PUBLIC CONSULTATION PAPER POSSIBLE MEASURES ON PRE-PACKAGED SUGAR-SWEETENED BEVERAGES

AIM

1. The Ministry of Health ("MOH") would like to seek the public's views on possible measures to reduce Singaporeans' sugar intake from pre-packaged sugar-sweetened beverages ("SSBs"). The possible measures are outlined in this paper.

REDUCING SUGAR INTAKE TO COMBAT DIABETES

Diabetes in Singapore

2. Diabetes is a serious public health problem in Singapore. We have the highest prevalence of diabetes among high income countries¹. The number of diabetics in Singapore is expected to more than double to reach 1 million by 2050^2 . At the same time, diabetics are getting younger, with one in four diagnosed with diabetes before they turned 40^3 .

3. MOH has adopted a multi-prong approach to fight the War on Diabetes. One important approach is to help Singaporeans adopt healthier diets and active lifestyles, which can reduce the risk of developing Type 2 diabetes by half ⁴⁻⁷. (More information on MOH's existing efforts in <u>Annex A</u>.) These efforts have made some progress, but much more needs to be done to accelerate the momentum.

The Problem of Sugar and Sugar-Sweetened Beverages

4. High intake of sugar is linked to increased risk of diabetes⁷⁻⁸. According to the World Health Organization (WHO), "nutritionally, people do not need any sugar^a in their diet"⁹. As such, WHO has called on countries to take action to reduce intake of sugar to as low as possible^{b10}.

5. Today, the average Singaporean consumes 12 teaspoons of sugar daily¹¹, much more than what is nutritionally required. More than half of Singaporeans' daily sugar intake comes from sugar-sweetened beverages (SSBs), defined as drinks containing added sugar^c and juices with naturally occurring sugars (see Figure 1).

6. **64 per cent of Singaporeans' sugar intake from SSBs comes from pre-packaged**^d **SSBs**¹¹. Significantly more pre-packaged SSBs are consumed per person per day in Singapore than in many other Asian jurisdictions (See Figure 2)¹².

^a Refers to free sugars, which includes added sugars to foods and beverages and naturally occurring sugars in juice, honey and syrups ^b WHO further recommends that if people should consume sugar, they should reduce free sugar intake to less than 10% of total energy intake (roughly 10 teaspoons), or further to less than 5% of total energy intake (roughly 5 teaspoons) for additional health benefits.

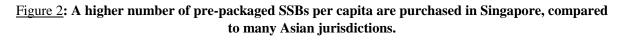
^c Includes glucose, sucrose and fructose, in various forms such as brown sugar, raw sugar, honey and high-fructose corn syrup.

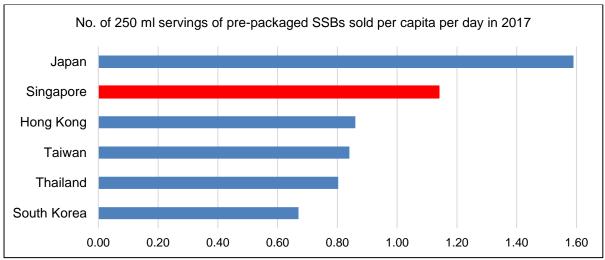
^d Includes ready-to-drink beverages in a bottle, can, packet, carton etc., fountain drinks, drink dispensers, and drinks that require dilution from concentrate, cordial or powders.



<u>Figure 1</u>. Singaporeans consume 12 teaspoons of sugar daily, much more than what is nutritionally required. Over half come from drinks, especially pre-packaged drinks.

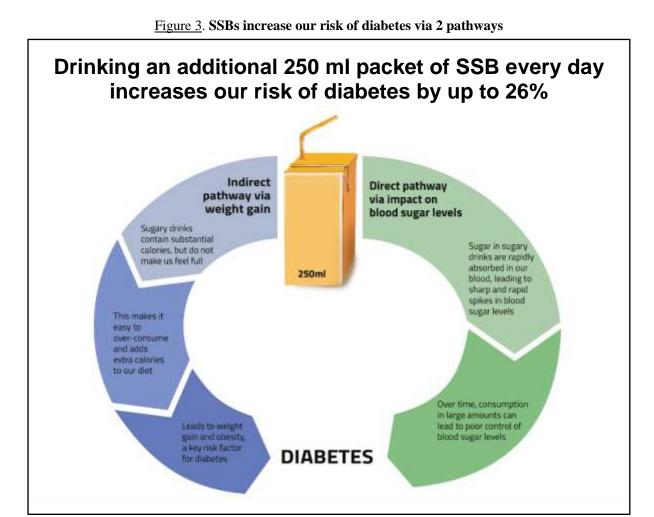
Source: National Nutrition Survey (2018); Health Promotion Board (2018); Mintel Global New Products Database (2018a)





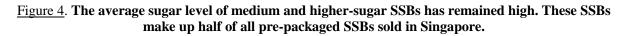
Source: Total sales volume and total population from GlobalData (2018)

