The Sugar Tax: A Leadership Issue for the Dental Profession and An Opportunity to Demonstrate that Oral Health is Part of General Health

Taxation on sugar-sweetened beverages (SSBs) is increasingly being implemented by governments worldwide, recognizing that they are of no nutritional value and are highly detrimental to overall health. Reducing sugar consumption will have a significant impact on helping to reduce the global epidemic of noncommunicable diseases. As sugar is the primary factor responsible for the development of tooth decay, any reduction measures will also lower this risk, particularly for children.

The Global Child Dental Fund, a UK charity, has called for 20% of the proceeds from SSB taxation revenue to be reinvested into innovative oral health prevention strategies. Child oral health worldwide, even in developed countries, is still challenging and SSBs are a major causal factor for this problem. Oral health has traditionally been compartmentalized in health care, but it is an integral part of overall health. We now fight for resources to provide investment into universal oral health prevention.

To date, 28 countries have introduced a sugar tax on food and drinks, with other countries considering similar proposals. In 2016, the WHO supported the notion of taxing sugary drinks (an SSB tax) by 20% or more to help reduce sugar consumption.

Sugar tax implementation has largely been successful. In the USA, for example, 34 US states have implemented SSB taxes or similar measures. In Mexico, a study found a 5% drop in the sales of sugary drinks after the 1st year that the tax was introduced, followed by a 9% decline in the 2nd year. In the Middle East, the highest SSB taxes to date were implemented in Saudi Arabia and the United Arab Emirates (i.e., in the UAE: 50% on soda and 100% on energy drinks and tobacco products), followed by the other gulf countries.

In 2018, sugar tax related tax revenue or similar measures have been approved in nearly thirty countries (including Mexico, Ecuador, Estonia, Chile, Brazil, Colombia, Egypt, India, Ireland, Thailand, Dominica, Barbados, Tonga, Mauritius, the Pacific Islands, Norway, Hungary, France, Finland, Romania, Ireland, Portugal, the Philippines, the United Kingdom, Sri Lanka, Saudi Arabia, Thailand, the UAE, Brunei, Estonia, and Belgium). There is also legislation pending approval in other countries.

As highlighted by the WHO, taxing sugary drinks to at least a 20% increase in the retail price would result in proportional reductions in consumption of such products, according to the "Fiscal policies for Diet and Prevention of Non-Communicable Diseases" report and can lower consumption and reduce obesity, type 2 diabetes, and tooth decay.[1]

SSB taxation introduction has mostly led to a significant reduction in SSB purchase with a potentially significant impact on human health and well-being. The health impact will also heavily depend on its implementation by industry. Uncertainty exists as to how industry will react and about estimation of health outcomes.[2]

Although the reduction in obesity, diabetes, hospitalization, and caries incidence is the key leverage of these legislative measures, resulting revenues are also an important part of the equation. Most of these revenues are invested in school programs and to support physical education and sports activities mainly addressed to children.

In Mexico, revenue is being reinvested in obesity prevention, for example, in providing drinking water fountains in low-income schools.

In the UK, the £415 million from sugar tax funding will be distributed to schools to increase physical education, sports clubs, and healthy eating programs (according to the Education Secretary) urging pupils to have healthier and more active lifestyles.

In the USA, Philadelphia officials claim that the soda tax will fund more than 2000 preschool classrooms for low-income families and that it brought an additional $12.3 million into the city's coffers during the first 2 months it was in effect.

In Illinois, the revenues are meant to plug the budget deficit rather than investing the money to health care or other family issues. A similar approach has been adopted in the UAE where these revenues will be used to generate revenue for the government, as global oil prices remain low.

Even though the WHO has clearly highlighted the negative impact of SSB on obesity, diabetes, and tooth decay, much revenue will be invested in preventing obesity and diabetes, with no resource allocated to oral health promotion. It is important that a proportion of the money raised from sugar taxes to be invested into innovative oral health prevention and communication strategies with the public. This is needed because child oral health even in developed countries is still extremely poor. In England, for example, preventable oral infection is the single biggest cause for hospital admissions in under-5s.

The dental profession must unite with other health professionals such as doctors and nurses, in addition to health workers, school nurses, and schoolteachers to educate parents about the effect of sugar on teeth. In particular, the dental profession has to demonstrate good leadership and advocacy in securing this additional revenue for oral health promotion. If the opportunity is missed, it will again demonstrate the dysfunctional place of oral health within general health.

Oral health must be visibly seen as being integral to overall health and we must use our resources to fight and provide universal oral health prevention for everyone. The additional revenue raised to combat the adverse health effects of sugar provides an opportunity to integrate oral health promotion into general health promotion.[3]

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References

1. WHO. WHO Urges Global Action to Curtail Consumption and Health Impacts of Sugary Drinks; 2016. Available from: http://www.who.int/mediacentre/news/releases/2016/curtail-sugary-drinks/en/. [Last accessed on 2018 Mar 15].
2. Briggs AD, Mytton OT, Kehlbacher A, Tiffin R, Elhussein A, Rayner M, *et al.* Health impact assessment of the UK soft drinks industry levy: A comparative risk assessment modelling study. Lancet Public Health 2017;2:e15-22.
3. Wordley V, Lee H, Lomazzi M, Bedi R. The sugar tax – An opportunity to advance oral health. Br Dent J 2017;223:11-2.

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Quick Response Code:

Website: www.contempclindent.org

DOI: 10.4103/ccd.ccd_343_18

How to cite this article: Bedi R. The sugar tax: A leadership issue for the dental profession and an opportunity to demonstrate that oral health is part of general health. Contemp Clin Dent 2018;9:149-50.