



# Sugar-Sweetened Beverage Consumption

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 fortified waters. Consumption of SSBs is associated with obesity, type 2 diabetes, cardiovascular disease, bone density problems, tooth erosion and tooth decay (Singh et al. 2015; Narain et al. 2016). 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. Australians are among the highest consumers of SSBs globally (Allman-Farinelli 2009) with Australasians purchasing approximately 377kJ per person per day (Popkin and Hawkes 2016), or the equivalent of 76L of cola soft-drink per year.

Obesity is an Australian health priority and has taken over from smoking as the leading cause of preventable death or illness in Australia (Institute for Health Metrics and Evaluation 2015). 63% of the adult population are now overweight or obese (ABS 2016), up around two-thirds from 38% in 1989-90 (ABS 2004). Increased consumption of energy-dense nutrient-poor foods is the predominant cause (Swinburn et al. 2009) with estimates that SSBs account for at least one-fifth of weight gain (Woodward-Lopez, Kao and Richie 2011). Obesity has high economic and human consequences at an individual and societal level. Australian modelling shows that the direct health costs of obesity in 2011-12 were \$3.8 billion (PwC 2015).

The WHO has described childhood obesity as one of the most serious public health problems (WHO 2012). Consumption of SSBs is higher in young Australians and those with higher levels of socioeconomic disadvantage (ABS 2015).

SSBs taxes have been implemented in Mexico, France, Norway, Chile, Finland, Hungary, St Helena, Mauritius, French Polynesia, Samoa, Tonga and 33 states in the USA, and are planned to be implemented in South Africa, Portugal and the United Kingdom. There are early signs that modest taxation rates have led to reductions in the purchase of SSBs (Popkin and Hawkes 2016). Denmark is the only country where soft drink taxes have been abolished due to illegal soft drink importation and sales.

Current evidence suggests that increasing the price of SSBs through taxation will reduce consumption (Backholer et al. 2016; Cabrera Escobar et al. 2013), particularly for younger Australians (Veerman et al. 2016). While this is likely to have a modest impact on population rates of obesity it will result in substantial benefits to population health. A 20% tax as supported by the WHO (2016) is estimated to reduce rates of type 2 diabetes, heart disease and stroke, with an estimated 1,600 extra people alive after 25 years as a result of the tax, providing considerable health system savings and generating an estimated \$400 million in revenue annually (Veerman et al. 2016).

64-69% of Australians are in favour of taxes on soft drinks with revenues subsidising the cost of healthy foods for low-income earners (Morley et al. 2012; OPC 2013).

## AHHA POSITION:

- ✧ SSBs contribute to overweight and obesity (Malik et al. 2013; Vartanian, Schwartz and Brownell 2007), the leading cause of preventable death or illness in Australia which is costly to individuals, the health system and society, both economically and socially (AIHW 2014).
- ✧ Obesity is a risk factor for coronary heart disease, high blood pressure, stroke, type 2 diabetes, abnormal blood fats, metabolic syndrome, cancer, osteoarthritis, sleep apnea, obesity hypoventilation syndrome, reproductive problems, gallstones (NIH 2012), dental caries and tooth erosion (Sohn, Burt and Sowers 2006).
- ✧ Small improvements in obesity population prevalence can substantially reduce Australia's chronic disease burden and reduce preventable mortality (Kearns et al. 2014; Veerman et al. 2016).
- ✧ Investment is needed in a broad array of evidenced-based strategies to discourage the consumption of SSBs, to incrementally reduce overweight and obesity and 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 (Hawley 2013).
  - Public awareness campaigns to ensure consumer awareness of health risks associated with SSBs.
- ✧ Revenue raised from a SSBs tax should be hypothecated (ie dedicated) for preventive health measures including approaches to improve diet, increase physical activity, prevent obesity and educate on nutrition.



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**For information: Alison Verhoeven, Chief Executive, 0403 282 501**

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