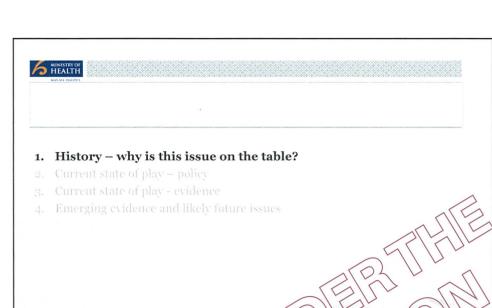
# Item #21

# Sugar tax presentation slides

Drafts of presentation slides prepared for cancelled December 2016 ELT discussion of sugar taxes, three versions: 7 December, 9 December, 12 December 2016





MINISTRY OF HEALTH

# Advocacy for a sugar tax of some kind probably arises from:

- Genuine desire for concrete action to address rising rates of obesity, diabetes and dental caries
- Introduction of soda / sugar / sugar sweetened beverages taxes in other countries
- Observed role of "tax" (actually a minimum price) in curbing smoking
- ?Attractive as a population-based silver bullet vs the alternative micro behavioural interventions



- 1. History why is this issue on the table?
- 2. Current state of play policy and positions
- 3. Current state of play evidence
- 4. Emerging evidence and likely future issues

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# Current state of play

- NZ Government position is that there is insufficient evidence that a tax will work to curb obesity, awaiting the outcome of robust research re the impact in Mexico
- New Zealand Medical Association and senior public health professionals support
- Professor Sir Peter Gluckman signalling effect matters, chair of key WHO commission
- WHO should be part of a package of initiatives to curb childhood obesity and sugar consumption
- Opposition from economists, Treasury, NZ Initiative, NZIER.

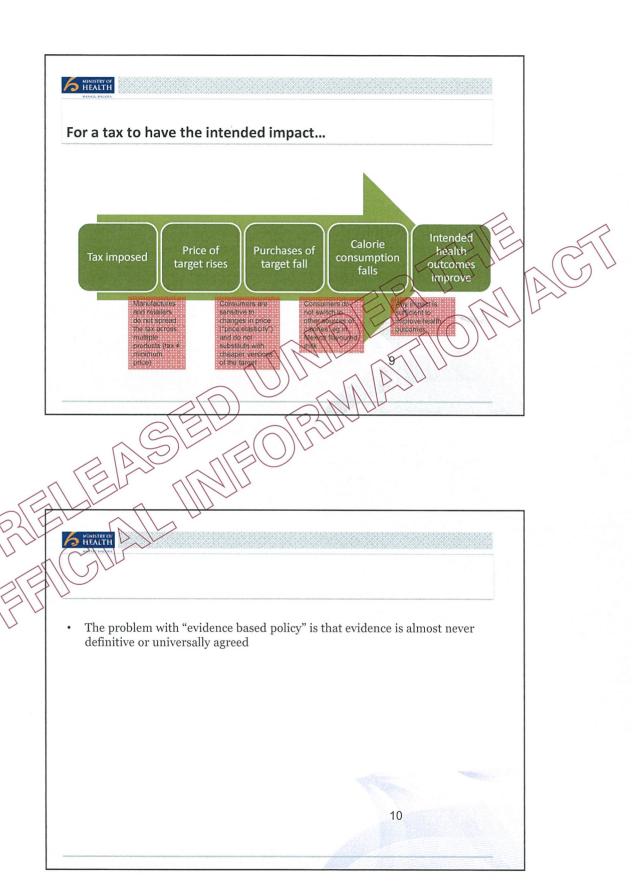


#### Other countries' current positions

- · Introduced in various countries, including
  - Mexico
  - France (includes artificially sweetened drinks)
  - Various Pacific Islands
  - Norway (all refined sugar products)
  - Hungary (all products with high sugar or salt content)
- Some **US** districts already have a tax, others voted to introduce in recent elections (eg Boulder Colorado)
- UK & Ireland a tiered levy on producers, from April 2018
- South Africa signalled it would introduce in 2017, but still under debate
- Canada & Australia not at this stage
- Denmark in 2011 introduced "fat" on top of pre-existing sugarsweetened beverage tax, abolished both 13 months later



