We need a sugar tax, NOW!

@NE_ObesityForum
#sugartaxNOW

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What's the problem with sugar?

We're consuming too much sugar, this can lead to weight gain and related health problems, as well as tooth decay.

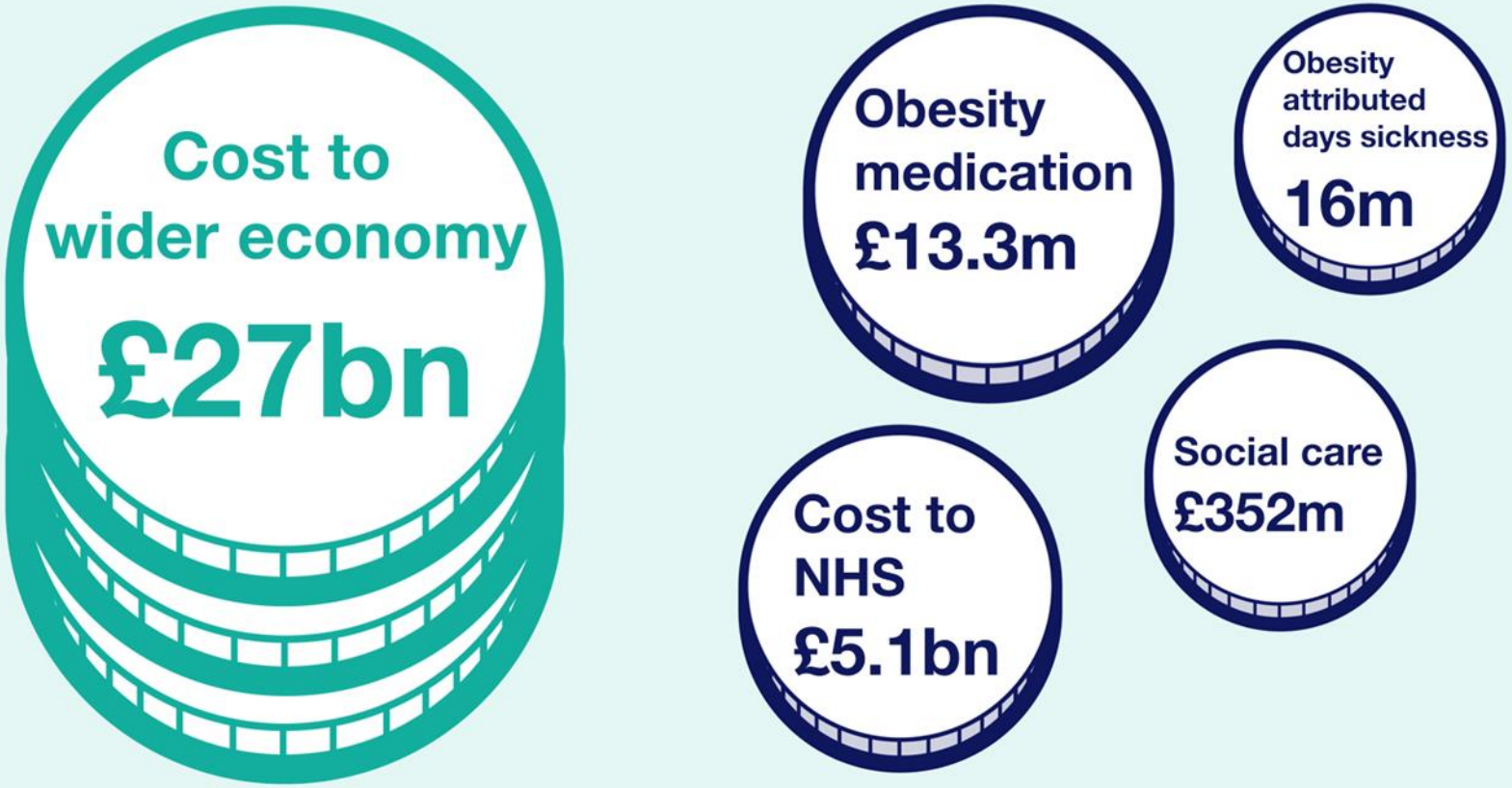
Sugar intakes of all population groups are above the recommendations, contributing between 12 to 15% of energy. Consumption of sugar and sugar sweetened drinks is particularly high in school age children.

