Position statement June 2024

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 the disproportionate consumption of SSBs in vulnerable populations requires urgent action.

BACKGROUND

Consumption of SSBs is a significant contributor to obesity, but consumer awareness of the health risks and sugar content of these beverages is low[1].

The rate of overweight and obesity amongst adult Australians increased from 57% in 1995 to 67% in 2017–18[2] . Obesity has high economic and human consequences at an individual and societal level. The cost of obesity was valued at $11.8 billion in 2018 and is projected to cost $87.7 billion in 2032 without intervention[3]

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[4].

Over 40 countries have implemented taxation schemes* to reduce consumption of SSBs. Despite initial industry concerns that taxation could harm the beverage industry, research on the United Kingdom's tiered tax levy (a scaled system in which the tax amount applied increases in line with beverage sugar content) found that producers experienced a short-term small negative financial impact, but no lasting financial impact[5,6].

This research demonstrates that taxation of SSBs can lead to improved public health outcomes without unfairly impacting industry. Notably, a recent study considered the societal costs associated with implementing a 20% SSB tax and found cost savings of $63.5 million, and further health-based savings of $42.2 million in a 10-year model. Accordingly, research indicates that 77% of Australians are supportive of a SSB tax, with revenues funding obesity prevention efforts[7].

**As of January 2023, Australia lags behind 85 countries and jurisdictions who have implemented some form of SSB tax, including Bahrain, Barbados, Belgium, Bermuda, Brunei, Chile, Cook Islands, Dominica, Ecuador, Estonia, Fiji, Finland, France, French Polynesia, Hungary, India, Ireland, Kiribati, Latvia, Malaysia, Marshall Islands, Mauritius, Mexico, Micronesia, Nauru, Norway, Oman, Philippines, Portugal, Qatar, Samoa, Saudi Arabia, Seychelles, South Africa, Spain (Catalonia), St Helena, Thailand, Tonga, United Arab Emirates, United Kingdom, Vanuatu and in 33 counties and states in the United States[8].*

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, reduce SSB sugar content and reduce overall consumption of SSBs, resulting in a meaningful reduction in obesity and rates of chronic disease. Evidence from the United Kingdom supports the implementation of a tiered tax system which imposes higher taxes on beverages with high sugar volumes.
    - Restrictions on the sale of SSBs in public institutions such as hospitals and schools. o 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 SSB taxation initiatives should be dedicated to preventive health measures, including approaches to improve diet, increase physical activity, prevent obesity, and improve nutrition and health literacy.

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[1] Miller, C., Wakefield, M., Braunack-Mayer, A. *et al.* Who drinks sugar sweetened beverages and juice? An Australian population study of behaviour, awareness and attitudes. *BMC Obes* **6**, 1 (2019). https://doi.org/10.1186/s40608-018-0224-2

[2] AIHW, 2023, Overweight and obesity, Web report, https://www.aihw.gov.au/reports/overweight-obesity/overweight-and-obesity/contents/overweight-and-obesity

[3] Australian Government, National Obesity Strategy 2022-2032, https://www.health.gov.au/sites/default/files/documents/2022/03/national-obesity-strategy-2022-2032-at-a-glance-summary-with-a-logic-framework_0.pdf

[4] Australian Bureau of Statistics. (2011, December). Australian Health Survey: Nutrition First Results- Foods and Nutrients. ABS. https://www.abs.gov.au/statistics/health/health-conditions-and-risks/australian-health-survey-nutrition-first-results-foods-and-nutrients/latest-release.

[5] Law et al (2020a). Law, C., Cornelsen, L., Adams, J., Pell, D., Rutter, H., White, M. and Smith, R. "The impact of UK soft drinks industry levy on manufacturers' domestic turnover". Economics & Human Biology 37, p. 100866. ISSN: 1570-677X. DOI: 10.1016/j.ehb.2020.100866. https://www.sciencedirect.com/science/article/pii/S1570677X19302606

[6] Law et al (2020b). Law, C., Cornelsen, L., Adams, J., Penney, T., Rutter, H., White, M. and Smith, R. "An analysis of the stock market reaction to the announcements of the UK Soft Drinks Industry Levy". Economics & Human Biology 38, p. 100834. ISSN: 1570-677X. DOI: 10.1016/j.ehb.2019.100834. https://www.sciencedirect.com/science/article/pii/S1570677X19302096

[7] Nguyen, T. M., Tonmukayakul, U., Khanh-Dao Le, L., Singh, A., Lal, A., Ananthapavan, J., Calache, H., & Mihalopoulos, C. (2023). Modeled health economic and equity impact on dental caries and health outcomes from a 20% sugar sweetened beverages tax in Australia. *Health Economics*, 32(11), 2568–2582. https://doi.org/10.1002/hec.4739

[8] Obesity Evidence Hub, https://www.obesityevidencehub.org.au/collections/prevention/countries-that-have-implemented-taxes-on-sugar-sweetened-beverages-ssbs

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