesity in Australia ^v. No single factor or group of factors was identified as being strongly associated with, and therefore potentially driving, the increases in the weight of Australians.

At a physiological level, weight gain is caused by overeating relative to inactivity (where energy consumed exceeds energy expended), but there remains doubt as to what leads many individuals to eat above their energy needs; and there are different macronutrients, consumed in excess in different individuals.

For Australia, the most up-to-date health and nutrition data is from the Australian Bureau of Statistics (ABS) Australian Health Survey ^{vi}. The results show that the average daily energy (kilojoule) intake has decreased for both men and women between 1995 and 2011-12. The average daily intake of sugars and saturated fat also declined significantly during this time ^{vii}. This suggests that there are factors other than increased energy intake, contributing to higher levels of obesity across the nation.

The AFGC considers tracking emerging issues and continued review of new science and evidence is critical to achieving the greatest health gains and recommends that this be built into evidence-based principles.

DIETARY PATTERNS, NOT SINGLE NUTRIENT FOCUS

No one food is the cause of specific non-communicable diseases, with overall consumption and dietary pattern being more important. Significant action has been undertaken by industry through voluntary reformulation and portion size initiatives to improve the nutritional value and servings of many “discretionary foods”. In turn, consumers need to be provided with sound, specific advice on how to choose healthier foods and appropriate servings to include these foods as part of a balanced diet.

Not all foods described as discretionary are nutrient-poor, and they can have a role in a balanced diet in the Australia Guide to Healthy Eating¹¹ (AGHE). There are foods that contain saturated fat and/or some added sodium and/or some added sugar that have a strong nutritional profile overall (and Health Star Rating) and as such can be part of a healthy diet, for example flavoured dairy foods such as milk and yoghurt, and whole grain breakfast cereals and crackers.

¹¹ <https://www.eatforhealth.gov.au/guidelines/australian-guide-healthy-eating>

Dietary sugars

In recent years, there has been a public health focus on dietary sugar with suggestions that it is a unique, and particularly potent, sole driver of obesity and diabetes.

Current research suggests that dietary sugar, or more particularly sucrose (which contains fructose), does not play a dominant role above other dietary factors (such as overall energy intake) in being responsible for the rise in overweight and obesity in developed countries^{viii ix xxi}. Increasingly, researchers are concluding that public health interventions to prevent obesity, and in turn T2DM, should focus on the **quality of the whole diet**, rather than on sugar alone^{xii xiii}, and increased physical activity to prevent excess weight^{xi}.

The public health focus on sugars is sometimes extended to target specific foods (including core foods) containing sugars, such as breakfast cereals, flavoured yoghurts and milk, and fruit juice, despite a lack of evidence base and the potential for unintended negative outcomes^{xiv xv}.

This example of sugar demonstrates the importance of ensuring policy recommendations and preventive health strategies are strongly supported by the current evidence base. An excessive and simplistic focus in the obesity debate, for example, on a particular nutrient – sugars, sodium or saturated fat – has limited chance of success in addressing the issue. It is important to consider the multifactorial nature of health, as opposed to a single initiative or program to address the issue.

The Australia New Zealand Food Standards Code (Food Standards Code) includes requirements for food labels to include the total amount of sugars in the nutrition information panel. Total sugars include sugar that is naturally present in the food and sugar that has been added as an ingredient. It is worth noting that FSANZ is currently considering [added sugar labelling](#) by including added sugar in the nutritional informational panel of packaged foods and drinks. Recently, FSANZ released another piece of work on defining added sugar in relation to claims on food labels¹². This is in response to a request from the [Australia and New Zealand Ministerial Forum on Food Regulation](#) (now the Food Ministers' Meeting) to ensure that “*food labels provide adequate contextual information about sugars to enable consumers to make informed choices in support of the dietary guidelines.*”

The AFGC recommends an approach that better reflects the diversity of foods and their varying nutrient densities, and patterns of consumption. Specifically, it is recommended that under the current review of the ADGs that assessment of new scientific data occur which explores dietary patterns of foods, their matrices, and interactions of their ingredients rather than a continued focus on nutrients and foods that contain “unacceptable” (and often arbitrary) levels of specific nutrients.