It also tends to be highest among the most disadvantaged who also experience a higher prevalence of tooth decay and obesity and its health consequences.

https://www.gov.uk/government/publications/sugar-reduction-from-evidence-into-action

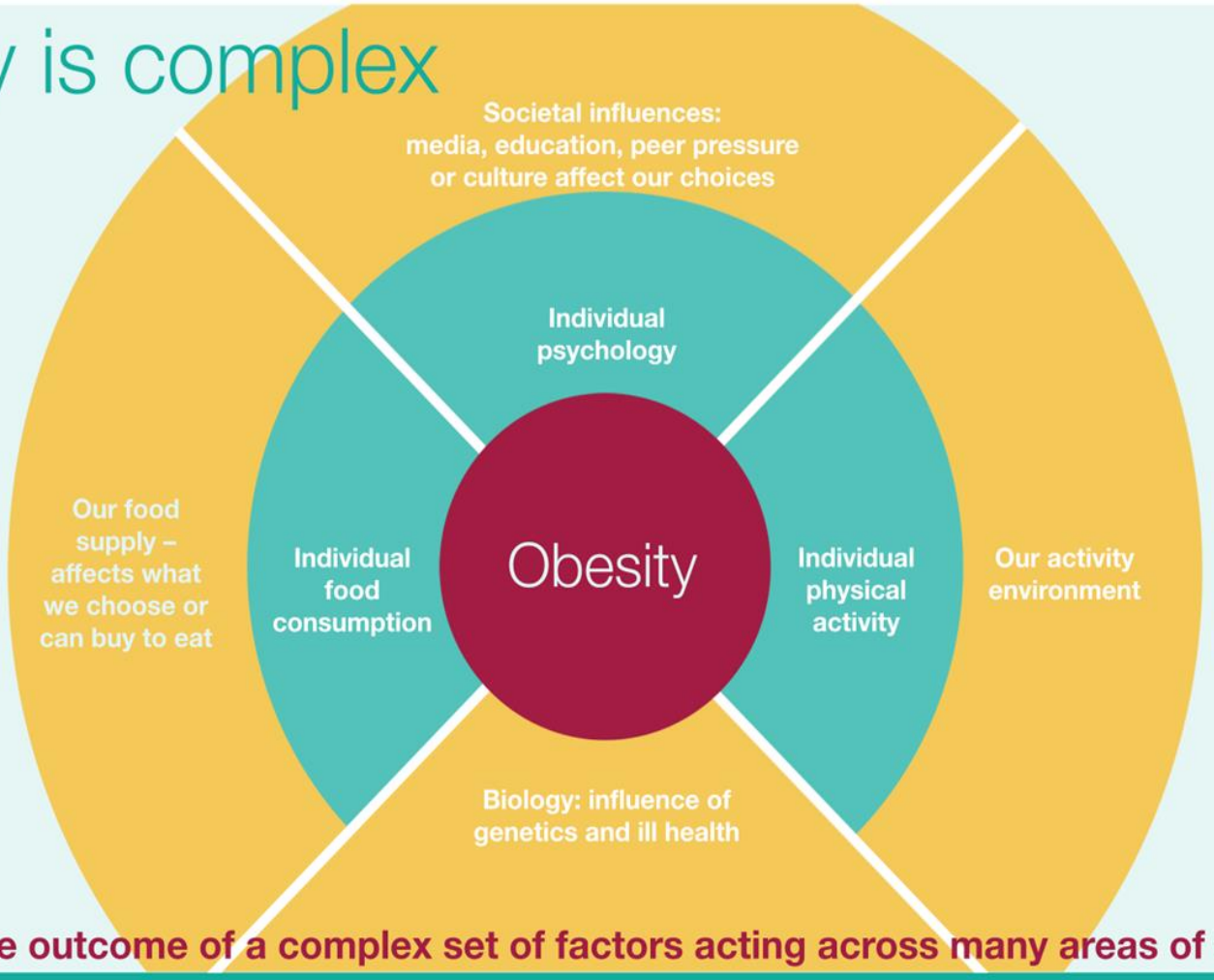
Public Health England

The annual cost of obesity



Public Health England

Obesity is complex



Obesity is the outcome of a complex set of factors acting across many areas of our lives

George Osborne introduced sugar levy in 2016 budget.

Comes into effect 2018, applies to drinks with total sugar content above 5g per 100ml.

