Version

This is the publisher’s version. This version is defined in the NISO recommended practice RP-8-2008 http://www.niso.org/publications/rp/

Suggested Reference


Copyright

Items in ResearchSpace are protected by copyright, with all rights reserved, unless otherwise indicated. Previously published items are made available in accordance with the copyright policy of the publisher.

http://www.nzma.org.nz/journal/subscribe/conditions-of-access
http://www.sherpa.ac.uk/romeo/issn/0028-8446/
https://researchspace.auckland.ac.nz/docs/uoa-docs/rights.htm
New Zealand’s growing thirst for a sugar-sweetened beverage tax

Gerhard Sundborn, Simon Thornley, Bodo Lang, Rob Beaglehole

Findings from two large-scale, nation-wide surveys indicate that the majority of New Zealanders are now supportive of a tax on sugar sweetened beverages.

A significant shift has occurred in New Zealanders’ appetite for a tax on sugar-sweetened beverages (SSBs), if the funds collected are to be used to prevent childhood obesity.

Two polls, 18 months apart, show a strong increase in support of a tax on sugary drinks. The first poll, from February, 2014, found that 44% of respondents supported a tax on sugary drinks. The second poll, carried out in June 2015 (funded by the National Heart Foundation and the Cancer Society of Auckland), showed that support had risen to 52%, provided funds be used to address childhood obesity—this represents an eighteen percent rise in favour of a tax.

Interestingly, there was an even stronger drop in those who opposed such a tax. Opposition to a SSB tax dropped by 35% from 49% in February 2014 to 32% in June 2015 (Table 1).

These findings indicate a significant shift in public attitude towards the taxation of SSBs, because a quarter of respondents have moved to a more supportive, or less opposed, stance about the introduction of an SSB tax.

The speed at which public opinion has shifted (in favour of a SSB tax) indicates that New Zealanders are increasingly aware of the harms SSBs pose to health, and that of children especially. Strong media attention around SSBs may have facilitated this change. Over the last two years, the harm that SSB intake poses to health, and the notion of a tax on SSBs, have been regularly profiled in mainstream media. The public support for an SSB tax is also echoed by public policy makers in recent research. A study conducted by Signal et al, interviewed key health policy and decisions makers, including politicians, bureaucrats, food industry and key stakeholders about the acceptability and feasibility of a number of fiscal policies aimed at improving nutrition. Out of six policy options (that included either a fat tax; salt tax; removal of GST from fruit and vegetables; a combined fat, salt, GST removal type policy; and an SSB tax), an SSB tax was most frequently selected by respondents as the most feasible and acceptable option.

There is also strong political support for the need to address SSBs by political parties outside of government. A policy brief, written by the New Zealand Beverage Guidance Panel titled Options to reduce sugar sweetened beverage consumption in New Zealand, outlined 20 initiatives relating to how SSB intake could be reduced, with a

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Revenue use not mentioned</td>
<td>Revenue used for childhood obesity prevention</td>
</tr>
<tr>
<td>Support SSB tax</td>
<td>44%</td>
<td>48%</td>
</tr>
<tr>
<td>Oppose SSB tax</td>
<td>49%</td>
<td>35%</td>
</tr>
</tbody>
</table>
20% excise tax included. This document was received on parliament grounds on 19 June, 2014, and formally endorsed by the Green, Labour, and Māori parties.9

A refreshing initiative that Minister Coleman recently introduced is the mandate that hospitals and district health boards (DHBs) lead public policy to restrict SSB intake. A blanket ban on sugary drinks in all hospitals and DHBs has recently been announced under the leadership of the Director-General of Health and Chief Executive, Chai Chuah. We congratulate Mr Chuah for this bold initiative and Minister Coleman for creating an environment in which such decisions can be made. The exclusion of sugary drinks from hospitals will be a positive legacy for these leaders.10

However, SSBs present a problem that requires a more urgent and larger-scale solution. New Zealand has the third highest rate of childhood obesity in the developed world, and a recent study has found that high sugary drink intake is conservatively attributed to 561 deaths in Australasia per year.11,12 Equivalent to 40% of the annual road toll. Thus, New Zealand urgently needs a policy that will address such health issues in a manner that benefits all New Zealanders, particularly those who are most vulnerable.

The increasing public dissatisfaction from greater awareness of the effect of SSBs on our children’s health is shared by policy makers and several political parties. This makes the political acceptability of introducing an SSB tax a likely reality in the future.

The introduction of an SSB tax would be another positive step toward addressing childhood obesity, making a strong statement that New Zealanders, as a society, value child health over corporate profits. Whether the current Minister of Health will extend his legacy to include the introduction of a SSB tax, or not, remains to be seen. It seems inevitable, however, that an SSB tax will be a major part of reclaiming our children’s health, considering the growing public support for its implementation. The only question that remains is when.

This paper has been prepared by FIZZ (Fighting Sugar in Soft-drinks) New Zealand; a public health advocacy group established by researchers to reduce the consumption of sugar sweetened beverages in New Zealand to zero by 2025.

Competing interests: Nil

Author information:
Gerhard Sundborn, Epidemiology and Biostatistics, University of Auckland; Simon James Thornley, Consulting Epidemiologist, Auckland; Bodo Lang, Department of Marketing, Business School, University of Auckland; Rob Beaglehole, Principal Dental Officer, Nelson Marlborough District Health Board.

Corresponding author:
Dr Gerhard Sundborn, Epidemiology and Biostatistics, University of Auckland, Auckland, New Zealand
g.sundborn@auckland.ac.nz

URL:

REFERENCES:
http://www.nzherald.co.nz/lifestyle/news/article.cfm?c_id=6&o-objectid=11475877