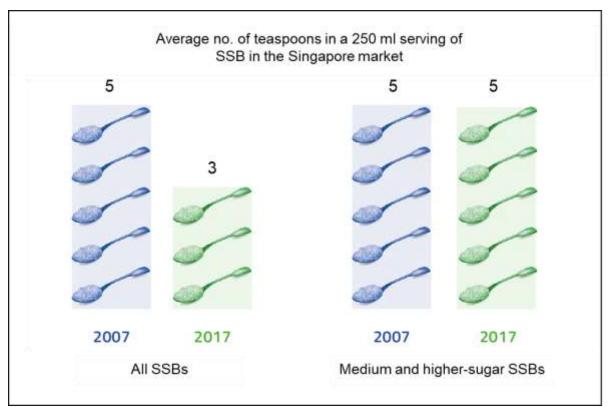
7. Drinking an additional 250 ml serving of SSB every day increases the risk of diabetes by 18% to 26%¹³. Consumption of SSBs can lead to diabetes through 2 pathways – (a) by increasing our chances of weight gain and obesity¹⁴⁻¹⁸, where the latter is a key risk factor of Type 2 diabetes¹⁹⁻²⁵, and (b) by causing rapid spikes in our blood sugar level, leading to eventual poor control of blood sugar levels²⁶⁻³³ (see Figure 3). Globally, studies have consistently found that obese persons are 7 times more likely to develop diabetes than those of normal weight¹⁹.



8. In addition, more can be done to reduce sugar levels of SSBs in the Singapore market. Over the past ten years, the average sugar level of pre-packaged SSBs has fallen from five to three teaspoons (per 250 ml serving)³⁴⁻³⁵. However, the average sugar level of medium to higher-sugar SSBs has not declined and remains high at five teaspoons (see <u>Figure 4</u>). Such SSBs continue to make up over half of the total sales of pre-packaged SSBs in Singapore³⁶.

3





Source: Health Promotion Board (2018); Mintel Global New Products Database (2018a) Note: See Annex B for more information.

9. Given these reasons, more needs to be done to reduce Singaporeans' sugar intake, focusing on pre-packaged SSBs as a start. Doing so will allow us to accelerate efforts to fight this War on Diabetes.

POSSIBLE SSB MEASURES

10. Many countries have taken action on SSBs. Globally, public health experts have identified sugar consumption as a pressing concern and countries have introduced regulatory measures to reduce sugar intake from SSBs. These include front-of-pack ("FOP") nutrition labelling, advertising restrictions, taxes on SSBs and reducing availability of sugary foods and drinks in schools and public institutions. Such measures have been effective in discouraging consumption of SSBs and encouraging manufacturers to lower the sugar content in drinks³⁷⁻³⁹.

11. Most countries have adopted a combination of SSB measures to maximise health impact. The UK has adopted a three-pronged approach: a voluntary FOP 'traffic light' label for packaged foods and beverages, restrictions on advertisements of less healthy food and beverages targeting children, and an SSB excise duty on manufacturers. Thailand prohibits the sale of sugary drinks in schools and imposes a tiered duty on SSBs.

12. MOH is studying similar measures, and would like to seek the public's views. The possible measures seek to:

- a. **Enable consumers to make more informed choices when purchasing SSBs**, through the introduction of a mandatory FOP nutrition label;
- b. **Reduce influence of advertisements** on purchasing and consumption decisions through restricting or banning advertising for less healthy SSBs;
- c. Accelerate industry's reformulation efforts to reduce sugar content in SSBs, through an excise duty imposed on the industry; and
- d. Discourage consumption of SSBs through a ban on sale of higher-sugar SSBs.

These regulatory measures are not mutually exclusive and, if implemented, will complement the Government's current promotional and educational efforts to encourage Singaporeans to adopt a healthier lifestyle, including a healthier diet with less sugar.

For views:

<u>Q1a:</u> Do you agree that more should be done to complement the Government's current promotional and educational efforts, to reduce Singaporeans' sugar intake from SSBs?

□ Yes

🛛 No

<u>Q1b:</u> Please state your reasons for your answer to Q1a.

Mandatory FOP nutrition label

13. A possible measure is to introduce a mandatory FOP nutrition label on pre-packaged SSBs sold in Singapore. The objective is to **help consumers identify less healthy SSBs** with higher sugar content and/or poorer nutritional quality such as those high in calories or fat, so that they are **empowered to make informed choices when purchasing beverages**.

14. Evidence shows that nutrition labels are effective in helping consumers make healthier food choices⁴⁰⁻⁴¹. Given that people find it difficult to interpret numerical information on back-of-pack labels⁴²⁻⁴⁴, simple FOP nutrition labelling is a powerful tool as it is more prominent and easier to understand and use⁴⁵⁻⁵⁰.

15. Currently in Singapore, the voluntary FOP Healthier Choice Symbol (HCS) has helped consumers identify healthier products such as lower-sugar SSBs. A 2015 survey commissioned by HPB found that 80% of Singaporean shoppers recognised and used HCS to guide their food purchases⁵¹. However, while the HCS marks out healthier products, it does not guide consumers to identify the range of less healthy SSBs.