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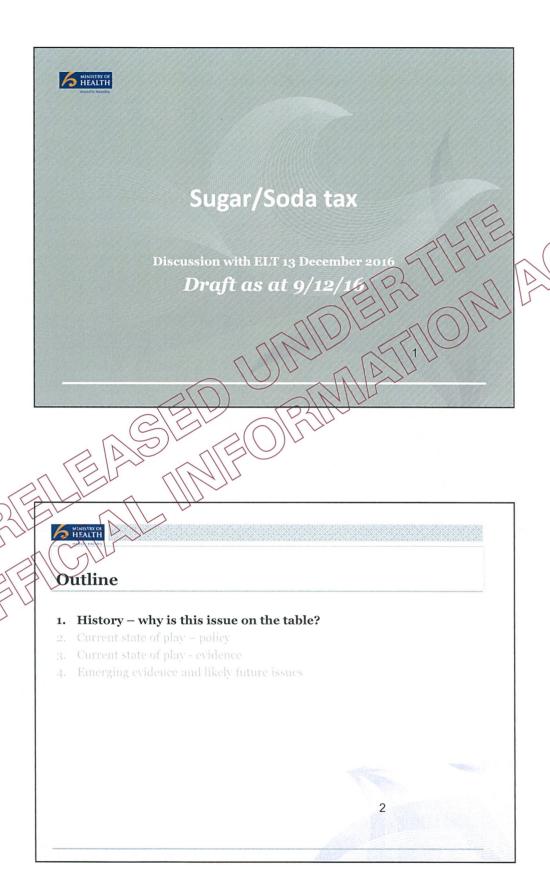




I hope that Fran, you and John P can populat this Bronwyn Croxson, 7/12/2016 BC1



- Ongoing pressure is likely
  - Public perceptions surveys report substantial public support for a tax
  - Increasing number of other countries introducing
  - Ongoing increase in sugar consumption and related health risks, lack of evidence about effectiveness of other behavioural interventions.
- Emerging reports from Mexico that an initial fall in consumption has not been sustained
- Expect ongoing emergence of robust evidence, based on large panel datasets, controlling for confounders and for substitution effects.
- Emerging interest from manufacturers in product reformulation based on new science and changing demand. New Zealand manufacturers have an incentive to follow suit (voluntary industry accord)





#### Why is this issue on the table?

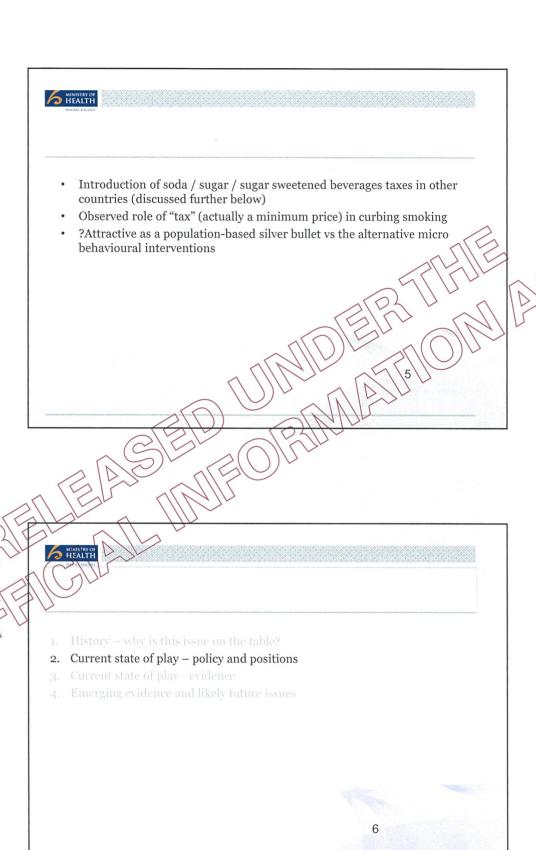
1. Health professionals frustrated by rising rates of obesity, diabetes and dental caries, seeking a solution

