

Is Australia ethically justified in implementing a sugar-sweetened beverages tax?

Presented by Jerry Luo





Sickly sweet

It's time for a sugary drinks tax

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MEDIA RELEASE

AMA welcomes sweet push on sugar tax reform

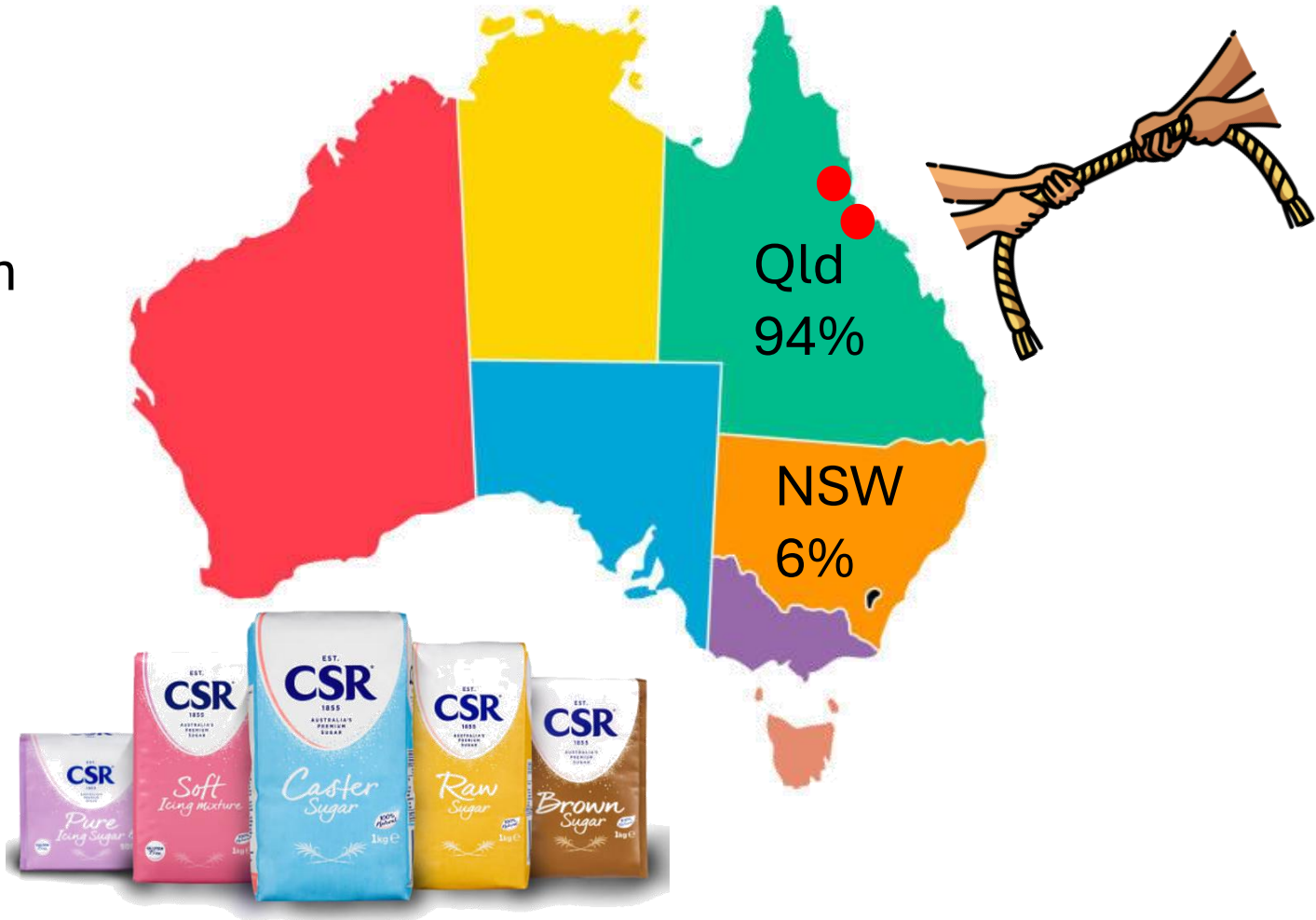
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The AMA has praised a federal parliamentary probe into diabetes which has recommended a sugar tax on all soft drinks to help address the nation's obesity and diabetes rates.

Significant pushback from industries

- X** 'Nanny state'
- X** Individual liberalism
- X** Inequity



Is Australia ethically justified in implementing an SSB tax?

What do you think are some important ethical considerations?



Principles of public health ethics in relation to SSB tax



Effectiveness



Proportionality



Necessity



Least
infringement



Equity




Transparency



Effectiveness

SSB tax must be evidence-based; likely benefits are required to justify potentially burdensome public health interventions.