16. To close this gap, a **FOP nutrition label that marks out the full range of SSBs, from healthier to less healthy**, could complement the HCS and enable consumers to make more informed and healthier choices.

17. Various types of such FOP labels have been implemented in other countries. These are listed in <u>Table 1</u>.

Types of labels	Sample image	Brief description of label
Nutrient-specific labels		
 <u>Guideline Daily Amounts</u> (<u>GDA</u>) Mandatory for all food and drinks in Mexico Mandatory for five food categories^e in Thailand Voluntary within the European Union (EU) 	Harrison roles pr Unail d'ais traditinse The gran degran d'arrive d'arr	These labels provide information on the amount of energy, sugar, fat and sodium in the product and its percentage contribution to a person's recommended daily intake. The label could be either monochrome (e.g. GDA) or
 <u>Traffic light labels</u> Mandatory for processed food in Ecuador Voluntary for all food and drinks in the UK Voluntary for children's foods in South Korea 	The second secon	colour-coded (e.g. traffic-light labels) to indicate whether the product has 'high', 'medium' or 'low' amounts of the nutrient.
Nutrient-summary labels		
 <u>Nutri-Score</u> Voluntary in France (Note: EU Regulation allows member states to develop <u>only</u> <u>voluntary</u> labelling schemes) 	ABCDE	Instead of listing the levels of individual nutrients, "nutrient- summary labels" provide a summary grade of how healthy a product is. This grade is based on a holistic assessment of its nutrient composition including energy, sugar, fat and sodium.
 <u>Health Star Rating (HSR)</u> Voluntary in Australia and New Zealand 	REALTH STAF RATES	Products are graded relative to each other within relevant food categories as "healthiest" (e.g. Grade A / 5 stars) to "least healthy" (e.g. Grade E / ½ a star).
Warning labels		
 <u>Warning labels</u> Mandatory in Chile 	ALTO EN AZÚCARES Meisterio de galud	Warning labels highlight less healthy products. Chile's warning label informs consumers about products that are high in sugar ('alto en azúcares').

Table 1. Examples of FOP nutrition labels adopted in other countries

^e These include: snack foods, chocolate, bakery products, semi-processed foods, and chilled or frozen ready-to-eat meals.

18. Studies conducted globally found that nutrient-summary labels are more effective in helping consumers make healthier choices. These provide simple guidance on the overall nutritional quality of the product, and do not require sophisticated nutrition knowledge^{47,52-53}. Consumers take less time to understand nutrient-summary, compared to nutrient-specific, labels⁵⁴. This makes them more effective in grocery shopping settings, where consumers tend to make quick decisions on what to buy⁵⁵⁻⁵⁶.

19. In addition, labels with well-recognised colours or shapes (e.g. traffic-light colours) are easier to understand and have a greater impact on consumer choices^{40,47,57-59}. Two real-world studies conducted locally by Duke-NUS Medical School and in French supermarkets found that a graded and colour-coded nutrient-summary label outperformed other FOP labels in encouraging consumers to purchase healthier products⁶⁰⁻⁶¹.

20. Making a FOP label mandatory can better help consumers identify less healthy SSBs, as overseas experiences show that less healthy products generally do not take on voluntary labels⁶²⁻⁶³. In Australia, 9% of the less healthy products (with a 1.0 rating) carried the voluntary label, as compared to 40% of the healthier products (with a 4.5 rating)⁶².

For views: <u>O2a:</u> Do you support having a mandatory FOP nutrition label on less healthy SSBs?					
□ Yes □ No					
<u>Q2b:</u> Please state your reasons for your answer to Q2a. You may cite relevant studies or information that support this.					
<u>Q3a:</u> Do you prefer a nutrient-specific, nutrient-summary or warning label?					
□ Nutrient-specific label (provides information on individual nutrients) □ Nutrient are provided in the formation on individual nutrients) □ Nutrient are provided in the formation on individual nutrients)					
 Nutrient-summary label (provides a summary grade on overall nutritional quality of the product) NUTRI-SCORE ABCODE CDE					
Warning label (only highlights products high in calories, saturated fat, sodium or sugar)					
Q3b: Please state your reasons for your answer to Q3a. You may cite relevant studies or information that support this.					

Advertising regulations

21. Another possible measure is to regulate advertisements of less healthy SSBs, to reduce the influence of advertisements on consumer preferences. This could take the form of (a) advertising restrictions or (b) a ban on these advertisements.

22. Studies consistently show that exposure to advertisements of less healthy food and drinks influences choice, induces consumption⁶⁴⁻⁶⁷ and promotes obesity⁶⁸, especially among children⁶⁹⁻⁷⁴. Studies also show that **restricting advertisements can reduce consumption of the product of concern**⁷⁵⁻⁷⁷. A global study across 80 countries found a significant sales decline in less healthy foods in countries with laws restricting advertisements of such foods, whereas countries without restrictions saw a sales increase⁷⁸.

