

## **Evidence briefing 2**

### **Health and economic impact of an upstream sugar levy on select categories of food**

This evidence briefing describes the potential health and economic gains from implementing an upstream sugar levy for select food categories, based on the tax proposed in the National Food Strategy: The Plan (NFS). This draws on research by the Institute of Fiscal Studies<sup>i</sup> and London School of Hygiene and Tropical Medicine<sup>ii</sup> and builds on research published in evidence briefing 1.

#### **Headline figures**

A levy on sugar sold and used in select product categories could:

- Reduce average sugar intakes by up to **6.7g** and **8.1g** per day among females and males respectively<sup>i</sup>.
- Prevent **800,000 cases of chronic diseases**, including over **300,000** fewer cases of cardiovascular disease (CVD) and type 2 diabetes, almost **9,000** cases of cancer and **150,000** cases of respiratory disease over 25 years<sup>ii</sup>.
- Provide gains of more than **1 million quality adjusted life years** (QALYs), worth **£23 billion** to the economy, over 25 years<sup>ii</sup>.

## Background

Recipe for Change is a campaign focused on building political and public support for a new fiscal measure on manufacturers that builds on the success of the Soft Drinks Industry Levy (SDIL). A new levy would encourage reformulation of food and drink products to become healthier, help to shift sales towards healthier products and raise money for improving children's health from those products that aren't reformulated. An extension of SDIL was one of the recommendations that came out of the National Food Strategy (NFS), an independent review of the food system and solutions commissioned by the Government<sup>iii</sup>.

Reformulation is a public health intervention used in the UK and globally to improve population diet and prevent ill health. It sits within a package of policies designed to support people to opt for healthier foods in the longer term. Reformulation includes reducing salt, sugar, fat or calorie content of products. This can be achieved by small gradual changes in the recipes and/ or pack or portion sizes. Most people will not notice the changes as palatability will not be affected. Ideally sweetness or saltiness should be gradually reduced and replacers not used.

The SDIL has been an enormous success, reducing sugar content across soft drinks purchased by all socio-economic groups without leading to a fall in sales. Since its introduction in 2018, this levy has reduced average total sugar content in soft drinks by 46%<sup>iv</sup>. It has also reduced household intake of sugar in soft drinks by an average of 8g<sup>v</sup>. Two thirds (68%) of the public support an expansion of the SDIL<sup>vi</sup>. In the UK, food manufacturers have also made some progress with reducing sugar levels in breakfast cereals and yogurts, as well as with salt reduction. Many want to continue making their products healthier but require a level-playing field which can only be created by government intervention. We have an opportunity to build on the success of SDIL and help ensure that healthier options are affordable and accessible for everyone.

## What could a new fiscal measure look like?

The Recipe for Change campaign, in collaboration with academic researchers, is exploring two options for a new fiscal measure.

The first policy option draws on the recommendation in the National Food Strategy to apply a levy at a rate of £3/kg on sugar (and some ingredients used for sweetening, but not non-nutritive sweeteners) and £6/kg on salt<sup>iii</sup>. This would be applied to all sugar and salt used in manufactured foods or in restaurants and catering and would therefore impact all manufactured food categories in which sugar or salt is used as an ingredient. An exemption would be applied for sugar and salt that goes straight to retail to avoid taxing ingredients that are used in home cooking.

The second policy option focuses on specific categories of non-staple products, such as confectionery, cakes and other sweet and/or savoury discretionary products. This option would apply a tax to products within specified categories using either a nutrient-based or other health classification system.

Here we present the potential health impacts of a version of policy option one, where the levy is only applied to the sugar used in a selection of discretionary food categories that contribute a high amount of sugar to our diet<sup>i</sup>. This includes:

- Retail: Biscuits, confectionery and desserts, representing 40.8% of all added sugar in the diet from foods brought in retail
- Out of home: Sugar confectionery, chocolate confectionery and cakes and desserts, representing 50.8% of all added sugar in the diet from foods purchased out of the home sector

### Box 1

#### How might manufacturers and consumers respond?

As part of the work to develop the tax proposal for the National Food Strategy, a number of different responses by consumers and industry were considered and summarised into four main scenarios by the Institute of Fiscal Studies<sup>vii</sup>.

##### 1. The “Low-Low” scenario:

Low industry change (firms reformulate to 30% of government targets), and low consumer change (they substitute away from products by 30% of the price increase)

##### 2. The “High-No” scenario:

High industry change (full reformulation to government targets), but no consumer change (they do not respond to price increases)

##### 3. The “High-Moderate” scenario:

High industry change (full reformulation to government targets), and moderate consumer change (they substitute away from products by 70% of the price increase)

##### 4. The “High-High” scenario:

High industry change (full reformulation to government targets), and high consumer change (they substitute away from products by the same amount as the price increase)

## What are the potential reductions in sugar intakes?

The maximum daily intake of free sugars in adults is 30g, with no more than 5% energy from free sugars<sup>viii</sup>. Current intakes are, on average, 55g/day (9.9% energy) for men and 44g/day (9.9% energy) in women, representing more than double the recommendation<sup>viii</sup>. 95% of children also exceed age-specific recommendations on free sugar.<sup>ix</sup>

The potential sugar reduction from the application of a levy on sugar used in select categories of food has previously been calculated, based on different degrees of industry and consumer response (Box 1)<sup>i</sup>. It showed that a reduction in sugar intake of between 2.9g and 8.1g in men and 2.4g and 6.7g per day in women could be achieved, representing a reduction of between

5-15%. Even with no response from consumers (scenario 2), the reduction of sugar intake per day could be 4.8g in men and 4.0g in women, representing a 9% reduction in intake of added sugar. This demonstrates the potential benefit of an upstream levy, even if it was only applied to specific categories as part of a wider suite of policies focused on improving the food environment.