Recommendation

The AFGC recommends any initiative to promote healthy eating be based on the whole of diet, whole food approach of the Australian Dietary Guidelines rather than seeking to limit consumption of particular product categories or single nutrients.

¹² [P1062 Defining added sugars for claims \(foodstandards.gov.au\)](#)

THE REVIEW AND PROMOTION OF THE AUSTRALIAN DIETARY GUIDELINES

The Inquiry provides an opportunity to leverage the current review of the ADGs and AGHE which are essential tools in educating Australians – with and without diabetes – about food groups and serve sizes. The AGHE must therefore reflect current evidence.

Additionally, there needs to be a greater focus on promoting the ADGs to people of all life stages and especially parents/carers of children and infants during first 1000 days of life.

Education to parents/carers and their position as role models should focus on promoting the role of core foods/FFG in children's diets and equip parents/carers with the knowledge and skills to budget, shop, prepare and cook healthy meals, and appropriate portion sizes for their children.

Apart from school-aged children and their parents, there are other subpopulations groups such as people of lower SES background, culturally and linguistically diverse, and First Nations peoples that would benefit from targeted education programs and skills on nutrition and culinary literacy as a preventive health measure.

Recommendation

The AFGC recommends that the Inquiry leverage the current review of the Australian Dietary Guidelines and the Australian Guide to Heathy Eating which are essential policy tools in educating Australians — with and without diabetes — about food groups and serve sizes.

The AFGC recommends a greater focus on promoting the Australian Dietary Guidelines — especially to those people that have poor literacy and would benefit from education programs and skills on nutrition and culinary literacy as a preventive health measure.

MONITORING AND SURVEILLANCE

The AFGC strongly supports systematic and ongoing *monitoring and surveillance* of indicators of health such as levels of overweight and obesity.

Additionally, and more specifically, the AFGC strongly recommends that more frequent monitoring updates occur of the *Children's National Nutrition & Physical Activity Survey*, the *Australian Health Survey*, the *Australian Dietary Guidelines* and to re-instate the *ABS Apparent Consumption Survey*.

The AHS reported that the prevalence of overweight and obesity in children aged 5-17 years increased between 1995 and 2007-08 (20.9 per cent and 24.7 per cent, respectively) and then stabilised in 2011-12 (25.7 per cent). Data from NSW also suggest that the levels of childhood obesity are remain relatively stable ^{xvi}.

The AFGC welcomes the results of the 2023 *Australian Health Survey*, and the review 2013 *Australian Dietary Guidelines*

Recommendation

The AFGC recommends more frequent monitoring of surveys, such as the Australian Health Survey, to assist in tracking progress of nutritional intake and anthropometric measurements such as weight status.

ENABLING ACTIVE LIVING

The AFGC supports the need to encourage higher levels of physical activity given an increasingly automated and digital society, and in the face of a more sedentary lifestyle opportunities for incidental movement have been attenuated.

Physical activity, food, diet and health outcomes, are all interconnected by links to obesity and thus T2DM. Against this backdrop, Government actions seeking to address obesity and diabetes must include substantial support for greater physical activity opportunities. We need environments that first inspire behaviour change and then are conducive to sustain them.

Recommendation

The AFGC recommends the Inquiry supports initiatives that motivate, inspire and enable participation in regular physical activity by people of all ages and abilities. Regular physical activity protects against a range of adverse health outcomes associated with overweight and obesity including diabetes, hypertension, heart disease, osteoporosis and mental illness.

CONCLUSION

The AFGC has welcomed the opportunity to provide input to the Inquiry in the form of this Submission.

Finding pathways to address diabetes and its risk factor obesity is complex, and the AFGC is aware that the scope of this submission does not cover all the issues which the Inquiry is seeking to address.

The AFGC stands ready to provide further clarification or feedback as the Inquiry proceeds.

