

Table 2. Guidelines or Consensus Statements on use of Low- and No-calorie Sweeteners

Korean Guidelines Choi et al 2026¹	• ASBs may be used as a short-term substitution strategy for individuals with high SSBs consumption, particularly those at elevated cardiometabolic risk, as RCTs have demonstrated modest benefits in weight reduction and glycemic outcomes. (Strong Recommendation, Level of Evidence: Moderate) • ASBs are not recommended for initiating regular use in individuals with little or no prior SSBs or ASBs intake, nor for long-term reliance among those with high SSBs consumption, as evidence from prospective cohort studies indicates that high ASBs intake may be associated with increased risks of mortality, CVD, and T2DM, generally similar to those observed with SSBs. (Strong Recommendation, Level of Evidence: Moderate)
Joint position statement by British Dietetic Association, British Nutrition Foundation, and Diabetes UK.2025²	• LNCS should not be used as the primary dietary modification to support weight management. Instead, dietary interventions should focus on improving overall dietary quality by: • Reducing intakes of foods high in free sugars (e.g. cakes, pastries, sweet spreads, confectionery) and replacing them with alternatives such as fruits, vegetables, unsweetened dairy products e.g. plain yogurt, and unsalted nuts. • Encouraging the consumption of water or other unsweetened beverages, including tea and coffee, replacing sugar-sweetened beverages (SSBs). For regular SSB consumers, LNCS may be a useful alternative, particularly for people at higher risk of type 2 diabetes. • HCPs should encourage individuals to limit free sugar intake to less than 5% of total dietary energy and provide practical advice on how this should be achieved, whilst acknowledging the challenges posed by the current food environment, including the availability, accessibility and marketing of sugary foods and drinks. • Infants and young children, especially those under 3 years old, should not be encouraged to consume products with LNCS. • For children aged 5 years and older, LNCS may be an option to help reduce excess sugar and calorie intake based on individual dietary needs. Recommended drinks for children are water and milk (or unsweetened fortified milk alternatives). Unsweetened fruit/vegetable juices and smoothies should be limited to a maximum of one small glass (150ml) a day. • HCPs should consider the diet quality of individuals choosing LNCS-containing products, to ensure no compensatory eating behaviors emerge (for example, consuming larger portions or choosing less healthy foods elsewhere in the diet under the assumption that LNCS “save calories”).

	For diabetes management: • Regular SSB consumers should be encouraged to replace these with water or other unsweetened drinks. LNCS may be useful as part of a gradual approach to reducing free sugar intake. • Replacing free sugars, including those found in SSBs, with LNCS and LNCS can be an effective strategy for reducing carbohydrate intake and managing post-prandial blood glucose levels.
	Healthcare professionals should: • Encourage people living with diabetes to monitor how replacing free sugars with LNCS affects their diabetes management and body weight. • Support individuals in understanding food and drink labels, to increase awareness of how product reformulation may impact their blood glucose levels and overall diabetes management. • Help to show people living with diabetes how to improve their diets by following a dietary pattern rich in whole grains, fruits, vegetables, fish, pulses, nuts, seeds, and unsweetened dairy or fortified unsweetened dairy alternatives, while limiting red and processed meats, salt, refined carbohydrates, and sugar-sweetened foods and drinks. • Refer individuals to a dietitian for personalized dietary advice and support when needed and appropriate.
WHO 2023 ³	• WHO suggests that non-sugar sweeteners not be used as a means of achieving weight control or reducing the risk of noncommunicable diseases (conditional recommendation)
American Diabetes Association 2024 ⁴	• Counsel people with prediabetes and diabetes that water is recommended over nutritive and nonnutritive sweetened beverages. However, the use of nonnutritive sweeteners as a replacement of sugar-sweetened products in moderation is acceptable if it reduces overall calorie and carbohydrate intake
Diabetes Canada 2024 ^{5,6}	• Limit intake of free sugars to less than 10% of total daily calorie (energy) intake. This is approximately 50 g (12 teaspoons) of free sugars consumption per day based on a 2000-calorie diet. • Limit intake of sugar sweetened beverages (SSB) and drink water in their place. • Promote the intake of whole foods and reduce the intake of free sugars throughout life for overall health. • Low calorie sweeteners are one tool available for sugar intake reduction efforts.
Diabetes Australia 2024 ⁷	• The use of alternative sweeteners could assist in maintaining the palatability of foods and beverages with the absence of sugar and with less energy (kJ). • Non-nutritive sweeteners include aspartame, sucralose and stevia. These do not influence blood glucose levels and may be a useful alternative for replacing added sugar.

Dietary Guidelines for Americans ⁸	• Limit foods and beverages that include artificial flavors, petroleum-based dyes, artificial preservatives, and low-calorie non-nutritive sweeteners • While no amount of added sugars or non-nutritive sweeteners is recommended or considered part of a healthy or nutritious diet, one meal should contain no more than 10 grams of added sugars.
American Heart Association Science Advisory ⁹	• it is prudent to advise against prolonged consumption of LCS beverages by children • Although water is the optimal beverage choice, children with diabetes mellitus who consume a balanced diet and closely monitor their blood glucose may be able to prevent excessive glucose excursions by substituting LCS beverages for sugar-sweetened beverages [SSBs] when needed • For adults who are habitually high consumers of SSBs, LCS beverages may be a useful replacement strategy to reduce intake of SSBs. This approach may be particularly helpful for persons who are habituated to a sweet tasting beverage and for whom water, at least initially, is an undesirable option.
American Academy of Pediatrics ¹⁰	A number of findings, recommendations and guidance for pediatricians are reported in this paper. A snapshot of couple of statements: • No advice can be provided on the use of NNS in children younger than 2 years old given the absence of data on this age group. • Higher-quality data suggest that NNS use is associated with weight stabilization and/or weight loss in the short-term. Currently, there is a paucity of long-term data. • High-quality evidence, including meta-analysis and data from RCTs, suggests that there is no association between hyperactivity and NNS use in children. • There are limited data regarding the effect of NNS use on appetite change and taste preference.

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