Effectiveness

- Tiered tax incentivises beverage companies to reduce sugar content
- Grattan Institute model predicts that a tiered tax would result in:
 - 700g less sugar/person/year
 - 24% decrease in consumption of highly sugary drinks
 - 800 fewer cases of type II diabetes per year
- But, sugar tax \neq silver bullet

Proportionality

The expected benefits of the tax must outweigh its foreseeable burdens.

Proportionality

- Impact on industry revenue
 - Could be offset by increasing export
 - 'Pigouvian tax' → mitigate healthcare costs
- Blame and stigma
 - Recognise the power of implications → adopt weight-neutral language

Necessity

SSB tax must be a necessary intervention to achieving the public health goal.



Necessity

- Industries have failed to self-regulate
- Sugar addiction compromises decisional autonomy



Eliminate choice. Introduce laws that entirely eliminate choice, for example compulsory isolation of people with infectious diseases.

Restrict choice. Introduce laws that restrict the options available to people, for example, removing unhealthy ingredients from foods, or unhealthy foods from shops or restaurants.

Guide choice through disincentives. Introduce financial or other disincentives to influence people's behaviour, for example, increasing taxes on cigarettes, or bringing in charging schemes to discourage car use in inner cities.

Guide choices through incentives. Introduce financial or other incentives to influence people's behaviours, for example, offering tax-breaks on buying bicycles for travelling to work.

Guide choices through changing the default policy. For example, changing the standard side dish restaurant from chips to a healthier alternative, with chips remaining as an option available.

Enable choice. Help individuals to change their behaviours, for example, providing free 'stop smoking' programmes, building cycle lanes or providing free fruit in schools.

Provide information. Inform and educate the public, for example, campaigns to encourage people to walk more or eat five portions of fruit and vegetables a day.

Do nothing or simply monitor the current situation.

(Nuffield Council on Bioethics, 2007)