23. In view of WHO's recommendation to reduce children and youth exposure to all forms of marketing for SSBs⁶⁸, many jurisdictions have enacted laws restricting advertisements of less healthy food and drinks. While these generally start off by limiting the restrictions to only TV channels during specific time belts, some jurisdictions are beginning to extend their restrictions to be more comprehensive given that children are increasingly exposed to advertisements in other TV time-belts and media channels⁷⁹⁻⁸⁴. Last year, the UK extended its advertising restrictions to include online and social media⁸⁵, while Scotland⁸⁶ and Canada⁸⁷ have proposed to extend current restrictions on TV beyond children programmes to other time-belts. An international scan of advertisement restrictions is at <u>Annex C</u>.

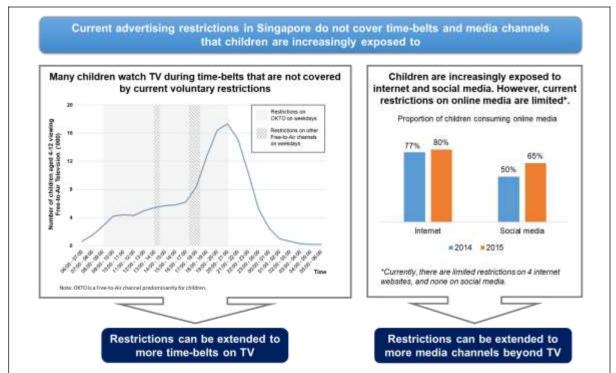
24. Currently, Singapore has voluntary guidelines^f to limit the advertising of less healthy food and drinks to children. There are no guidelines addressing the needs of the general population. In addition, the guidelines for children cover only limited TV time-belts and media channels (see <u>Annex D</u>). This minimises the impact of current voluntary restrictions, since Singaporean children are increasingly exposed to advertisements on other media channels and time belts⁸⁸⁻⁸⁹ (see <u>Figure 5</u>). Moreover, evidence from over 20 countries show that voluntary restrictions, compared to statutory regulations, are less effective in protecting children from exposure to advertising^{75,90}.

25. There are two possible options to further reduce the influence of advertisements for less healthy SSBs, especially on young consumers:

- a. Make the current restrictions mandatory and expand them to include more TV time-belts and media channels that children are exposed to. For example, restrictions could be extended to more time-belts across TV channels with high children viewership (e.g. 6pm – 11pm) and other online platforms widely accessed by children (e.g. social media platforms).
- b. A ban on advertising across all time-belts and mass media channels The mass media channels could include all broadcast (e.g. TV), print (e.g. magazines), outdoor (e.g. bus & MRT stations) and online media (e.g. social media).

^f Current voluntary guidelines on advertisements in Singapore apply to less healthy food, drinks and alcoholic beverages.

<u>Figure 5.</u> Current voluntary advertising guidelines in Singapore cover limited time-belts and media channels that target children.



Source: Singapore Television Audience Measurement (2017); Media Development Authority Singapore (2015)

For views:

<u>Q4a</u>: Do you support mandatory (i.e. not voluntary) restrictions on advertisements for less healthy SSBs to limit their influence on consumer preferences?

- □ Yes
- □ No

<u>Q4b</u>: Please state your reasons for your answer to Q4a. You may cite relevant studies or information that support this.

<u>O5a:</u> Do you prefer to expand current restrictions or impose a ban on advertisements for less healthy SSBs?

- □ Expand current advertising restrictions
- □ Impose a ban on advertisements for less healthy SSBs

<u>Q5b</u>: Please state your reasons for your answer to Q5a. You may cite relevant studies or information that support this.

Excise duty on manufacturers and importers

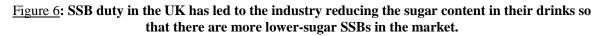
26. Another possible measure is to introduce an excise duty on manufacturers and importers of pre-packaged SSBs. Such a duty would be imposed on the SSB industry, instead of consumers, to encourage the industry to reduce the sugar content in their drinks.

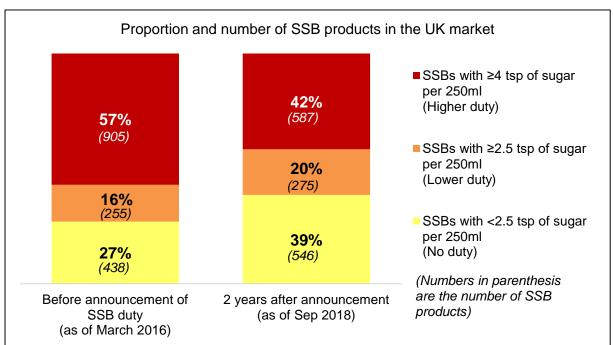
27. Currently, about 45 jurisdictions have imposed excise duties on SSBs, such as the UK, Mexico, US cities like Berkeley, California, and regional countries like Brunei and Thailand. A summary of the SSB duties adopted overseas is at <u>Annex E</u>.

28. Globally, countries have adopted different designs for their SSB excise duty regimes. Some countries have adopted a flat duty regime, imposing 1 duty rate on all SSBs regardless of sugar levels. Other countries like the UK and Thailand have adopted tiered regimes, with more than 1 duty rate, with a lower duty rate for SSBs with lower sugar level. Such tiered regimes provide more "targets" for manufacturers to progressively lower the sugar levels in their products, in order to reduce or avoid the duty.

