



EDUCATING • ADVOCATING
INNOVATING

ADA NSW POSITION ON A SUGAR-SWEETENED BEVERAGE LEVY

Background

Tooth decay and obesity continue to be major health problems for the Australian community. A systematic literature review by the World Health Organization (WHO) in 2014¹, concluded that added sugars are the main factor causing tooth decay. The review also demonstrated a dose/response relationship between sugar intake and the ongoing development of tooth decay throughout life. In addition, there is a proven association between dental erosion and the amount and frequency of soft drinks and fruit juice consumption.² The WHO therefore recommends limiting soft drink and juice intake to minimise the occurrence of both tooth decay and dental erosion^{1,2}.

Tooth decay, is one of the most common chronic diseases in Australia and worldwide. Latest, statistics show that although preventable, 26% of all children and adults (5-64 years) experience untreated tooth decay in one or more of their teeth.³ Tooth decay is the second most costly diet-related disease in Australia, with an economic impact comparable to heart disease and diabetes.^{4,5} This presents a significant financial burden to both governments and individuals, with spending on dental services accounting for approximately 20% of total health expenditure by individuals.⁵ In Australia, dental conditions account for the highest number of potentially preventable hospitalisations in young children (5-9 years)⁶ resulting in further significant costs and a resource burden on the hospital system.

Sugar-sweetened beverages (SSBs) are defined as all non-alcoholic, water-based beverages with added sugar, including soft drinks, energy drinks, fruit drinks, sports drinks and cordial.⁶ It does not include milk-based products, 100% fruit juice or non-sugar sweetened drinks. Young Australian's are very high consumers of SSBs, especially males 12-24 years of age.⁶ The prevalence of SSB consumption is higher among lower socio-economic groups with availability, price and marketing having a significant influence.⁶

The WHO recommends that programs to combat obesity should include tools, such as taxes and subsidies, to improve the affordability of healthy food products and discourage the consumption of unhealthy food options.⁷ SSBs are the most commonly recommended target for food taxes because of their strong association with poor health, poor oral health and obesity⁸. Many countries have enacted food taxes to improve population health, most notably Mexico, France, Hungary, United Kingdom, Switzerland and a number of countries in the Western Pacific. In addition to the direct effect on lowering consumption, levies on SSBs can result in manufacturer's reformulating their SSBs with a lower sugar content.⁹

A recent study estimated the impact of an additional 20% levy on SSBs in Australia on health outcomes and expenditure.¹⁰ This study showed that a 20% levy could reduce consumption of SSBs by 12.6% and reduce obesity by 2.7% in men and 1.2% in women. It was concluded that there would be sustained reductions in the incidence of diabetes, cardiovascular disease and some cancers, resulting in thousands of healthy life years gained and millions of dollars saved in healthcare costs. It was further

adansw.com.au

Australian Dental Association
NSW Branch ABN 34 000 021 232

Address
L1, 1 Atchison Street,
St Leonards NSW 2065

Phone
02 8436 9900

Email
adansw@adansw.com.au

estimated that the levy could generate more than \$400 million (AUD) annually in revenue even taking the decline in consumption into account.¹⁰

ADA NSW Position on a SSB Levy

ADA NSW recommends the implementation of a SSB levy by the Australian Government, as part of a comprehensive program aimed at educating the public to limit their consumption of SSBs and increase their awareness of the health impacts of SSB consumption. A price increase resulting from a 20% levy could provide an additional \$400 million government revenue¹⁰ which ADA NSW believes should be used for public education directed towards changing purchasing habits, restricting children's exposure to SSB marketing, achieving healthier diets and other initiatives aimed at improving oral health and general health. ADA NSW believes such initiatives would make significant gains towards the control of three major diet-related diseases - tooth decay, obesity and diabetes, that are threatening Australian's health. ADA NSW recommends that Australians follow the dietary guidelines set by the National Health and Medical research Council for health and wellbeing.¹¹

Facts

- In 2006, Australia was among the top 10 countries for per capita consumption of soft drinks.¹¹
- SSBs are the largest source of added sugars in the Australian diet.⁶
- One in two Australians regularly exceed the World Health Organization recommendation to limit added sugar to 10% of daily intake (equivalent to 12 teaspoons of sugar).¹²
- Young Australians (especially males) are the highest consumers of sugar-sweetened beverages, along with Aboriginal and Torres Strait Islander people and socially disadvantaged groups.⁶
- 52% of Australians exceeded the WHO guideline for sugar intake (2011-13) with 9-18 year olds representing the largest group. This is the age at highest risk of adult tooth decay and commits individuals to a lifelong burden of disease and expense of dental treatment.³
- Drinking a can of soft drink each day will significantly increase the risk of tooth decay and dental erosion.³
- People with high (top 20%) consumption of SSBs are at a 26% greater risk of developing type 2 diabetes than those with low (bottom 20%) consumption.⁸
- Visit the Rethink Sugary Drink website⁶ for more facts, figures and resources.

