

Health Select Committee Inquiry: *The impact of physical activity and diet on health*
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What is the evidence base for various fiscal measures?

As requested, we provide here an additional response to this question over and above that which was contained in our written submissions:

- <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/impact-of-physical-activity-and-diet-on-health/written/16783.html>
- <http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/impact-of-physical-activity-and-diet-on-health/written/17788.html>

1. Food taxes internationally

- Taxes on sugary drinks have been introduced in several jurisdictions including Mexico, France, Berkeley in California, St Helena and some islands in the South Pacific.
- Hungary has introduced taxes on sugary drinks, salty condiments and some snack foods.
- Finland has introduced taxes on sweets, ice-creams and soft drinks. Norway has introduced taxes on sugary drinks, chocolate and sugar.
- Denmark is the only country that has explicitly introduced (and subsequently withdrawn) a tax on foods high in saturated fat for health purposes.

2. Evidence of effect on purchasing

- The introduction of the Danish tax was associated with a fall in the purchasing of most taxed items during the period that it was introduced.
- In Mexico, the tax of ~10% applies to non-dairy and non-alcoholic beverages with added sugar. Preliminary results show:
 - a ~10% decline in purchases of taxed beverages in the first quarter of 2014 compared to the first quarter of 2013.
 - a ~7% increase in purchases of untaxed beverages (such as diet sodas, sparkling and still plain water, 100% juices, flavoured water with non-caloric sweeteners and milk without added sugar) and within this category a ~13% increase in plain water purchases during the same timeframe.
 - purchases of untaxed carbonated drinks (i.e., diet beverages and sparkling waters) and other untaxed beverages (i.e., milks and 100% juices) did not change significantly.
- Few countries have conducted rigorous evaluation on these taxes, meaning we know less than we should about impact. This presents an opportunity for the UK to introduce such a measure and conduct a robust evaluation, which would be of huge international interest and value.
- Other experiments include using a virtual supermarket or manipulating the prices in work place canteens. These show reductions in the purchasing of the taxed food items, but often do not account for how purchases could change elsewhere (e.g. compensatory increases in purchases from other outlets).

3. Evidence of effect on health

- There are no studies that have shown that any of the introduced taxes have improved health. However, the taxes that have been introduced and studied to date have not been large enough nor been introduced for long enough to have a measureable effect, and it is hard to isolate the impact of tax from other concomitant policy measures.

- Modelling studies that estimate the effect on population health based on observed or estimated changes in purchases suggest that these changes are likely to result in small but important improvements in population health. This is a manifestation of a general phenomenon that small effects operating across large groups of people can result in large public health benefits.
- Modelling studies also suggest that if consumption of other food items changes through “substitution effects”, then the overall impact on health may become harder to predict. A tax on fat, for example, could cause consumers to make choices about how they spend their overall food budget and alter purchases of other items important for health such as fruit or vegetables.

4. Supermarket promotions

The impact of supermarket price promotions on healthy and unhealthy purchases has been evaluated (<http://ajcn.nutrition.org/content/early/2015/02/11/ajcn.114.094227.abstract>) showing that:

- price promotions were used with equal frequency on healthier and less healthy foods. However, people were more likely to purchase promoted foods when these foods were less healthy.
- less deprived households were more likely to buy foods on promotion than more deprived households, for both healthier and less healthy foods. This suggests that while limiting promotions on less healthy foods could improve diets, such a policy would not reduce health inequalities.

5. Acceptability of fiscal measures

- Consumers purchase foods rather than individual nutrients such as sugar or fat. Taxing specific nutrients can result in unexpected outcomes if changes in one target nutrient also impact on other nutrients which tend to be found together in the taxed foods. It is therefore sensible to focus on identifying and taxing unhealthy foods or drinks, rather than focusing on nutrients. A benefit of taxing foods not nutrients is that it also adds to consumer information in tangible way: certain foods would be highlighted as not being consistent with a healthy diet, which reinforces more general educational messages about diet.
- The case for a tax on specific foods such as sugar sweetened beverages is strong. The SACN *Draft Carbohydrates and Health report* <https://www.gov.uk/government/consultations/consultation-on-draft-sacn-carbohydrates-and-health-report> finds that there is good evidence that beyond their well-established relationship with dental caries, regular consumption of sugary drinks is associated with weight gain and type 2 diabetes. These products have no nutritional value, and there are sugar-free alternatives, ideally water. Children and young adults are the main consumers of sugary drinks, and it is in these groups that one might expect to see effects of taxation.
- The experience in Denmark, Berkeley in California, and other states in the USA suggests that industry will put significant resources into campaigning against such taxes. Support for the tax from public health advocates and medical bodies in Denmark was limited, and may have made it easier for industry voices to successfully campaign for the withdrawal of the tax.
- In the UK there is broad support among health bodies (Faculty of Public Health, Academy of Medical Royal Colleges, UK Health Forum, Sustain, Action on Sugar and Health) for a tax on sugary drinks.
- Ipsos Mori polling indicates that 41% of British adults either strongly support or tend to support a 20% tax being added to the cost of all sugary soft drinks in an effort to reduce obesity in the UK. 35% strongly oppose or tend to oppose.