"A morbidly obese teenager weighing 270kg was crushed and killed by the weight of his own body in the [Middlemore Hospital] intensive care unit ... New Zealand's hospitals are full of these tragic, preventable tales and experts say they are at a loss as to how to deal with patients who are just too large for the equipment and cannot be examined or treated ... Middlemore Hospital intensive care specialist David GaTler said much of his time was now spent dealing with preventable issues which stemmed from obesity. His job did not start out this way." (Stuff, 2535)



2. High consumption of sugar sweetened drinks in vulnerable groups

	% E	st. num children	
Total population	18.3	145,000	
Age group (years)			
2–4	9.3	17,000	
5–9	17.3	54,000	
10–14	25.0	74,000	
Ethnic group (total response)			
Māori	24.9	51,000	
Pacific	30.2	28,000	
Asian	16.7	17,000	
European/Other	15.0	86,000	
Neighbourhood deprivation (NZDep2013)			
Quintile 1 (least deprived)	10.6	17,000	
Quintile 2	15.4	25,000	
Quintile 3	16.5	23,000	
Quintile 4	20.1	31,000	
Quintile 5 (most deprived)	27.3	49,000	





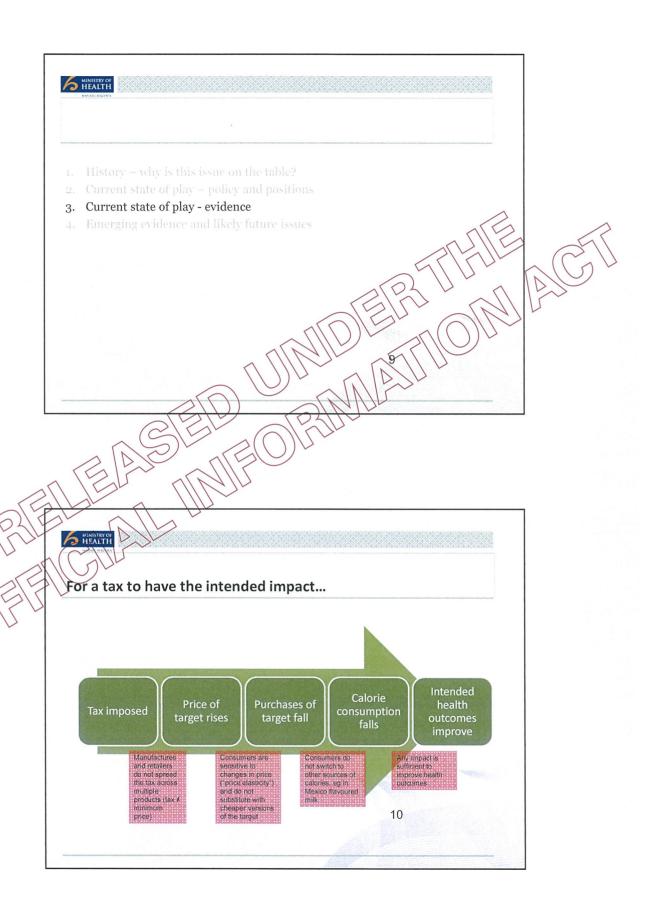
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- **Denmark** in 2011 introduced "fat tax" on top of pre-existing sugarsweetened beverage tax, abolished both 13 months later