	Sugar
<b>Max recommendation</b>	30g
<b>Current average intake 19-64 years</b> (males / females)	55g / 44g
	<b>Change per day</b>
<b>1 - Low industry - Low consumer scenario</b> (males / females)	-2.9g / -2.4g
<b>2 - High industry - No consumer scenario</b> (males / females)	-4.8g / 4.0g
<b>3 - High industry - Moderate consumer scenario</b> (males / females)	-7.2g / 6.0g
<b>4 - High industry - High consumer scenario</b> (males / females)	-8.1g / 6.7g

**Table 1.** Sugar reductions under different scenarios, based on work by the Institute of Fiscal Studies<sup>i</sup>

## Potential health and economic gains<sup>ii</sup>

One quarter of adults in England are affected by obesity (25% in men, 26% in women)<sup>x,1</sup>. It has been estimated that in the UK there are approximately 7.6 million people living with CVD<sup>xi</sup>, 4.3 million people with type 2 diabetes<sup>xii</sup> and 375,000 new cases of cancer<sup>xiii</sup> every year.

According to research<sup>ii</sup>, the proposed levy has the potential to reduce obesity and cases of CVD, type 2 diabetes, cancer and respiratory disease, thus having a beneficial impact on population health. 60% of the gains from the proposed levy are from BMI reductions, with the other 40% from sugar reduction through other mechanisms.

It has been estimated that the levy could result in a reduction in weight of between 0.4 and 1.1kg in women and 0.5kg and 1.4kg in men, depending on the degree of responses from industry and consumers<sup>ii</sup>. This could result in a decline in the prevalence of overweight and obesity by up to 5.1% in women and 5.2% in men.

The same research<sup>ii</sup> has also shown that the levy could reduce preventable chronic diseases, and in turn improve life expectancy and quality adjusted life years (QALYs)<sup>2</sup>. The total number of preventable cases of chronic disease could be reduced by 800,000 over 25 years as a result of this levy. This includes an estimated reduction in cases of CVD, the leading cause of death in the UK, by 311,000 over 25 years. In addition, up to 321,000, 8,800, and 150,000

cases of type 2 diabetes, cancers and respiratory disease respectively could be prevented. In a scenario where there was full reformulation by manufacturers but with no response from consumers (scenario 2), the levy could result in over 180,000 fewer cases of CVD, over 194,000 fewer cases of type 2 diabetes, almost 5,000 fewer cases of cancer and over 85,000 fewer cases of respiratory diseases over a 25-year period. Even with the lowest response level from industry and consumers (scenario 1), over 250,000 cases of these diseases could be averted.

In turn, this could result in over 1.1 million additional QALYs gained across the UK population, worth an estimated £23.2 billion over 25 years (scenario 4). If industry fully reformulated but there was no consumer response to the levy (scenario 2), more than 640,000 additional QALYs could be gained at a saving of an estimated £13.5 billion over 25 years. Even with the lowest response from industry and consumers (scenario 1), approximately 370,000 QALYs could be gained, worth £7.8 billion to the UK economy.

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<sup>1</sup> Overweight is defined by a Body Mass Index (BMI) of  $\geq 25 \text{ kgm}^2$ , while obesity is defined by a BMI of  $\geq 30 \text{ kgm}^2$

<sup>2</sup> Quality adjusted life years (QALYs) is a measure of disease burden, and considers both the quality and quantity of life lived

## Conclusion

The food industry currently produces and sells food that is contributing to poor health and is imposing an economic burden on the UK. Analysis shows that the majority of manufactured foods produced by the largest companies are classified as less healthy. The existing levy on drinks has had a big impact on reducing the sugar content of soft drinks. A further levy could be used to reshape a much boarder range of products and to shift product portfolios towards being much healthier.

The findings from the new research presented here demonstrate that there could be meaningful health and economic gains achieved in the UK by introducing a new levy on the food industry, building on the success of SDIL. In the best-case scenario, with a high response from both consumers and industry, the total number of preventable cases of chronic disease could be reduced by 800,000 over 25 years, including reductions in CVD, type 2 diabetes, respiratory disease and cancer. This in turn could contribute to gains of more than 1.1 million QALYs,

worth £23.2 billion to the economy over 25 years. With levels of obesity and chronic diseases increasing, and dietary targets remaining unachievable for many, a new levy applied to select food categories could be a vital intervention to help make healthier options more affordable and support healthier populations up and down the country.

**Recipe for Change** is a campaign calling for a new industry levy to help make our food healthier, while raising revenue that can be invested back into children's health.

We are a coalition of organisations led by Food Foundation, Sustain and Obesity Health Alliance, with support from British Heart Foundation and Action on Salt and Sugar, and with funding from Impact on Urban Health. Please see our website for more information and how to get involved: [recipeforchange.org.uk](https://recipeforchange.org.uk)

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