Perspectives

Time for a sugary drinks tax in the UK?

Oliver Mytton

UKCRC Centre for Diet and Activity Research (CEDAR), MRC Epidemiology Unit University of Cambridge School of Clinical Medicine, Box 285 Institute of Metabolic Science, Cambridge Biomedical Campus, Cambridge, CB2 0QQ

Address correspondence to Oliver Mytton, E-mail: otm21@medschl.cam.ac.uk

Food taxes are much discussed. However, the question for public health remains: what role could these taxes have in improving our health?

A response to the paper by Cornelsen et al. sets out some of the issues. While the authors' focus is on whether these taxes make us thin, others have argued the focus should be broader, being health or even the environment and health.^{2,3} The paper includes a valuable discussion of cross-price effects, the term economists give to the effect of food price changes on the purchases of other related food items. Such substitution effects can have an important role in determining the overall health impact of taxes on unhealthy foods. For example, taxing fatty foods might encourage people to switch to salty foods and this could off-set the beneficial health effects from reduced fat consumption. 4 Understanding cross-price effects is also important, because their estimates are used to model the potential effect of food taxes. Cornelsen et al. set out some of the challenges in estimating these values, and their use in modelling studies.

The authors bring us up to date with latest evidence on existing food taxes, although what is really happening is sometimes hard to tell. Was cross-border shopping in Denmark really a major issue, or was it over-emphasized for political gain? Recent analysis also suggests that its primary goal of cutting purchasing of taxed items was successful in the short run, with a 10-15% drop in consumption of butter and fats, although its impact on overall diet was not quantified. Unfortunately, a full understanding of the tax will be difficult as it was only in place for less than a year.

More evaluation is needed. Indeed it is probably only through evaluation of actual taxes that we may address many of the issues and uncertainties that Cornelsen *et al.*¹ raise. We need to be careful how we undertake and interpret any evaluation. The authors suggest that the 'well-worn staples of public health' are failing us. Herein may lie a danger that the success or failure of any one policy hinges on whether

obesity rates rise or fall. We have a more nuanced approach to our evaluation of tobacco and alcohol control polices. For example, recent evaluations of plain packaging have focused on perceptions and thoughts to quit, often considering sub-groups within the population, not population health. For obesity, given its complexity and the diversity of influences on body weight, evaluation of interventions (including of food taxes) needs careful thought and consideration of how much of the signal can be detected amongst the noise.

Where does this leave us in the UK? No health body is presently advocating a tax on unhealthy foods. This is partly because of the present uncertainties and concerns set out by Cornelsen *et al.*¹ However, a tax on sugary drinks is supported by the Faculty of Public Health, Sustain, the UK Health Forum and the Academy of Medical Royal Colleges.^{9,10} This tax is a very different proposition to taxing food.

The evidence linking regular sugary drinks consumption to obesity, diabetes, cardiovascular disease and tooth decay comes from strong observational studies and, additionally for weight gain, from some randomized trials. 10 The evidence is also underpinned by an understanding of the physiological and metabolic effects of sugary drinks on humans. Sugary drinks are non-necessities and can readily be replaced by water. Sugary drinks are un-satiating, resulting in over-consumption of calories and weight gain, and so appear a good target for removing excess calories from our diets. Empirical evidence suggests substitution with healthier drinks (e.g. diet drinks, bottled water, tea and coffee) is likely. This substitution may dampen the effect of a tax on sugary drinks, but even after allowing for these effects is forecast to reduce obesity numbers by around 180 000 adults (or 1.3% of obese adults), largely among younger adults, in the UK.¹⁰ It would also be helpful to understand its potential impact on other conditions, dental caries and diabetes.

Oliver Mytton, Honorary Specialty Registrar/PhD Candidate

A sugary drinks tax is likely to have other benefits. It will raise significant revenue that could be used to improve health. ^{11,12} Its introduction may serve to heighten awareness of the health consequence of regular sugary drinks consumption. ⁹ It may be a stimulus for beverage manufacturers to move away from full-sugar drinks to alternatives. The principle downside of the tax is that it would be regressive. Not that this has stopped public health bodies advocating for taxes on alcohol and tobacco and at the levels proposed the burden of the tax would be slight (around 9 pence per person per week). ¹⁰

Obesity remains a wicked problem, and there is no one thing that will make us all thin.¹³ But that should not stop us backing sensible measures that look likely to help make some of us thinner and healthier.

Funding

Funding to pay the Open Access publication charges for this article was provided by The University of Cambridge.

References

- 1 Cornelsen L, Green R, Dangour A et al. Why fat taxes won't make us thin. J Public Health 2015;37:18–23.
- 2 Mytton OT, Clarke D, Rayner M. Taxing unhealthy food and drinks to improve health. BMJ 2012;2931:1-7.
- 3 Briggs ADM, Kehlbacher A, Tiffin R et al. Assessing the impact on chronic disease of incorporating the societal cost of greenhouse gases

- into the price of food: an econometric and comparative risk assessment modelling study. *BMJ Open* 2013;**3**:e003543.
- 4 Mytton O, Gray A, Rayner M et al. Could targeted food taxes improve health? [Epidemiol Community Heal 2007;61:689–94.
- 5 Jensen JD, Smed S. The Danish tax on saturated fat—short run effects on consumption, substitution patterns and consumer prices of fats. Food Policy 2013;42:18–31.
- 6 Wakefield MA, Hayes L, Durkin S et al. Introduction effects of the Australian plain packaging policy on adult smokers: a cross-sectional study. BMJ Open 2013;3:e003175.
- 7 Finegood DT, Merth TDN, Rutter H. Implications of the foresight obesity system map for solutions to childhood obesity. *Obesity (Silver Spring)* 2010;**18(Suppl. 1)**:S13–6.
- 8 Ogilvie D, Cummins S, Petticrew M et al. Assessing the evaluability of complex public health interventions: five questions for researchers, funders, and policymakers. Milbank Q 2011;89: 206–25.
- 9 Faculty of Public Health. A Duty on Sugar Sweetened Beverages. London, 2013. http://www.fph.org.uk/uploads/Position%20statement%20-% 20SSBs.pdf.
- 10 Briggs ADM, Mytton OT, Kehlbacher A et al. Overall and income specific effect on prevalence of overweight and obesity of 20% sugar sweetened drink tax in UK: econometric and comparative risk assessment modelling study. BMJ 2013;347:f6189.
- 11 Bodden T. Plaid plan 20p tax on fizzy drinks to pay for 1,000 doctors. *Dly Post* 2013.
- 12 Sustain. A Children's Future Fund. London, 2012. http://www.sustainweb.org/publications/?id=263
- 13 Rutter H. The single most important intervention to tackle obesity Int J Public Health 2012;57:657–8.