	MINISTRY OF HEALTH			
	The problem with "evidence based policy" is definitive or universally agreed	that evidence is almost never		
			AGT	
	W-SUNKO)  W-SUNKO)  W-SUNKO)  W-SUNKO)			
A number of published studies report that a tax will decrease purchases of sugar sweetened beverages / soda				
	Economists' views on this work  Changes in incentives often have unintended consequences — people do not respond to changes in price in a simple manner.	Health researchers' views	BC1	
		harm can it do to give it a go?"		
	passed on thee price will increase) Published studies do not establish a link between a tax and health outcomes Most published studies overestimate the price elasticity of demand (John Gibson, next slide)			
	Most studies do not control for other changes occurring at the same time (eg in Mexico, part of a comprehensive public health initiative).  The tobacco tax is not a great comparator	12		

I hope that Fran, you and John P can populat this Bronwyn Croxson, 7/12/2016 BC1



#### What is different about John Gibson's research?

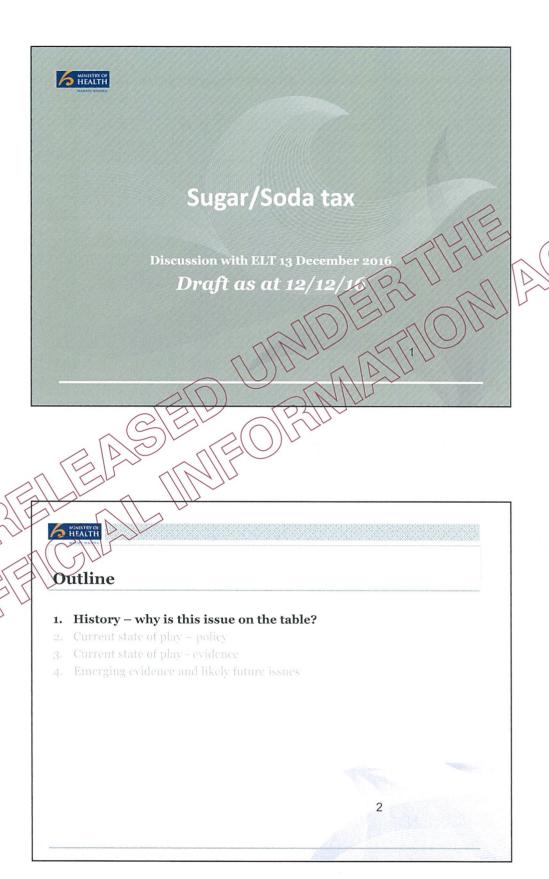
- Most empirical studies measure changes in purchase from changes in total household spending on a category of goods, eg total spending in each year for each household on each of fruit and veges, meat, bottled drinks, and so on.
- So to assess the impact of a tax, most compare pre tax and post tax total spending on bottled drinks, for each household. Studies sometimes have data to distinguish households eg by number of people in the household, deprivation etc.
- However, total spending on a category of products is a poor measure of the impact of a tax because it does not measure change in quantity consumed.
  - eg my total expenditure on softdrinks might fall from \$100 to \$80 for a number
    of reasons, including purchasing ginger beer in 1.5L bottles rather than in 0.5L
    bottles, buying goods on sale, switching where L shop or switching from
    Schweppes to supermarket own-brand soft drinks
- Controlling properly for quantity makes a four fold difference to the predicted impact of a tax. (In economeze, it reduces the price clasticity of demand).



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  - Increasing number of other countries introducing
  - Ongoing increase in sugar consumption and related health risks, lack of evidence about effectiveness of other behavioural interventions.
- Emerging reports from Mexico that an initial fall in consumption has not been sustained
- Expect ongoing emergence of robust evidence, based on large panel datasets, controlling for confounders and for substitution effects.
- Emerging interest from manufacturers in product reformulation based on new science and changing demand. New Zealand manufacturers have an incentive to follow suit (voluntary industry accord)
- Need to identify other / complementary cost-effective ways of reducing sugar consumption, since even if a sugar tax is eventually introduced it will need to be as part of a package.