29. Generally, duty rates range from 10% - 35% of the SSB retail price, which translates to the manufacturers and importers having to pay about S\$0.05 to S\$0.18 of duty per 250 ml of SSB, if applied in Singapore.

30. Experiences in these countries show that excise duties are effective in spurring the industry to reduce sugar content in their drinks. For example, the UK announced a two-tiered excise duty on pre-packaged SSBs in 2016, to take effect from 2018. To avoid paying the duty, over 50% of SSB manufacturers took steps to remove or lower the sugar content in their drinks⁹¹⁻⁹². This has resulted in more and a higher proportion of lower-sugar, non-dutiable SSBs in the market for consumers⁹³ (see Figure 6). Since these lower-sugar SSBs entered the market early this year, their sales have been increasing at an average of 9% every month, even before the duty took effect in April⁹⁴. A similar trend was observed in Hungary, where 40% of manufacturers reformulated their products, some removing sugar entirely, to avoid the duty⁹⁵.





Note: The SSB duty was announced in April 2016. Data based on sugar levels of SSBs launched between March 2013 and March 2016, versus SSBs launched between April 2016 and September 2018. Source: Mintel Global New Products Database (2018b) For views:

<u>O6a</u>: Do you support having an excise duty on pre-packaged SSBs to be levied on manufacturers/importers to encourage them to reduce sugar content in their drinks?

□ Yes

□ No

<u>O6b</u>: Please state your reasons for your answer to Q6a. You may cite relevant studies or information that support this.

<u>Q7a:</u> Do you prefer a flat or tiered excise duty on pre-packaged SSBs?

- □ Flat (i.e. 1 duty rate on all SSBs, regardless of sugar level)
- □ Tiered (i.e. more than 1 duty rate, with a lower duty rate for SSBs with lower sugar level)

<u>O7b</u>: Please state your reasons for your answer to Q7a. You may cite relevant studies or information that support this.

Ban on sale of higher-sugar SSBs

31. Another possible measure is to consider imposing a ban on the sale of higher-sugar SSBs to discourage consumption of such SSBs.

32. Today, over 30 countries such as the USA, Australia and South Korea have banned the sale of higher-sugar SSBs in schools⁹⁶. While this restricts children's access to higher-sugar SSBs at school, it did not reduce their overall consumption as they could still obtain such SSBs from other sources⁹⁷⁻⁹⁹.

33. In Singapore, only lower-sugar SSBs are sold at Ministry of Education schools and government premises. In August 2017, seven major SSB manufacturers^g have also come forward to pledge to limit the sugar content in drinks sold in Singapore to no more than six teaspoons per 250 ml (or 12 grams per 100 ml). Members of the public have largely supported the move, with some calling for the industry to have an even lower sugar limit in their pledge to increase the health impact¹⁰⁰. While the industry-led pledge is a good start, there are many manufacturers and importers who continue to sell higher-sugar SSBs to consumers, including children. A nationwide ban of higher-sugar SSBs would reduce overall sugar intake from SSBs.

For views:

<u>O8a:</u> Should we impose a ban on the sale of higher-sugar pre-packaged SSBs?

□ Yes □ No

<u>O8b</u>: Please state your reasons for your answer to Q8a. You may cite relevant studies or information that support this.

^g The SSB manufacturers are Coca-Cola, F&N Foods, Malaysia Dairy Industries, Nestle, PepsiCo, Pokka and Yeo Hiap Seng, which together make up 70% of the pre-packaged SSB market in Singapore.

CONCLUSION

34. A whole-of-society effort is needed to advance our War on Diabetes. Individuals should be empowered to take charge of their own health, and the Government, businesses and community-at-large can help by creating a more conducive environment for healthy living. MOH welcomes views on the following possible measures to reduce Singaporeans' sugar intake from pre-packaged SSBs:

- a. Mandatory FOP nutrition label;
- b. Advertising regulations;
- c. Excise duty on manufacturers and importers; and
- d. Ban on sale of higher-sugar SSBs.

For views:

<u>O9</u>: Apart from the possible measures outlined in this paper, are there other measures that you would like MOH to consider to reduce sugar intake in Singapore? You may cite relevant studies or information that support your suggestion(s).

<u>Q10:</u> Please include any other comments you would like MOH to take into account.

SUBMISSION OF RESPONSES

35. The closing date for the submission of comments and feedback is 6.00pm on 25 January 2019. Please respond online at <u>http://www.reach.gov.sg/sugarydrinks</u> or via email <u>sugary_drinks@hpb.gov.sg</u>.

36. When providing their responses, all respondents are asked to disclose whether they have any direct or indirect links to, or receive funding from, the sugar-sweetened beverage industry (e.g. manufacturers, importers, retailers).

37. The Government reserves the right to make public all or parts of any submission and disclose the identity of the source. Commenting parties may request confidentiality for any part of the submission that is believed to be proprietary, confidential or commercially sensitive. Any such information should be clearly marked and placed in a separate annex. If confidential treatment is granted, the Government will consider, but not publicly disclose, the information. If the request for confidential treatment is rejected, the information will be returned to the party that submitted it and will not be considered as part of the public consultation. As far as possible, respondents should limit any request for confidential treatment of information submitted. The Government will not accept any submission that requests confidential treatment of all, or a substantial part, of the submission.