Plus higher rate for drinks with more than 8g sugar per 100ml.

Will not apply to milk-based drinks or fruit juices.


Estimated to raise £520m
BUT, WE NEED IT NOW!

Jamie Oliver danced for joy on BBC News at the announcement:

'it's a big moment for child health… it's a big signal, it's symbolic that a robust government can actually get control of big business when it's having ill effect on child health'

BUT WE NEED IT, NOW!

Evidence shows clear associations between sugary drinks and obesity!

Intake of sugar-sweetened beverages and weight gain: a systematic review[1,2,3]

Vasanti S Malik, Matthias B Schulze, and Frank B Hu

"The weight of epidemiologic and experimental evidence indicates that a greater consumption of SSBs is associated with weight gain and obesity. Although more research is needed, sufficient evidence exists for public health strategies to discourage consumption of sugary drinks as part of a healthy lifestyle"

Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis

Dr David S Ludwig, MD, Karen E Peterson, ScD, Steven L Gortmaker, PhD

"For each additional serving of sugar-sweetened drink consumed, both body mass index increased after adjustment for anthropometric, demographic, dietary, and lifestyle variables. Baseline consumption of sugar-sweetened drinks was also independently associated with change in BMI (mean 0·18 kg/m2 for each daily serving; 95% CI 0·09–0·27; p=0·02)"

Effects of Soft Drink Consumption on Nutrition and Health: A Systematic Review and Meta-Analysis

Lenny R. Vartanian, PhD, Marlene B. Schwartz, PhD, and Kelly D. Brownell, PhD

"we examined the association between soft drink consumption and nutrition and health outcomes. We found clear associations of soft drink intake with increased energy intake and body weight"

Taxation used for other causes of ill health, why not sugary drinks?

Public Health England

Teesside University

Sugar reduction: responding to the challenge

To examine the most recent (2010 onwards) research evidence on the health and behavioural impacts of fiscal strategies, that target high sugar food and non-alcoholic drink, in both adult and child populations.

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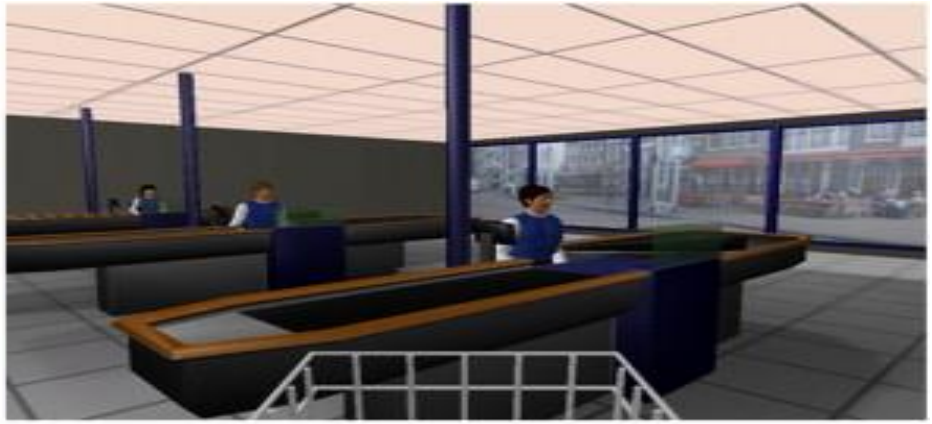
Laboratory/Virtual Studies

Seven studies showed that price increases on high sugar food and drinks resulted in a decrease in purchases.

Two studies assessed consumption outcomes and showed reductions as a result of price increases.

Laboratory/Virtual Studies

Only one study examined the different impacts on low and medium income groups.

The tax improved the nutritional quality of foods purchased overall, however, the low income group derived fewer benefits compared to the medium income group.

Studies in real-life settings: Supermarkets and cafeterias

Two studies were conducted in supermarkets, one study was conducted in a cafeteria.

All studies reported reductions in purchases of high sugar products as a result of the fiscal strategy.

Studies in real-life settings: Supermarkets

One study reported short-term reductions in purchases (one month) but this was not sustained at 3 and 6 months.

Second study showed that a 30% tax on unhealthy food increased the probability of purchasing healthy food by 11% compared with baseline.

