obesity policy coalition

COUNTERPOINT

ANALYSIS OF INDUSTRY ARGUMENTS AGAINST A HEALTH LEVY ON SUGAR-SWEETENED BEVERAGES IN AUSTRALIA

A HEALTH LEVY ON SUGAR-SWEETENED BEVERAGES FOR AUSTRALIA[1]

Australians consume large volumes of sugar-sweetened beverages[2] (SSB), and suffer high rates of overweight, obesity and chronic disease. The Australian Government has acknowledged the need to improve the diets and health of Australians; however few economic policies have been implemented in pursuit of that objective.

The need to consider economic and pricing strategies to reduce consumption of unhealthy products was underscored in 2013 by Australia's endorsement of the World Health Organization (WHO) Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020, which recommends that member states consider economic tools justified by evidence, including taxes and subsidies to promote consumption of healthier food products and discourage the consumption of less healthy options.[12]

In addition, the WHO's Commission on Ending Childhood Obesity (ECHO) Report, which was released in 2016, recommends an effective tax on SSBs to increase the price by at least 20%. The Commission clearly states that there is sufficient rationale to implement a tax on SSBs.[3]

Imposing a health levy on SSBs to reduce high rates of consumption should be considered an integral part of a comprehensive set of measures to reduce overweight and obesity in Australia. Revenue raised by such a levy could be used to support healthy eating initiatives and subsidies on healthy foods, particularly for low socioeconomic position (SEP) households.

SSB taxes have been introduced in more than twenty six countries and a number of US jurisdictions. On 17 March 2016, the United Kingdom announced a levy on manufacturers of a range of drinks with added sugar from April 2018. This follows the introduction of an SSB tax in Mexico of approximately 10% in 2014 and SSB taxes in several Pacific Island countries, among others.

Despite the evidence and WHO recommendations, the proposition of a health levy on SSBs has met with predictably vigorous opposition from the Australian beverage industry, which has vocally opposed such measures, employing a range of arguments relating to the evidence of harms, the efficacy of taxes and incursion on personal freedoms. Close examination, however, reveals the main arguments employed by industry to be flawed and often based on rhetoric, using evidence selectively. Indeed, many of these arguments have been used in the campaigns against the introduction of health levies in other settings and disproved.

This paper will consider several arguments the industry has raised in opposition to a health levy on SSBs in Australia, and consider the basis of the arguments, drawing on the best available Australian and international evidence and current health policy discourse.

[1] This paper should be read in conjunction with OPC Policy Brief 'A comprehensive strategy to reduce consumption of SSBs in Australia'. It elaborates on recommendation 1 from that paper: that Australia implement a tax on SSBs to reduce overweight and obesity.

[2] "Sugar-sweetened beverages" refers to all non-alcoholic water-based beverages with added sugar, including sugar-sweetened soft drinks, energy drinks, fruit drinks, sports drinks and cordial, but not milk products, "soft drinks" refer to all non-alcoholic carbonated drinks, excluding non-sugar-sweetened varieties and energy drinks.

1. "There is no correlation between sugar in our diets and obesity levels."[4] "Individual foods are vilified with no scientific basis".[5]

Although many lifestyle factors and food choices influence rates of overweight and obesity, findings from well-powered prospective cohorts have consistently shown a significant association, and demonstrated a direct dose–response relationship between SSB consumption and long-term weight gain and risk of type 2 diabetes.[6 7 8] The association between higher SSB consumption and elevated BMI is not only shown in adults, but in children,[9] including young children aged 2–5 years.[10]

The role of SSBs in weight gain cannot be simplified into an "all calories count"[11] analysis. Research suggests that soft drink consumers, in particular, do not compensate for the additional energy from consumption of SSBs by reducing consumption of other foods, resulting in increased total energy intake.[12 13.] This is consistent with evidence that the increase in energy intake is greater than that attributable to the consumption of these SSBs alone, indicating that drinking soft drinks may lead to greater consumption of energy from other sources, which may be because sugar-sweetened soft drinks stimulate appetite or suppress satiety.[14 15]

The link between obesity and added sugar, including in SSBs, has been recognised by the Australian Government National Health and Medical Research Council, which has recommended limiting the intake of foods and drinks containing added sugars including soft drinks, cordials, fruit drinks, energy and sports drinks.[16] Leading international health organisations, including the World Health Organization (WHO) and World Cancer Research Fund (WCRF), recommend that its consumption be restricted (WHO) or avoided (WCRF).[17 18] The WHO's guidelines on sugar consumption now recommend that free sugar intake be restricted to less than 10% of a person's energy intake.[19]

