Response to reviewers’ comments

Please see the authors’ response to each of the reviewers’ comments given below in blue. All line numbers refer to the final manuscript (with track changes).

Overview: The author made several solid changes but still sticks with noting there is a 30% reduction in sugar sales when the per capita reduction is greatly smaller. This over exaggeration of the effect is not appropriate for a solid medical journal. In addition, it ascribes a greater impact to the voluntary push in 2015 when the SDIL was announced in 2016 to truly push reformulation and much of the change in reformulation occurred after 2016. There are literally hundreds of studies, some from the UK and many from other OECD countries to show that voluntary pledges have not worked or been mainly ineffective. This young author needs to shift some of her writing to address these points and not ascribe so much of an effect to the one-year voluntary phase.
So, to be specific:

1. The author in the abstract must focus on the announcement/implementation of the SDIL.

As we have previously stated, this paper is not a specific evaluation of the Soft Drinks Industry Levy (SDIL), although the SDIL is an important policy that was implemented during our given time period. The SDIL is already mentioned in the abstract and we have therefore left it unchanged.

2. Focus on sugar sales per capita and not total volume which is very misleading. And this highlights then the important public health impact instead of a hard-to-interpret and greatly misleading total volume of sugar sales. The discussion and conclusion must highlight the per capita changes, and this should be the major results component.

As noted in our rebuttal letter (dated 10/10/19) at the previous submission, we decided to maintain the total volume results, but have also presented them in per capita per day as the reviewer suggests. Per capita figures are presented throughout, including in the abstract and discussion. We agree with the reviewer that g/person/day is a more useful measure for the public health community. However, we also believe that ‘sales per capita’ may be a crude measure when individual (or household) data are not available, as is the case for our analyses, and imply a degree of accuracy that is not available with the datasets used. Moreover per capita volumes do not tell the reader anything about the distribution of sales within the population and will include a large percentage of zero consumers. For that reason, we have also maintained the total volume figures in our paper.

3. The author must stop the focus just on % change but rather on absolute change. You found a 4.7-gram reduction in sugar in grams/per capita and this is the true public health impact of what you show. This is significant when we think of a population distribution shift and is really the mean change you see when we want to consider health impact.

We recognise that the absolute change is important and acknowledge this hasn’t been stated clearly enough. Absolute change has been added to the abstract (line 84) and the discussion (lines 316 and 451).
4. Euromonitor has one major flaw you do not note. It focuses only on chain retail stores and away-from-home eateries. It misses sales from single bars, restaurants, stores, etc. This is why you must discuss the trends as being pretty realistic, but the levels are an underestimate.

We have acknowledged the strengths and limitations of Euromonitor sales data in lines 357-370. After double checking Euromonitor’s definitions, we can confirm that sales from independent stores and bars etc are accounted for in the data.

5. Focus on per capita [in absolute and relative terms] in the short discussion intro paragraph and then the final implications

The focus of the discussion is already given in per capita terms.

6. The rate of change will always grow if the sugar/capita declines and you see the same absolute change. But in public health terms did the trend in the absolute impact on grams of sales/capita change. You focus far too much on relative change when we want to understand just how will this impact health. Please make these changes to give the public and medical worlds a better sense of the impact of these changes in terms of total diet and needed changes to impact NCDs and obesity far more. This is significant but you are truly overstating the impact.