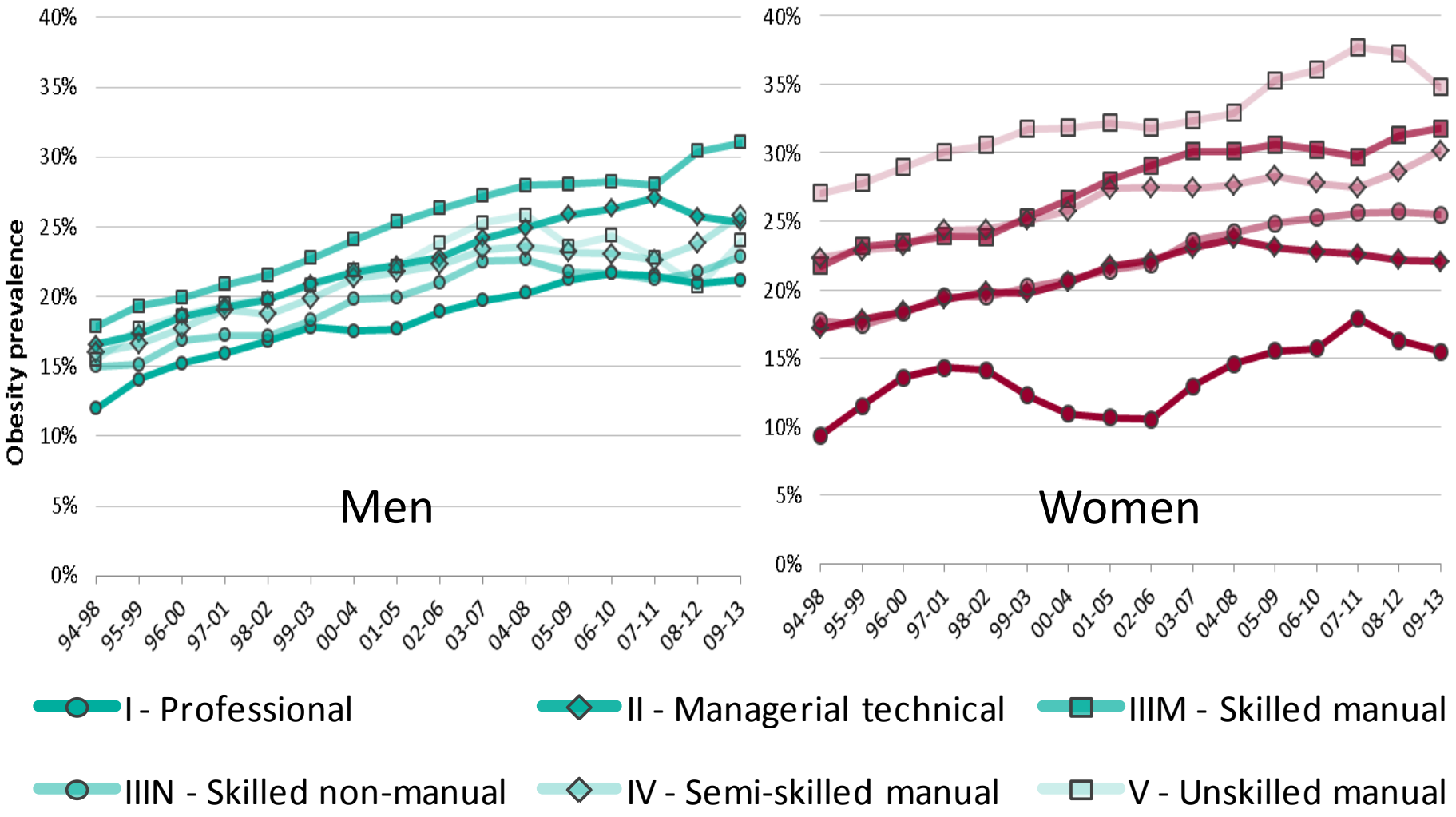
Studies in real-life settings: Cafeteria

The cafeteria study showed a 35% tax on regular soft drinks (no tax on diet drinks or water) resulted in a reduction in sales of these drinks by 26%.

Sales of diet drinks and water increased by 20%.

A ‘control’ site with no price manipulations showed no change in soft drink sales during the study period.

Is a sugar tax regressive or progressive?



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http://www.noo.org.uk/slide_sets

Evidence from Mexico

Purchases of taxed drinks decreased by average of 6% increasing to a 12% decline by December 2014.

Purchases of untaxed drinks increased by 4% driven by increases in purchases of bottled water.

