EVIDENCE SUMMARY PREVENT AND CONTROL SUGARY DRINK CONSUMPTION

WHAT IS THE INITIATIVE?

The Hume Whittlesea Primary Care Partnership (HWPCP) is partnering with 14 health focussed organisations in the outer north to improve health access, outcomes and costs under the Shared Vision for the North **Outer Northern Prevention Taskforce.**

The HWPCP provides Taskforce members with rigorous evidence, planning, evaluation and methodological supports to inform their decisions to have the greatest health impact.

This initiative aligns evidence-informed preventive practice with emerging collective impact and delivery models.

WHO IS AT RISK?

Australia is the fifth most obese nation in the world and has one of the highest sugar consumption rates in the world (1,2). The negative health impacts of sugary drinks are poor dental health and increased energy intake which can result in weight gain and obesity (3).

Sugary drink consumption is high among certain groups within the population:

- Males
- Children and young people
- Low SES; disadvantaged populations
- Overweight and obese
- High energy, low nutritional value diets
- Reside near fast food

Key health and cost evidence messages

The direct cost for overweight and obesity in 2005 in Australia was \$21 billion (\$6.5 billion for overweight and \$14.5 billion for obesity) with additional indirect costs of \$35.6 billion per year, resulting in an overall total annual cost of \$56.6 billion (4). This was supported by the Deliotte Access Economics report that estimated the total cost of obesity in 2008 to be \$58.2 billion and expected to increase each year (5) if no additional actions are taken.

The introduction of a 20% tax on sugary drinks in Australia would raise an estimated \$400 million a year and reduce annual health expenditure by up to \$29 million (3). Over 25 years, the 20% tax on sugary drinks would save 1,600 lives. It would also prevent 4,400 heart attacks and 1,100 strokes. Overall, the savings to the Australian health-care system would add up to \$609 million.

STEP 1

Introduce restrictions on the sale and promotion of sugary drinks in all health and physical activity settings in the North.

PROPOSED INTERVENTION

STEP 2

Promote increased access to healthy drink options in the community.

STEP 3

Remove barriers that impede organisations and health spaces in providing healthy drink choices.

OPPORTUNITIES FOR SERVICE PROVIDERS

- Implement an organisation wide catering policy that sugary drinks cannot be provided to staff, or service users.
- Where external catering services is provided on your site (facility), negotiate for the display of sugary drinks to minimal and that all advertising be removed. Include this requirement in future agreements.
- If a health funding body, require the same of all of the above of funded services/providers.

Current health practice (2016)

PRIMARY CARE

 The Committee of Presidents of Medical Colleges called for the introduction of a tax on sugarsweetened beverages and the reclassification of obesity to a chronic disease.

ACUTE

- Barwon health was the first large health service with multiple service locations in regional Victoria to ban sugary drinks in their services (May 2016).
- Alfred health no more sugar coating campaign resulted in 36,500 fewer sugary drinks purchased each year in favour of healthy drink choices (2016).

COMMUNITY SECTOR

- Rethink Sugary Drinks is a partnership campaign between the 13-peak health and community organisations funded by the Federal Government including Cancer council, diabetes Australia and National Heart Foundation.
- Victorian schools are active in this space through Department of Education and Training guidance and participation in VicHealth or other programs through local Councils.

Opportunities for Service users

- ✓ Swap sugary drinks for water, reduced fat milk or unsweetened drinks.
- Give children water, low-fat unflavoured milk or juice with no added sugar.
- Avoid the soft drink aisle at the supermarket. If it's not in the house you're less likely to drink it.
- Cut out one 600ml sugary drink a day to save 9kg in weight gain each year.
- Demand your health service provide affordable or free healthy drinks.
- Demand all sugary drink advertising be removed from children's sporting and recreation facilities.

COMMUNITY

- Plenty Valley Community Health H30 campaign encourages patients and the community to give up sugary drinks for 30 days.
- Nexus Health uses the Rethink Sugary Drinks Health Promotion campaign.
- Ballarat Community Health provides water only to patients in their vending machines and cafeteria.
- East Grampians Health Services banned all drinks except water, tea and coffee.

GOVERNMENT

- Healthy Together Victoria through City of Whittlesea and Hume City Council.
- Greens political party called for a tax on sugary drinks as part of its 2016 Federal election campaign policies.

COMMERCIAL

 Retail outlets and shopping centres promotion of healthy drink choices through Local Government health promotion activities.

Supporting health and cost evidence: SCIENCE BEHIND THE ISSUE

A 2017 systematic review of the Scientific Basis of Guideline Recommendations on Sugar Intake (10) found that when respected organisations nationally and internationally issue conflicting recommendations about daily sugar intake, it can result in confusion and raises concern about the quality of the guidelines and the underlying evidence. Similarly, the different terminology used to describe different sugars compounds this issue. While all guidelines reviewed recommend the reduced intake of added sugars and/or decreased consumption of foods and beverages high in refined sugars, consistency in recommendations in lacking. While this differences persist, the need to intervene and adopt action will continue to be debated and the health of the population will continue to decline.

Twenty three systematic reviews of the impact of sugary drinks on health across various stages of the lifecourse internationally have been conducted since 2012. The majority of reviews focus on environmental interventions such as taxation, food labelling, advertising regulations and food systems. Other reviews focus on behavioural aspects of sugary drink consumption or are disease specific, mainly obesity and type 2 diabetes in addition to kidney disease and vascular conditions. The next common type of review focuses on methodological aspects of previous reviews and reports on quality of reviews with a specific emphasis on reporting bias and financial conflicts of interest of reviewers.

The 2016 "Impact of a Tax on Sugar-Sweetened Beverages on Health and Health Care Costs" was the first modelling study conducted in Australia (3). It estimated the consequences of an additional 20% tax on sugar-sweetened beverages (SSBs) to be an increase of \$17 per year per average household and generate an estimated AUD400 million in revenue each year. Health care costs translated to gains of 112,000 health-adjusted life years for men (95% uncertainty interval [UI]: 73,000–155,000) and 56,000 (95%UI: 36,000–76,000) for women, and a reduction in overall health care expenditure of AUD609 million (95%UI: 368 million– 870 million). The modelling predicted a reduction in the number of new type 2 diabetes cases by approximately 800 per year. Twenty-five years after the introduction of a tax, modelling also predicts 4,400 fewer cases of heart disease; 1,100 fewer persons living with the consequences of stroke; and an estimated 1600 extra people would be alive as a result of the tax.

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