For further information about the contents of this submission contact:

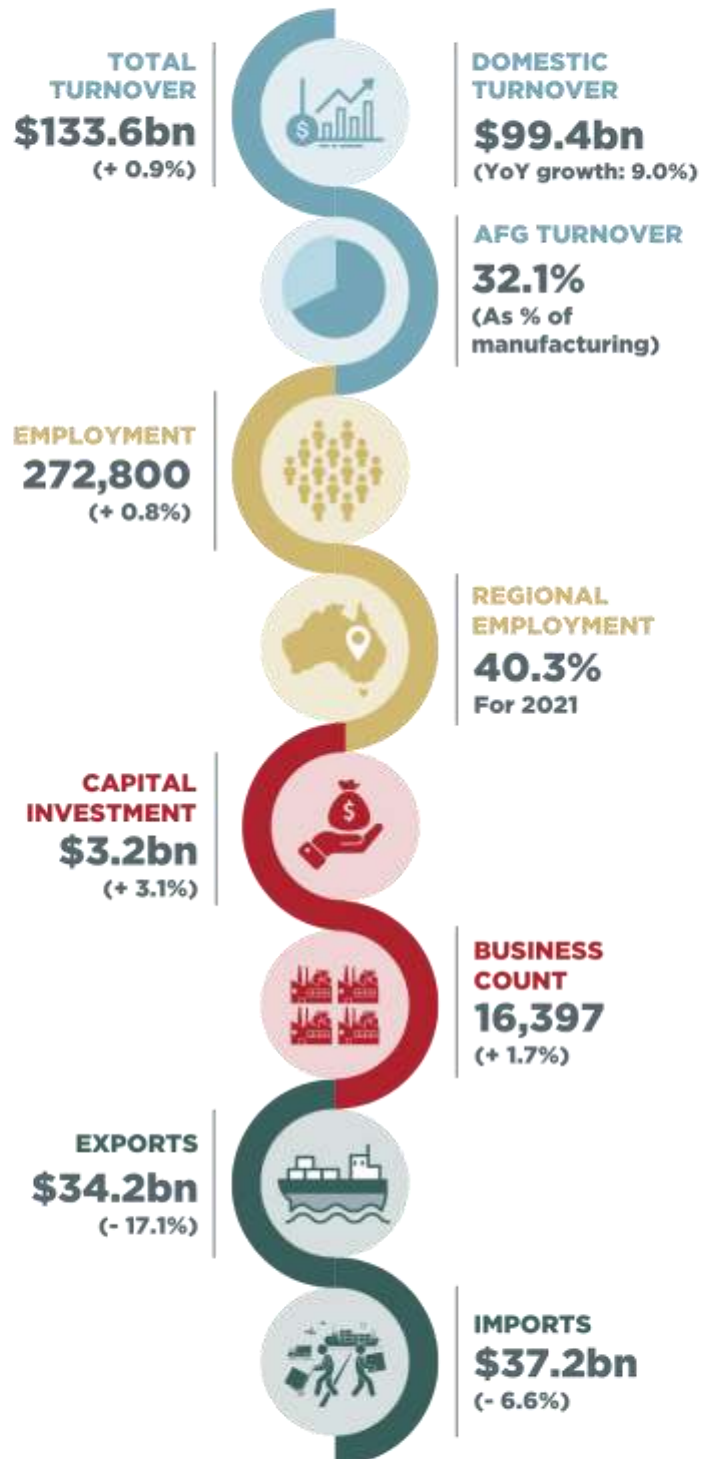
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State of Industry 2020-21

AUSTRALIAN FOOD & GROCERY COUNCIL



The figures on this page exclude the fresh food sector and are based on 2020-21 ABS data.

1: This is total number of employees, head count basis and does not include seasonal employees.

2: Gross fixed capital formation for food, beverage and tobacco manufacturing subsector is taken as indicator of capital investment.