Most SSBs contain few nutrients other than water. There are also other good reasons to reduce SSB consumption, with studies showing association with lower intakes of milk, calcium and other nutrients and significantly increased risk of developing type 2 diabetes.[20] In fact, high consumption of SSBs may be associated with metabolic syndrome and type 2-diabetes, independent of their effects through increased body weight.[21] Studies have also found a relationship between the amount and frequency of SSBs consumed and an increased risk of dental erosion.[22]

2. "There is a lack of evidence …introducing taxes … would impact on obesity levels."[23]

There is strong evidence showing that increasing the price of unhealthy food and drinks decreases their consumption,[24] with no evidence of significant substitution with other unhealthy food and drinks. [25]

Further, there is evidence to suggest that if taxes on SSBs are sufficiently high, there would be improvements in population weight and health outcomes.[26] A recent Australian study based on the latest local dietary intake data, estimated the consequences of an additional 20% tax on SSBs in Australia on health and health care expenditure. The results show that a 20% tax on SSBs could result in a 12.6% decline in consumption of SSBs and a decline in obesity of 2.7% in men and 1.2% in women. The study concluded there would be sustained reductions in the incidence of type 2 diabetes, cardiovascular disease, and some cancers. It is estimated that 1,606 more Australians would be alive in 25 years, with millions of dollars saved in healthcare costs, and that the tax could generate in excess of $400 million (AUD) annually.[27]

Data is still building around the impact of food taxes on health in other countries. Mexico's tax of approximately 10% on SSBs took effect on 1 January 2014. Evaluation data demonstrates that the tax was generally passed on through prices and that consumers have reduced their purchases of taxed beverages. Purchases of taxed beverages decreased 5.5% in 2014 and 9.7% in 2015, yielding an average reduction of 7.6% over 2 years. There was also a 2.1% increase in the amount of untaxed beverages purchased.[28]

Two recent reports evaluating the impact of the SSB tax, which was introduced in Berkeley California in March 2015, have found that the tax has had a significant impact. In the first study a survey was

conducted in low income neighbourhoods and compared to similar neighbourhoods in Oakland and San Francisco. The study showed that consumption of SSBs had dropped by 21% in Berkeley over a one-year period and had increased by 4% in comparison neighbourhoods.[29]The second study was conducted over the same period and found that sales of taxed SSBs fell by 9.6% in relation to predicted sales in the absence of the tax, while sales of untaxed beverages rose 3.5% and SSB sales rose 6.9% in comparison cities.[30]

Food taxes to improve population health have also been implemented in France (2012), Hungary (2011) and a number of countries in the Western Pacific.[31] [32] Evaluation of the impact of the Hungarian tax, which applies to food high in sugar, fat and caffeine, found evidence of reformulation of products, a decrease in sales of taxed products by 27%, and a decrease in consumption of 25–35% compared to the previous year.[33]

Some of the most convincing evidence of the likely effect of a health levy on SSBs comes from the proven influence of past price increases on tobacco products, which were effective in motivating consumers to quit, preventing potential users from starting to smoke, and reducing consumption among people who continue to smoke. [34] Consumption can be further reduced when revenues are used for prevention programs.[35]

It is not proposed that a health levy on SSBs can act alone to reverse high levels of obesity, with a comprehensive approach required. Arguments by industry to that effect wilfully misrepresent the calls of public health bodies.

A suite of measures including social marketing campaigns to increase public awareness, improved labelling and controls on marketing to children will complement and reinforce such a measure.[36]

3. Sugar consumption in Australia has decreased in recent decades, so policies restricting sugar consumption are misplaced.

Data underpinning the 'Australia Paradox', the apparent phenomenon whereby sugar consumption in Australia appears to have decreased while obesity has increased,[37] has been convincingly argued to be flawed.[38] Scientific efforts to accurately quantify sugar consumption have been hampered by inadequate collection of food supply data and underreporting in the latest dietary data for Australia. Although there is some evidence that overall sugar consumption by Australians has decreased in recent decades,[39] SSB consumption rates in Australia, both among adults and children, are high.[40] Just looking at supermarket retail sales, Australians bought around 1.1 billion litres of sugary drinks in 2015, at a cost of $2.2 billion. This doesn't include what is bought from fast-food outlets, cinemas, vending machines, hotels and convenience stores.[41]

A recent analysis of added sugar consumption in the diet of the Australian population has found that most of the population exceeded the WHO guidelines on added sugar consumption. The study found that SSBs accounted for the greatest proportion of added sugar intake in the population. This study also confirmed the high intake of sugar in adolescents, with 14–18 year olds consuming the greatest amount of added sugar.[42]

The effects of SSBs impact certain groups more than others, with higher levels of soft drink consumption seen in adults of lower socioeconomic position and young Australians.[43]

4. The Beverage Industry is an important "part of the solution" and can adequately address health concerns through responsible corporate behaviours.

