Conversely, SDIL proponents demonstrated three sources of inconsistency: 1) change in ideological stance; 2) pursuit of academic rigour; and 3) inconsistent arguments.

**Discussion** Public health policy advocates engaged in media debates are faced with the direct lobbying and denialism tactics of producers and marketers of unhealthy commodities. These advocates may benefit from increasing awareness of typical UCI tactics, presenting clear and consistent objectives, and supporting arguments with quality evidence. Our CDA contributes to a growing body of literature concerning media debates about upstream legislative public health measures focussing on unhealthy commodities.

**Results** Between 2018 and 2037, the sugar label could prevent approximately 354,400 CVD cases (95% UIs: 167,000–673,500) and 5,993 diabetes cases (302,400–957,400), gain some 727,000 QALYs (401,300–1,138,000), and save approximately $31 bn (15.7–54.5) in net costs from a healthcare perspective or $62 bn (33.1–103.3) from a societal perspective.

For the sugar label+reformulation scenario, corresponding gains could be substantially larger: approximately 708,800 CVD cases (369,200–1,252,000), 1.2 m diabetes cases (0.7–1.7), and 1.3 m (0.8–1.9) QALYs, with some $58 bn (31.9–92.4) and $113 bn (67.3–175.2) net savings from the healthcare and societal perspectives respectively. Scenarios were estimated with >80% probability to be cost-saving by 2023.

**Conclusion** Implementing the FDA added sugar labeling policy could generate substantial health gains and cost savings for the US population.