38. All responses received by the closing date will be considered and factored into the Government's final decision on whether to introduce SSB measures in Singapore, and if so, which. All responses will be acknowledged, but it will not be possible to give substantive replies to individual respondents. A final report summarising the submissions and setting out the Government's final decision will be published.

Annex A: MOH's Multi-Pronged Approach in the War on Diabetes

MOH set up the Diabetes Prevention and Care Taskforce in 2016. The role of the Taskforce, co-chaired by Minister of Health Gan Kim Yong and Minster of Education Ong Ye Kung, was to create a supportive environment for people in Singapore to lead lives free from diabetes, and for those with diabetes to manage the condition well.

The key thrusts championed by the Taskforce are:

- Healthy Living: encouraging healthy eating and regular physical activity
- Early Detection and Intervention: promoting regular, risk-appropriate screening and strengthening follow-up
- **Better Disease Management**: preventing complications and equipping patients for selfcare, with the support of a regular family doctor
- **Public Education and Stakeholder Engagement**: rallying whole-of-society effort to fight diabetes, and engaging relevant stakeholders from healthcare institutions, grassroots organisations, academia, research, and industry.

Measures to encourage Healthy Eating

HPB is adopting a multi-pronged approach to combat obesity and diabetes, through its Food and Physical Activity strategies.

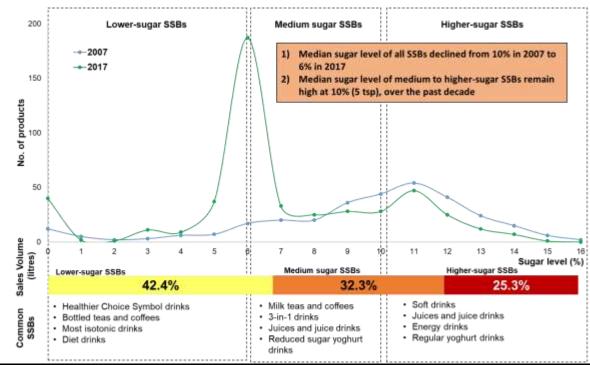
- Healthier Choice Symbol Programme (HCS), 2001: The Healthier Choice Symbol (HCS) is a visual identifier to make it easier for consumers to identify healthier packaged food products. Products labelled with the HCS contain either lesser sugar, saturated fat, trans-fat or salt; or are higher in calcium, or wholegrains than regular products within the same category.
- Healthier Dining Programme (HDP), 2014: The HDP aims to make it easier for Singaporeans to adopt a healthier diet when dining out. This is done by partnering with F&B operators to offer lower-calorie options, meals prepared with healthier ingredients, and reduced-sugar SSBs (both pre-packaged and freshly prepared) as part of their permanent core menu offerings. The HDP menu identifier also helps nudge consumers to order these healthier options.
- Healthier Ingredient Development Scheme (HIDS), 2017: The HIDS aims to improve the nutritional quality of food ingredients, starting with reducing saturated fat in cooking oils and improving the quality of rice and noodles. In 2018, the HIDS was extended to spur reformulation and reduce the sugar content in sugar-sweetened beverages, desserts as well as sauces. Overall, MOH will invest \$35 million over 3 years (2017 2019) to incentivise food manufacturers and suppliers to develop greater varieties of healthier food options.
- Whole-of-Government (WOG) Healthier Catering Policy, 2017: The WOG Healthier Catering Policy prescribes that all government catering purchases must meet the Health Promotion Board's healthier catering guidelines, such as the provision of plain water and use of healthier oil and wholegrains in all rice/ noodle dishes.

- Whole-of-Government (WOG) Healthier Drinks Policy, 2017: As an extension of the Healthier Catering Policy, the WOG Healthier Drinks Policy aimed to establish healthier, lower-sugar drinks as the default in government premises. All packaged drinks sold on government premises are lower in sugar (less than 3 teaspoons of sugar per 250 ml), and freshly prepared hot beverages-are served with no sugar pre-added (served separately).
- Educational efforts: HPB also seeks to educate the public on healthy diets through its annual caloric literacy campaigns, covering topics such as caloric limit and caloric balance. This is coupled with demand-generation consumer promotions, such as the nationwide Eat Drink Shop Healthy Campaign, where people are encouraged to choose healthier options when they eat, drink and do their grocery shopping.

Measures to encourage more physically active lifestyles

Besides measures targeted at nutrition and diet, HPB has also introduced a suite of programmes to encourage Singaporeans to be more physically active.