The legal obligation of Australian companies, including those in the food and beverage industry, is to act in the interests of its shareholders and maximise sales and profits to the full extent permitted by law.[44] The beverage industry therefore has an unavoidable conflict of interest when it comes to reducing consumption of its products, and cannot be relied upon to act in the interests of population health rather than profit.

In the UK the announcement of the introduction of a levy based on sugar levels in drinks has been met with strong opposition from the beverage industry who have argued that they have made efforts to reduce the sugar content of their products, increase the availability of smaller pack sizes and actively promote low and no calorie options.[45] This purported corporate social responsibility is an attempt to persuade government that regulation is unnecessary and to distract attention from the corporate strategy of encouraging consumption of their products.

The lack of industry self-motivation in relation to reducing SSB consumption is also reflected by the ever-increasing ingenuity of marketing techniques used to promote SSBs to children and young people. There are now extensive marketing campaigns that utilise multiple media platforms, particularly social media and outdoor billboards, websites and online games to saturate children's daily lives with junk food marketing, including sugary drinks. Recent advertising campaigns from Coke[46] and Fanta[47] give some insight into the determination of these

companies to target young people through YouTube, Facebook, Instagram, online games and apps, including encouraging them to 'share' or 'send to a friend' the promotional material. Cookies are also used to track children's activities online.

As in the case of tobacco research in past decades, the conflict of interest that precludes effective self-regulation is highlighted by comparing research into the health effects of SSBs that has been conducted by the beverage industry, with independent research. Systematic analyses have found that studies funded by the food and beverage industry showed significantly smaller associations, if any, between SSB consumption and weight increase.[48]

Any measures capable of meaningfully changing consumption behaviour will have to come from government through an SSB health levy. Industry may then respond to minimise the impact of such a levy by reformulating its products, particularly if the levy is based on the concentration of sugar in a product.

5. A health levy on sugary drinks is not broadly supported, and is a radical idea from those bent upon an "ideological crusade with an extreme anti-business agenda."[49]

Industry uses emotive terms such as "nanny state"[50] to paint public health advocates as "anti-business" or "extreme" in their calls for public-interest regulation. However, this rhetoric ignores the growing consideration of SSB taxes internationally. There is increasing impetus in international law and policy discourse for countries to adopt economic measures such as taxes to change behaviours at the population level and to curb the global rise of life-style related non-communicable diseases.[51] Many such measures are under discussion and development across Europe and the USA. In addition, there is no reason for corporations producing and marketing unhealthy products like SSBs to be given special protections from governments or be exempted from policies to improve population health.

The WHO ECHO Report authoritatively sets the framework for Australia's approach to addressing obesity in children and provides that member states should implement relevant strategies. The ECHO Report specifies that such a policy program would include the implementation of an effective tax on sugar-sweetened beverages.

There is also strong public support within Australia for a price increase of SSBs. Recent research into the attitudes of Australian grocery buyers found that 69% of participants supported a tax on SSBs if the revenue was used to subsidise healthy foods.[52]

6. "Food taxes are regressive as they penalise people who can least afford it."[53]

Coca Cola South Pacific has argued that taxes create "an undue burden on society's poorest citizens – those with the least means to cope with the price increases."[54] However, Australians of low SEP are disproportionately affected by high rates of obesity and diet-related illnesses including heart disease[55]

and stand to derive the greatest benefit from reduced consumption of unhealthy products such as SSBs.[56] Further, SSBs are disproportionately consumed by children of low SEP families, who consume greater volumes of these unhealthy products than their higher SEP counterparts.[57] The recent evaluation of the impact of the SSB tax in Mexico confirms that reductions in consumption of SSBs were highest in households of lower SEP.[58]

As well as being relatively high consumers of SSBs, low SEP consumers are likely to be sensitive to price, accordingly these consumers experience the largest change in consumption. Research into the effects of tobacco price increases on consumption has shown that the greatest positive impacts on behaviour and health have been experienced by the young and low SEP groups.[59]

A recent review on impact by SEP of an SSB tax found that lower income households would pay a greater proportion of their income in additional tax. However the monetary burden across all households would be small, with relatively minor differences between higher and lower income households (less than $5 USD per year).[60] The study also found the tax would have a greater impact on consumption and weight in lower SEP households. A health levy on SSBs would therefore be an overall pro-equity population policy to reduce consumption and improve weight and population health outcomes.