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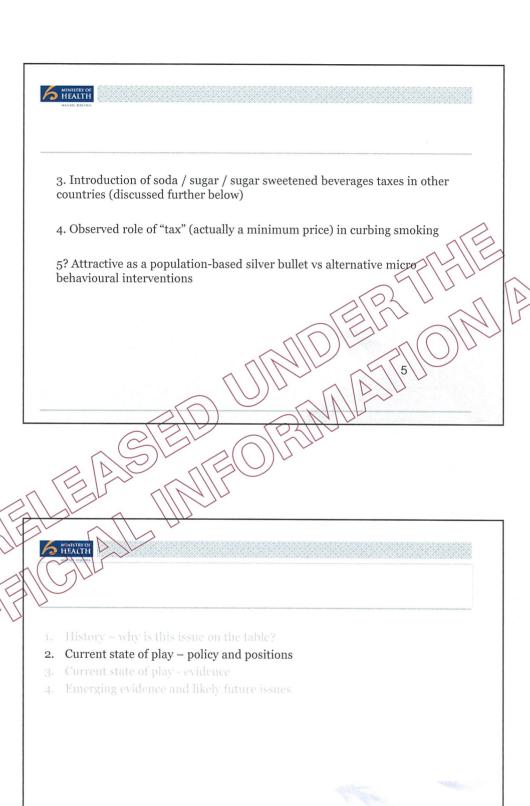
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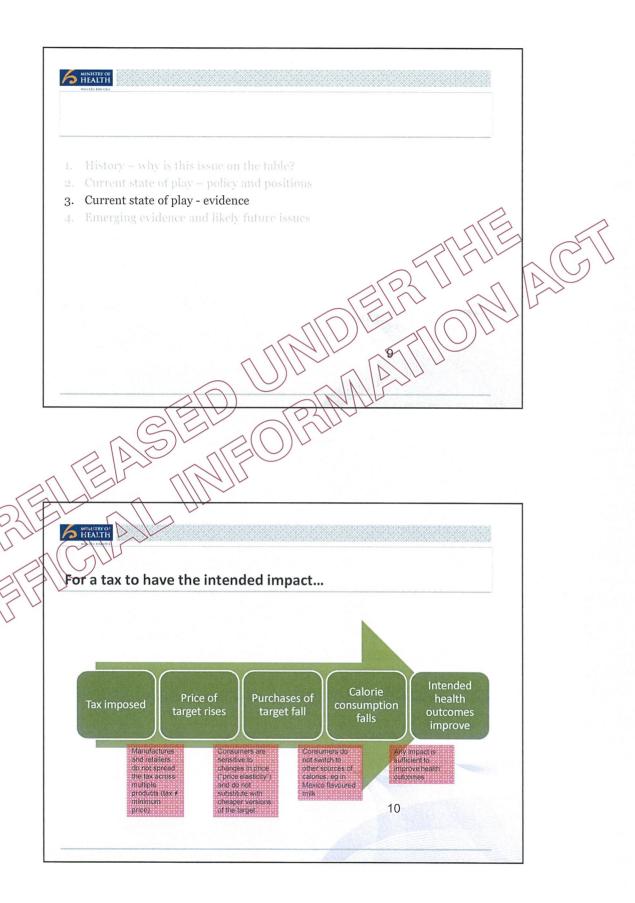
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  - Public perception surveys report substantial public support for a tax
  - As introduced in other countries
  - Ongoing increase in sugar consumption and related health risks
- · Emerging evidence
  - · Reports that initial fall in consumption in Mexico not sustained
  - Expect robust evidence of actual impact in Mexico and in US, based on large panel datasets, controlling for confounders and for substitution effects.
  - On impact of 'threat' or actual change on manufacturers & product reformulation
     based on new science and changing demand.
- Need to identify other / complementary cost effective ways of reducing sugar consumption and obesity
  - even if a sugar tax is eventually introduced it will need to be as part of a package