Colchero et al (2016)
http://www.bmj.com/content/352/bmj.h6704

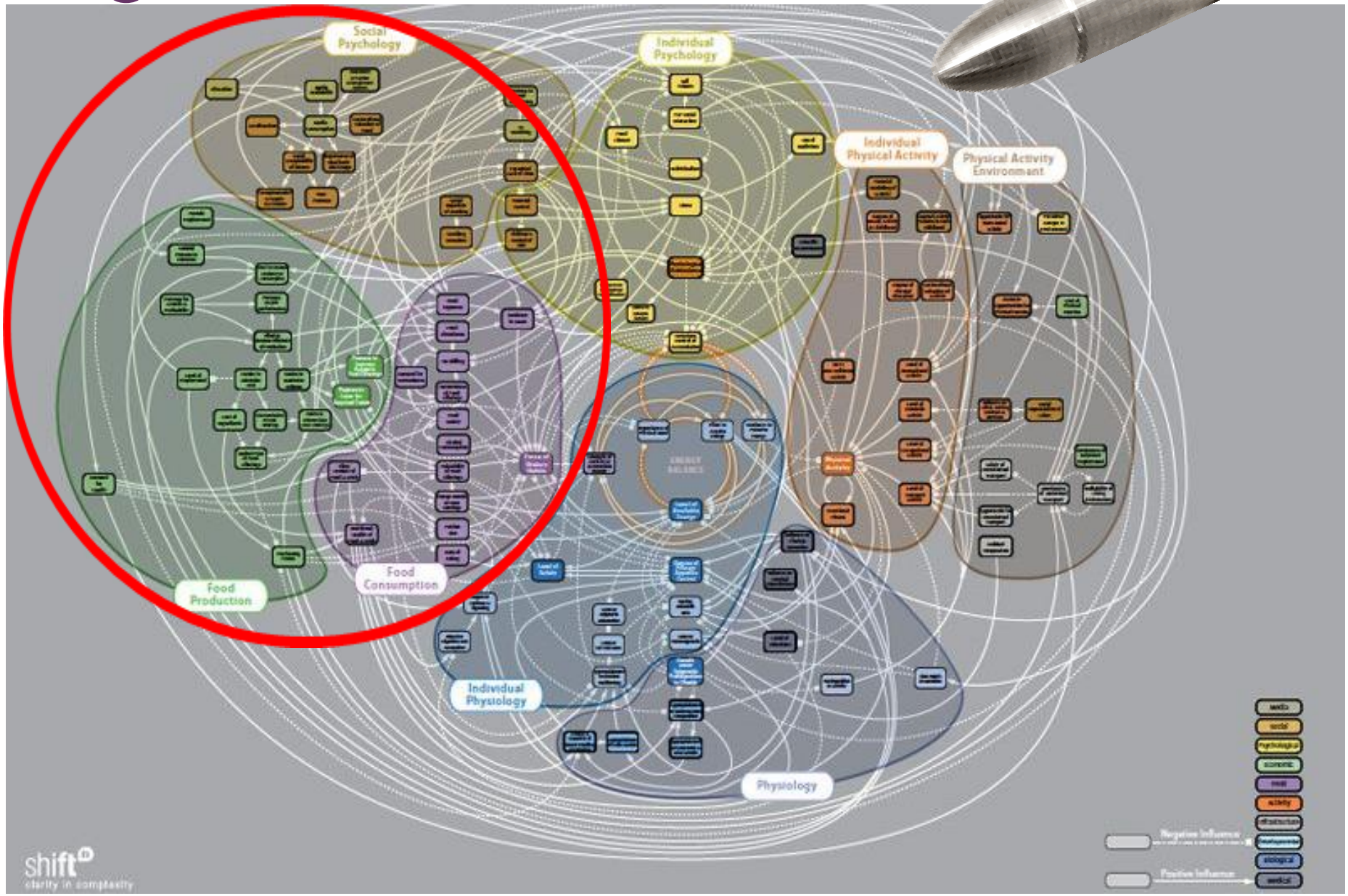
Evidence from Mexico

All socioeconomic groups reduced purchases, reductions were highest among low SES households.

Averaging 9% decline during 2014 increasing to 17% decrease by December 2014 compared to pre-tax trends.

Colchero et al (2016)
http://www.bmj.com/content/352/bmj.h6704

Sugar tax, the silver bullet?