- Mall Workouts at Health Promoting Malls, 2011: This programme taps on shopping malls as a community touchpoint to make healthy living easy and accessible to Singaporeans. The Health Promoting Mall programme is aimed at nudging Singaporeans to make healthier choices when they shop, dine or spend time with loved ones in the malls.
- Sunrise in the City (SITC), 2013: SITC offers a range of free physical activity programmes at gym facilities in the city. The aim is to make exercising more convenient and accessible for working adults to participate in the mornings before they head to work.
- **Sundays@The Park, 2013:** Sundays@The Park consist of a variety of fun trainer-led physical activity programmes such as Zumba, KpopX and Piloxing, held in neighbourhood parks every Sunday morning.
- **Fitness@Work, 2015:** Fitness@Work is an aerobic programme targeted at working adults after office hours. Fitnss@Work aimed to establish a social norm of using public spaces for physical activity to motivate people to incorporate regular physical activity in their daily lives.
- National Steps ChallengeTM (NSC), 2015: NSC is Singapore's first nation-wide physical activity programme which aimed to encourage Singaporeans to be more active physically by taking more steps. There have since been 3 successful seasons of the programme.



Annex B: Landscape of Pre-Packaged SSBs in Singapore

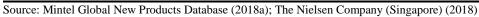


Figure B-1. Distribution of pre-packaged SSBs available in the Singapore market by sugar level

Country	Media channels	Types of advertisements regulated	Effectiveness of restrictions (if available)	
Mandatory	Mandatory regulations			
Quebec, Canada (1978)	Broadcast, print, internet, signage and promotional items	All advertisements, including food and beverages, that target children under 13 years old are prohibited when at least 15% of audience is under 13 or when the product is exclusively designed or appeals to children.	Advertised food and drink products were significantly lower in sugar, and less likely to be high in fat, sugar, or sodium, in Quebec compared to other cities without regulations ¹⁰¹ .	
Chile (2016)	Broadcast, internet, children's magazines	Advertisements of foods and beverages high in calories, saturated fat, sugar or sodium are prohibited on, before or after programmes/ websites directed at children or with an audience of at least 20% children under 14 years.		
Iran (2004)	Broadcast	Broadcast advertising of soft drinks is prohibited.		
Ireland (2013)	Broadcast	Advertising, sponsorship, teleshopping, and product placement of foods high in fats, sugar and salt (HFSS) are prohibited during programmes where at least 50% of the audience are children under age 18. Overall, such advertisements are limited to no more than 25% of all paid advertising on all channels.	Despite high compliance with regulations, more than half of food and drink advertisements continue to feature HFSS products ¹⁰²⁻¹⁰³ . In 2018, Ireland launched new voluntary Codes of Practice, with extended restrictions on food advertising, promotion and sponsorship in non-broadcast media.	
Mexico (2014)	Broadcast	Advertisements of sweetened beverages and other foods are restricted on TV programmes and films classified as "A" and from 2.30pm – 7.30pm on weekdays and 7am – 7.30pm on weekends, where over 35% of the audience are under 13 years old.		

Norway (1992)	Broadcast	All advertisements, including food and beverages, directed at children under 18 years or on children's programmes, are banned.	
South Korea (2010)	Broadcast, internet	Advertisements of selected foods that are high-calorie or less healthy are prohibited between 5-7pm and during programmes directed at children under 18. Internet advertising that includes gratuitous incentives to purchase is also prohibited.	Number of advertisements for affected foods decreased by 81% during regulated hours and 52% outside of regulated hours ¹⁰⁴ .
Sweden (2010)	Broadcast	All advertisements, including food and beverages, directed at children under 12 years, or before or after children programmes, are banned.	
Taiwan (2016)	Broadcast	Advertisements for food and drinks that exceed stated nutrient limits (e.g. where added sugar contributes over 10% of energy) are banned on 13 dedicated TV channels for children between 5-9pm.	
UK (first introduced in 2007, revised in 2017)	Broadcast, print, internet, social media	Advertisements of HFSS foods and drink products, are banned on media specifically for children under 16 or where at least 25% of audience are under 16.	According to the Office of Communications, UK, children saw 37% fewer HFSS advertisements in 2009 compared to 2005 ¹⁰⁵ . In contrast, an independent study by Newcastle University found that exposure to HFSS advertising did not change despite good adherence to restrictions, likely because "children watch a wider range or television than just those programmes particularly targeted at them" ¹⁰⁶ . For this reason, the UK government announced in June 2018 that they are considering extending current restrictions to 9pm ¹⁰⁷ .

Self-regulated restrictions			
Australia (2009)	Broadcast, print, internet	Less healthy foods and beverages, as defined by companies' action plans, should not be advertised to children under 12.	
Canada (2008)	Broadcast, print, internet, mobile, video or computer games	Less healthy foods and beverages, as defined by uniform nutrition criteria, should not be advertised to children under 12.	During the first four years of industry self-regulation, the number of such advertisements increased ¹⁰⁸ . The Canadian government is currently considering introducing mandatory regulations ⁸⁷ .
Denmark (2008)	Broadcast, print internet, mobile	Advertisements of food and drinks high in salt, sugar and fat should not be marketed to children under 13 years.	
European Union pledge (2007)	Broadcast, print and internet	Industry-led pledge not to advertise soft drinks and sugar-based products to children under 12 years and not to advertise less healthy foods on mass media where children under 12 make up 35% of the audience.	
US (2007)	Broadcast, print, internet, mobile	Commitment to not advertise less healthy foods, according to the uniform nutrition criteria, on mass media where children under 12 make up 35% of the audience.	During the first six years of industry self-regulation, the number of advertisements for less healthy products increased ¹⁰⁹ .