References

1. Moynihan PJ, Kelly SA. Effect on Caries of Restricting Sugar Intake: Systematic Review to Inform WHO Guidelines. J Dent Res 2014; 93:8-18.
2. World Health Organization, Food and Agriculture Organization. Diet, nutrition and the prevention of chronic diseases. Geneva, Switzerland: WHO; 2003. Report No.: WHO technical report series 916. Available from: http://apps.who.int/iris/bitstream/10665/42665/1/WHO_TRS_916.pdf.
3. Healthy mouths health lives. Australia's National oral health plan 2015-2024. Performance monitoring report. Baseline Report 2017. https://www.coaghealthcouncil.gov.au/Portals/0/PerfMonitoringReport_Baseline_Final.pdf
4. Dental Health Services Victoria. Links between oral health and general health. The case for action.2011 https://www.dhsv.org.au/_data/assets/pdf_file/0013/2515/links-between-oral-health-and-general-health-the-case-for-action.pdf
5. Australian Institute of Health and Welfare 2018. Health expenditure Australia 2016–17. Health and welfare expenditure series no. 64. Cat. no. HWE 74. Canberra: AIHW. <https://www.aihw.gov.au/getmedia/e8d37b7d-2b52-4662-a85f-01eb176f6844/aihw-hwe-74.pdf.aspx?inline=true>

adansw.com.au

Australian Dental Association
NSW Branch ABN 34 000 021 232

Address
L1, 1 Atchison Street,
St Leonards NSW 2065

Phone
02 8436 9900

Email
adansw@adansw.com.au



EDUCATING • ADVOCATING
INNOVATING

HealthStats NSW. Potentially preventable hospitalisations. Dental conditions.

http://www.healthstats.nsw.gov.au/Indicator/bod_acshos_cond/bod_acshos_cond_age_comparison

6. Rethink Sugary Drink partnership
<http://www.rethinksugarydrink.org.au/>
7. World Health Organization. Fact Sheet: Overweight and Obesity. <https://www.who.int/en/news-room/fact-sheets/detail/obesity-and-overweight>
8. Malik VS, Popkin BM, Bray GA, Despres JP, Hu FB. Sugar-sweetened beverages, obesity, type 2 diabetes mellitus, and cardiovascular disease risk. *Circulation*. 2010; 121(11):1356–64. doi: 10.1161/
9. The Independent Newspaper. UK “Sugar tax: the soft drinks that slashed their sugar ahead of the levy.” 6 April 2018.
<https://www.independent.co.uk/news/business/news/sugar-tax-soft-drinks-coca-cola-irn-bru-ribena-fanta-luozade-a8291421.html>
10. Veerman JL, Sacks G, Antonopoulos N, Martin J (2016) The Impact of a Tax on Sugar-Sweetened Beverages on Health and Health Care Costs: A Modelling Study *PLoS ONE* 11(4): e0151460. 2016
11. National Health and Medical Research Council. *Australian dietary guidelines*. Canberra: NHMRC; 2013.
<https://www.eatforhealth.gov.au/guidelines/australian-dietary-guidelines-1-5>
12. Australian Bureau of Statistics 364.0.55.007 - Australian Health Survey: Nutrition First Results - Foods and Nutrients, 2011-12. Consumption of sweetened beverages. <http://www.abs.gov.au/ausstats/abs@.nsf/lookup/4364.0.55.007main+features7102011-12>
13. Australian Bureau of Statistics 4364.0.55.011 - Australian Health Survey: Consumption of added sugars, 2011-12.
<https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4364.0.55.011main+features12011-12>

adansw.com.au

Australian Dental Association
NSW Branch ABN 34 000 021 232

Address
L1, 1 Atchison Street,
St Leonards NSW 2065

Phone
02 8436 9900

Email
adansw@adansw.com.au