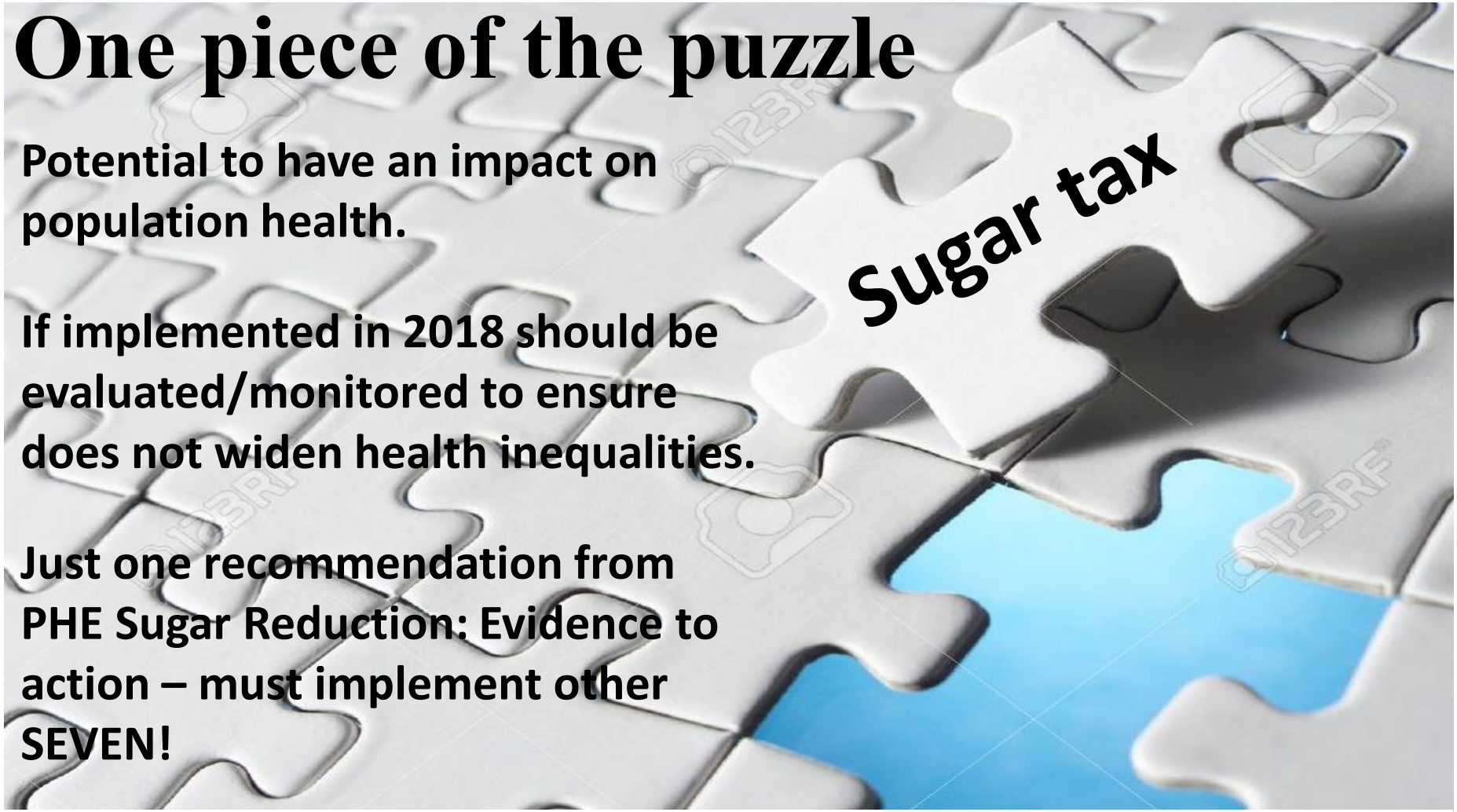


One piece of the puzzle

Potential to have an impact on population health.

If implemented in 2018 should be evaluated/monitored to ensure does not widen health inequalities.

Just one recommendation from PHE Sugar Reduction: Evidence to action – must implement other SEVEN!



With thanks to PHE obesity knowledge and intelligence for the use of their slide sets: http://www.noo.org.uk/slide_sets

https://www.gov.uk/government/publications/sugar-reduction-from-evidence-into-action (see annexe 2 for fiscal review)