Annex D: Current restrictions on advertisements of food and drinks in Singapore

Background:

All advertisements in Singapore are governed by the Singapore Code of Advertising Practice (SCAP), which is administered by the Advertising Standards Authority of Singapore (ASAS). ASAS was set up in 1976 as an advisory council to the Consumers Association of Singapore (CASE) and a self-regulatory body to promote ethical advertising.

Food and Beverage Advertising to Children:

Introduced in 2015, the ASAS Advisory on Children's Code for Advertising Food and Beverage Products stated the following:

"All food and beverage products promoted in marketing communications that are primarily addressed to children in any media must meet the common nutrition criteria endorsed by the [Health Promotion Board]."

Under the common nutrition criteria, sugar-sweetened beverages should not exceed certain amounts of sugar content. More information on the nutrition criteria can be found at https://asas.org.sg/Portals/0/Images/ASAS/news/Children_Code/Common_Nutrition_Criteria White_Paper.pdf

For the purpose of the Code, children are defined as 12 years or younger. Marketing communications that are primarily addressed to children are determined based on placement and content (theme, visuals, language).

In terms of placement, these include:

• Child-dedicated children's programming hours on free-to-air TV

Child-dedicated children's programming nours on nee-to-an 1 v		
Channel	Children's programming hours	
Channel 8	Mon – Fri: 2.00pm – 2.30pm	
	Sat & Sun: 9.00am – 11.00am	
OKTO	Mon – Fri: 9.00am – 9.00pm	
	Sat & Sun: 7.00am – 9.00pm	
Suria	Mon – Sun: 6.00pm – 6.30pm	
	Fri: 8.30pm – 9.00pm	
Vasantham	Vasantham Mon – Fri: 5.30pm – 6.00pm	
	Fri: 7.00pm – 8.30pm	
Channel 5	Nil	
Channel U	Nil	

- Print media that specifically target children (e.g. Hao Peng You, Zhi Shi Hua Bao, Science Adventures, Young Generation, Disney Junior, Dora the Explorer, My Little Pony Magazine, WINX)
- Children's subscription TV channels
- Child-dedicated children's radio programming hours

Channel	Children's programming hours	
Capital 95.8FM	Mon – Fri: 8.30pm – 9.00pm	

- Films that are both rated "G" shown in Singapore cinemas
- .sg websites that are targeted primarily at children (i.e. <u>www.home.disney.com.sg</u>; <u>www.toysrus.com.sg</u>; <u>www.toyshunt.com.sg</u>; <u>www.zoo.com.sg/kidzworld</u>)
- Fixed outdoor advertising within 50 metres of a primary school

Jurisdiction	Duty thresholds and rates	Impact (if available)
Tiered duty		F and C and C
Hungary (2011)	 SSBs with >8%: 7 Hungarian Forint (HUF)/L (S\$0.03/L) Syrups or concentrates for soft drinks: 200 HUF/L (S\$0.98/L) Energy drinks: 250 HUF/L (S\$1.22/L) 	 40% of manufacturers reformulated products - some removed the undesirable ingredient⁹⁵ 20-35% reduction in consumption of taxed products¹¹⁰
Finland (since 1940s)	 Sugar-free drinks: €0.11/L (S\$0.18/L) Sugar-sweetened drinks: €0.22/L (S\$0.35/L) 	• 2% reduction in sales of taxed products ¹¹¹
Thailand (Sep 2017)	 Duty rates start low and increase every 2 years until 2023 to reach: >6-8% sugar: 1 baht/L (S\$0.04/L) >8-10% sugar: 3 baht/L (S\$0.13/L) >10-14% sugar: 5 baht/L (S\$0.21/L) >14% sugar: 5 baht/L (S\$0.21/L) 	
UK (April 2018)	 >5% sugar: £0.18/L (S\$0.33/L) >8% sugar: £0.24/L (S\$0.44/L) 	• Over half of manufacturers reformulated products ⁹¹
Flat duty		
Brunei (April 2017)	 Flat rate of \$0.40/L (S\$0.40/L) applied at different levels across categories: >6% sugar for carbonated and non-carbonated drinks >7% sugar for soybean drinks >8% sugar for malted drinks 	
Mexico (2014)	>0% sugar: 1 peso/L (S\$0.07/L)	 After 2 years, 8% reduction in sales of taxed products 2% increase in sales of untaxed products¹¹²
US, Berkeley, CA (2014)	All SSBs (i.e. >0% sugar): US\$0.33/L (S\$0.43/L)	 After 1 year, 10% reduction in sales of taxed products 4% increase in sales of untaxed products¹¹³
US, Philadelphia, PA (Jan 2017)	All SSBs (i.e. >0% sugar): US\$0.50/L (S\$0.65/L)	 After 2 months, People were 40% less likely to drink soda daily 58% more likely to drink bottled water daily¹¹⁴

Annex E: Examples of SSB taxes adopted worldwide

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