ⁱ AIHW. 2023. Diabetes: Australian facts. <https://www.aihw.gov.au/reports/diabetes/diabetes/contents/about>

ⁱⁱ Hollands GJ, Shemilt I, Marteau TM, Jebb SA, Lewis HB, Wei Y, et al. Portion, package or tableware size for changing selection and consumption of food, alcohol and tobacco. *Cochrane Database of Systemic Review* [Internet]. 2015; (9). Accessed 22/10/2021 at: <https://doi.org/10.1002/14651858.CD011045.pub2>

ⁱⁱⁱ Nestle portion plates. Accessed 22/10/2021 <https://www.nestle.com.au/nhw/portion-guidance/nestle%20portion-plates>

^{iv} Snacking made right. Accessed 22/10/2021 <https://www.mondelezinternational.com/impact>
<https://www.mondelezinternational.com/impact/well-being-snacks>

^v Australia: The healthiest country by 2020. National Preventive Health Strategy – the roadmap for action. Commonwealth of Australia. 2009. Accessed 22/10/2021 at https://www.health.qld.gov.au/_data/assets/pdf_file/0022/424426/nphs-overview.pdf

^{vi} ABS. Australian Health Survey: Nutrition First Results – Food and Nutrients 2011-12. Accessed 22/10/2021 at <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4364.0.55.0072011-12?OpenDocument>

^{vii} ABS. Australian Health Survey: Consumption of added sugars, 2011-12. Accessed 22/10/2021 at <https://www.abs.gov.au/ausstats/abs@.nsf/lookup/4364.0.55.011main+features12011-12>

^{viii} [Prinz P. The role of dietary sugars in health: molecular composition or just calories? *Eur J Clin Nutr.* 2019, 73:1216–1223.](#) Accessed 22/10/2021 at <https://doi.org/10.1038/s41430-019-0407-z>

^{ix} [Choo VL, Ha V, Sievenpiper JL. Sugars and obesity: Is it the sugars or the calories? *Nutrition Bulletin.* 2015, 40\(2\), 88-96.](#) Accessed 22/10/2021 at <https://doi.org/10.1111/nbu.12137>

^x [Khan TA, Sievenpiper JL. Controversies about sugars: results from systematic reviews and meta-analyses on obesity, cardiometabolic disease and diabetes. *Eur J Nutr.* 2016, 55\(Suppl 2\):25-43.](#) Accessed 22/10/2021 at <https://doi.org/10.1007/s00394-016-1345-3>

^{xi} Veit, M., van Asten, R., Olie, A. *et al.* The role of dietary sugars, overweight, and obesity in type 2 diabetes mellitus: a narrative review. *Eur J Clin Nutr* **76**, 1497–1501 (2022). Accessed 31/08/2023 at <https://doi.org/10.1038/s41430-022-01114-5>

^{xii} Te Morenga L, Mallard SR, Ormerod FB. No Effect of Added Sugars in Soft Drink Compared With Sugars in Fruit on Cardiometabolic Risk Factors: Results From a 4-Week, Randomized Controlled Trial. *Front Nutr.* 2021 Jun 30;8:636275. Accessed 22/10/2021 at <https://doi.org/10.3389/fnut.2021.636275>

^{xiii} Wong THT, Louie JCY. The direct and indirect effect associations of usual free sugar intake on BMI z-scores of Australian children and adolescents. *Eur J Clin Nutr.* 2018; 72:1058–1060. Accessed 22/10/2021 at <https://doi.org/10.1038/s41430-018-0124-z>

^{xiv} Wong THT et al. Is there a soft drink vs. alcohol seesaw? A cross-sectional analysis of dietary data in the Australian Health Survey 2011-12. *Eur J Nutr.* 2019 Sep 5. Accessed 22/10/2021 at <https://doi.org/10.1007/s00394-019-02084-4>

^{xv} Flack KD, Ufholz K, Casperson S, Jahns L et. Al. Decreasing consumption of foods with sugar increases their reinforcing value: a potential barrier for Dietary Behaviour Change. *J Acad Nutr Diet* 2019;119(7):1099-1108. Accessed 22/10/2021 at <https://doi.org/10.1016/j.jand.2018.12.016>

^{xvi} NSW Government. Health. Snapshot June 2016 Childhood Overweight and Obesity Health Children Initiative. Accessed 22/10/2021 at <https://www.health.nsw.gov.au/health/Publications/snapshot-child-obesity.pdf>