# GCPH SUMMARY: THE POTENTIAL IMPACT OF SUGAR TAXATION October 2017



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### **Background and aims**

Too much sugar is bad for our health – added sugars should not make up more than 5% of our total daily energy intake from food and drinks (about 30g per day). The high levels of obesity and dental decay in Scotland's secondary school-age children and young people (CYP) are associated with diets that exceed these national recommendations. Among 11-18 year-olds – the age group with the highest sugar intake – the single largest source of sugar is sugar-sweetened beverages (SSBs), otherwise known as 'soft drinks'. It is, therefore, important to reduce the quantity of SSBs consumed by this age group.

The UK government plans to introduce a tax on SSBs in 2018. The purpose of this research was to consider the likely impacts of the tax generally and specifically, on the sugar consumed by CYP in Scotland. This will help us understand whether the proposed UK tax will be sufficient to address the diet-related health issues affecting CYP in Scotland, or whether further action is needed by the Scottish Government.

The specific research questions included:

- What do we know about the potential benefits of sugar taxation in high-income countries on specific population groups?
- What do we know about the potential impact of the UK government's proposed tax?
- What can available survey and other data tell us about Scottish secondary school-age children and young people's dietary habits (principally in relation to sugared drinks)?
- Can any meaningful conclusions be drawn from the evidence review regarding the likely impact of the sugar tax on school-age dietary consumption and health in Scotland?

#### **Methods**

The work undertaken involved a structured literature review of the evidence, and an examination of relevant survey and other available data.

#### **Results**

The existing literature suggests that increasing the price of SSBs will reduce the quantity of SSBs consumed. However, it is not clear whether improvements in health or body weight will follow. This is because people may substitute the taxed SSBs with other untaxed drinks or snacks (such as milk-based drinks, which are exempt from the tax, or confectionery), and because the evidence does not consider the energy being used by each individual and so cannot predict whether weight loss is likely as a result of drinking fewer sugary drinks. Most evidence that is available comes from statistical models so we do not yet know how people will react to the tax in real life. However, it is clear that taxes on SSBs can generate additional money for governments which can be spent on other initiatives to improve health (such as physical activity classes or healthy school breakfasts) and these potential health benefits mean that many researchers and governments believe the taxes are likely to be cost-effective.

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In the UK, secondary school aged CYP drink the greatest quantities of SSBs, well above recommended levels, and this means that the UK is a suitable place for a tax intended to reduce SSB consumption. Previous research suggests that increasing the price of SSBs is likely to result in lower consumption and that this is likely to benefit the health of CYP. However, there are several potential unintended effects of the UK tax that make it difficult to know exactly what the effect of the tax will be when it is introduced. For example, people may substitute their usual SSB with alternative soft drinks (such as full-fat milk or fruit juice) or calorific snacks and this may mean that overall sugar intake is not significantly reduced and the expected health benefits do not occur. The UK tax is, however, slightly different than the taxes adopted in other countries as it is primarily intended to encourage soft drink manufacturers to reduce the sugar content of their drinks by reformulating them; if the sugar in their soft drinks is reduced below specified levels the tax imposed on them will be less.

The diet of the Scottish population as a whole falls short of several nutritional recommendations and secondary school-age CYP have a particularly poor diet compared with other age groups. In general, the 11-18 year old group consumes too much sugar and saturated fat and too few portions of fruit, vegetables and important vitamins and minerals. Children and young people from more deprived backgrounds are particularly likely to have a diet that does not meet nutritional recommendations. Given the high numbers of CYP who are overweight or obese and who experience dental problems, a diet that is too high in sugar is an important health concern. SSBs are the largest single source of added sugar in secondary school CYP's diets and many of them regularly purchase SSBs, often at very low prices or as part of an offer. Leaving school at lunchtime to buy cheap food, often of low nutritional quality, is very common among CYP and is influenced by a number of social and financial factors that vary according to the school environment and that differ for each child. As well as the need to reduce the amount of sugar consumed by CYP, there are other concerns about their diet that should be addressed, such as the frequent consumption of cheap food of poor nutritional quality purchased outside schools.

#### Conclusions

The extent of sugar-related health problems, and the major contribution that consumption of SSBs make to the high levels of sugar in the diets of Scottish CYP, means that there is a strong case for measures to reduce SSB consumption. Given that SSBs offer very little nutritional value, CYP and the population of Scotland as a whole, would be likely to benefit greatly from measures to reduce the consumption of sugar. One way of doing this is by introducing a tax on SSBs. The available evidence suggests that this could benefit the health of secondary school-age CYP in Scotland, particularly those of lower socioeconomic status. Although it is possible that people might purchase confectionery or other non-taxed SSBs instead of the taxed soft drinks, it is likely that there would be reduction in overall sugar intake and that this would help improve weight and dental health across the population. However, a sugar tax on soft drinks cannot address the range of diet-related health issues experience by Scotland's young population. In addition we need a more comprehensive strategy (such as retail policies, marketing regulations, sponsorship restrictions and school meal incentives) to improve the diet of Scotland's CYP and address the range of diet-related health problems in this population.