

Sugar-sweetened Beverages

Sugar-sweetened beverages (SSBs) are a major source of added sugar in the diet. They include cordials, soft drinks, energy drinks, sports drinks, fruit and vegetable drinks, and flavoured waters. Consumption of SSBs is associated with obesity, type 2 diabetes, cardiovascular disease, bone density problems, tooth erosion and tooth decay.

SSBs are discretionary as they do not contribute significantly to essential nutritional requirements and can be substituted with water, making preventive health interventions to reduce their consumption ideal.

Obesity is an Australian health priority and has taken over from smoking as the leading cause of preventable death or illness in Australia.

Australians are among the highest consumers of SSBs globally, consuming approximately 377kJ per person per day. This is the equivalent of 76 litres per year.

63% of adults in Australia are now overweight or obese, up from 38% in 1989–90 and SSBs account for at least one-fifth of weight gain.

Obesity has high economic and human consequences at an individual and societal level. The direct health costs of obesity in 2011–12 were estimated at \$3.8 billion, with increased consumption of energy-dense nutrient-poor foods the predominant cause.

Childhood obesity is one of the most serious public health problems. Consumption of SSBs is higher in young Australians and those with higher levels of socioeconomic disadvantage.

SSBs taxes have been implemented in many countries* and have led to reductions in the purchase of SSBs.

Reducing consumption, by increasing the price of SSBs through taxation will reduce consumption, particularly for younger Australians. While this is likely to have a modest impact on population rates of obesity, it will result in benefits to population health.

A 20% tax, as supported by the World Health Organization (WHO) will reduce rates of tooth decay, diabetes, heart disease and stroke. An estimated extra 1,600 people will be alive after 25 years as a result of a 20% SSB tax. This will deliver considerable health system savings and generate an estimated \$400 million in revenue annually.

* As at September 2018, taxation on SSBs has been implemented in Barbados, Belgium, Brunei, Chile, Cook Islands, Dominica, Estonia, Fiji, Finland, France, French Polynesia, Hungary, Ireland, Kiribati, Mauritius, Mexico, Nauru, Norway, Philippines, Portugal, Samoa, Saudi Arabia, Seychelles, South Africa, Spain (Catalonia), St Helena, Thailand, Tonga, United Arab Emirates, United Kingdom and in 33 counties and states in the United States.

Two-thirds of Australians are in favour of taxes on soft drinks with revenues subsidising the cost of healthy foods for low income earners.

AHHA POSITION:

- ✦ Investment is needed in a broad array of evidenced-based strategies to discourage the consumption of SSBs, to incrementally reduce overweight and obesity, and to improve health outcomes. This multifaceted approach should include measures to regulate availability, improve labelling, restrict promotion, reduce consumption and increase public awareness of the potential harm, for example:
 - Taxation of SSBs to improve population diet and reduce consumption of SSBs, resulting in a meaningful reduction in obesity and rates of chronic disease.
 - Restrictions on the sale of SSBs in public institutions such as hospitals and schools.
 - Strengthened advertising restrictions for SSBs, particularly during children's television viewing times.
 - Mandatory interpretive front-of-package labelling of SSBs.
 - Public awareness campaigns to ensure consumer awareness of health risks associated with SSBs.
- ✦ Revenue raised from a SSBs tax should be dedicated to preventive health measures including approaches to improve diet, increase physical activity, prevent obesity and educate on nutrition.

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