No detriment to health or wellbeing flows from effectively restricting access to SSBs through economic measures. SSBs are not a necessary product for survival, contribute little or no valuable nutrition to the diet, and water provides a readily available, affordable alternative. A lack of access to SSBs is not at all detrimental to diets and health.

Any arguably regressive characteristics of a health levy on SSBs could be overcome by using revenue gained through the levy to fund initiatives and programs with a focus on low SEP groups. This could include subsidies on fresh fruit and vegetables for low-income families, or improve availability of fresh produce in remote and rural areas. This would reinforce the positive dietary impacts of an SSB health levy by enabling consumers to increase intake of healthy products without incurring additional costs.

7. Implementation of a health levy on SSBs would be extremely complex and expensive to administer, imposing significant compliance costs.[61]

There are a range of options for implementing a levy on SSBs in Australia at the Commonwealth Government level. Levies on SSBs may apply either by volume of beverage or by weight of sugar by volume.[62] Existing frameworks supporting the GST and excise taxes could be modified to support healthy eating habits,[63] keeping administrative costs relatively low.

As SSBs are easily definable, imposition and administration of a health levy on SSBs would be relatively straightforward to administer, and could be achieved by amendment to Australia's existing tax framework.[64] Applying a health levy to SSBs is far simpler than applying a tax to foods, because unlike many foods which contain a mix of nutrients (creating a risk that a tax may decrease the consumption of healthy nutrients along with the unhealthy), most SSBs contain no healthy nutrients.[65]

8. A health levy on sugary drinks would harm business and cost jobs

A primary argument industry uses against SSB levies is that they will cause considerable regional job losses. Research into the beverages industry in the US has shown that the most frequent opposing argument in news coverage of public debates over SSB taxes focused on how such taxes would hurt the economy.[66] However US-based macroeconomic simulation modelling has shown that SSB taxes would not significantly impact employment and that industry claims of likely job losses are overstated and may mislead lawmakers and constituents.[67] The flawed arguments used are noted to be similar to those used by tobacco companies for years in opposition to tobacco control policies.[68] The evidence from both developed and developing countries that have implemented tobacco taxes shows that the reduction in employment in this sector can be compensated, and even exceeded by new jobs

generated in other areas through the consumption of other goods and services acquired with money that would have otherwise been spent on tobacco.[69]

A health levy on SSBs would also result in significant healthcare savings and the increase in the number of healthy and productive life years that would be gained through resulting modelled improvements in population diet have positive implications for productivity and workforce participation. [70]

9. Individuals should be responsible for adopting healthier lifestyles and governments should not seek to impose on individuals what they should buy and eat

The need to improve the diets of Australians was demonstrated by the 2014 release of data showing that poor diet and high body mass index are now the two greatest risk factors contributing to the burden of disease in Australia, ranking ahead of smoking and alcohol-related illness.[71]A study of the impact and causes of illness and death in Australia found that dietary risks accounted for 7% of the total burden of disease.[72]

The government is already involved in influencing what the population eats in many ways. For example with the implementation of the voluntary, interpretive front of pack labelling scheme – Health Stars. This was developed for the front of packaged food to help support people to make heathier choices while also encouraging reformulation of processed food. Such action strives to create a food environment that supports and empowers people to make healthier choices.

A health levy on SSBs is recognised as a key element of any government strategy to improve diets and reduce obesity. It is in the interests of society as a whole to reduce the huge financial burden that diet, obesity and associated diseases places on the health system and many individuals.

About the Obesity Policy Coalition

The Obesity Policy Coalition (OPC) is a partnership between the Cancer Council Victoria, Diabetes Victoria and the Global Obesity Centre at Deakin University, a World Health Organization Collaborating Centre for Obesity Prevention. The OPC advocates for evidence-based policy and regulatory change to address overweight, obesity and unhealthy diets in Australia, particularly among children.

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