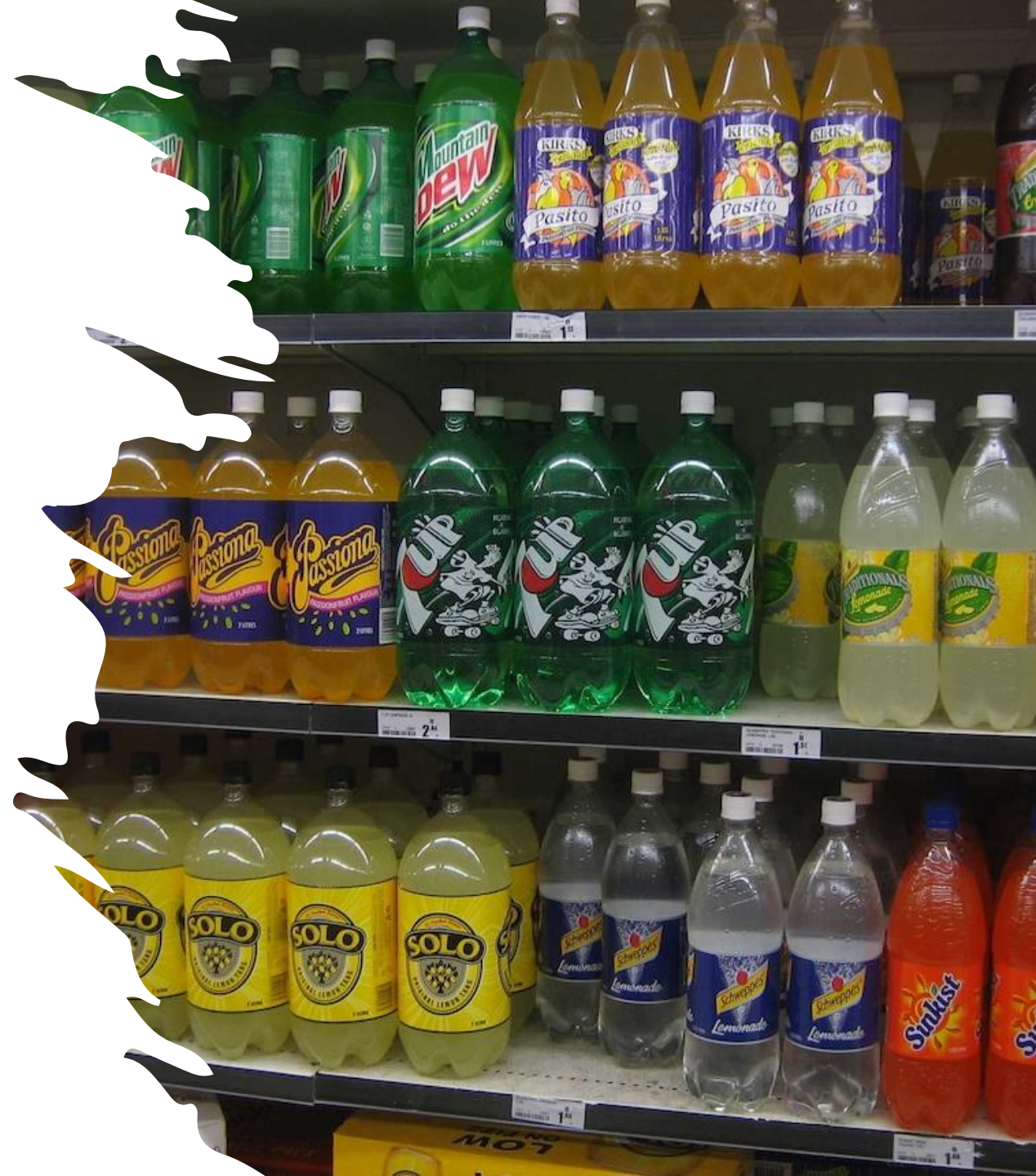
Least infringement

If two interventions are considered equally effective, then the intervention involving the least restriction of individual liberty and autonomy must be selected.



Least infringement

- ‘Prevents autonomy of choice’
- Product placement, pricing, sponsorships, advertising manipulate purchasing behaviours
- ‘SSBs do not harm others’
- Burden on healthcare system from diet-attributable diseases is significant




Equity

The expected benefits and burdens must be shared in an equitable, non-discriminatory manner.



Equity

- Distributive justice means that the distribution of benefits and harms must be non-discriminatory.
 - Greatest benefit for those at the greatest disadvantage

 \$3.80
/person/year

175,300 HALY
gains

\$1.7 billion
healthcare
savings

(Lal et al., 2017)





Transparency

Policy decisions regarding the SSB tax must be open, willing, and democratic.



Transparency

- Transparency is crucial for accountability and gaining the public's trust
- Surveys of Australian consumers found widespread support for SSB tax (Miller et al., 2019)
- Continued public debate is part of the ethical deliberation



Recommendations

- Australia is ethically justified in implementing an SSB tax
- Tiered tax regime is more effective and promotes choice
- Non-stigmatizing language should be adopted to prevent harm
- Public debate involving all stakeholders is necessary for the democratic process

References

American Public Health Association. (2019). *Public Health Code of Ethics*. https://www.apha.org/-/media/files/pdf/membergroups/ethics/code_of_ethics

Australian Institute of Health and Welfare (AIHW). (2023, May 19). *Overweight and obesity*. <https://www.aihw.gov.au/reports/overweight-obesity/overweight-and-obesity/contents/overweight-and-obesity>

Australian Medical Association (AMA). (2024, May 6). *AMA Welcomes Sickly Sweet Sugar Tax Calls*. <https://www.ama.com.au/media/ama-welcomes-sickly-sweet-sugar-tax-calls#:~:text=The%20AMA's%20modelling%20also%20suggests,could%20save%20the%20health%20system.>

Breadon & Geraghty. (2024, May). *Sickly sweet - It's Time for a Sugary Drinks Tax*. Grattan Institute. <https://grattan.edu.au/wp-content/uploads/2024/05/Sickly-Sweet-Grattan-Institute-Report-May-2024.pdf>

Childress, J. F., Faden, R. R., Gaare, R. D., Gostin, L. O., Kahn, J., Bonnie, R. J., Kass, N. E., Mastroianni, A. C., Moreno, J. D., & Nieburg, P. (2002). Public health ethics: mapping the terrain. *The Journal of law, medicine & ethics: a journal of the American Society of Law, Medicine & Ethics*, 30(2), 170–178. <https://doi.org/10.1111/j.1748-720x.2002.tb00384.x>

Commonwealth of Australia. (2022). *The National Obesity Strategy 2022-2032*. Health Ministers Meeting. <https://www.health.gov.au/resources/publications/national-obesity-strategy-2022-2032?language=en>

Davey, M. (2024, April 10). *Sugar increase in Fanta and Sprite prompts calls for new tax on Australia's food and drinks industry*. The Guardian. <https://www.theguardian.com/australia-news/2024/apr/10/sugar-increase-in-fanta-and-sprite-prompts-calls-for-new-tax-on-australia-food-and-drinks-industry>

Department of Health and Aging. (2020). *Partnership Reformulation Program*. Australian Government, Department of Health and Aging. <https://www.health.gov.au/our-work/healthy-food-partnership/partnership-reformulation-program>

Jamrozik E. (2022). Public health ethics: critiques of the "new normal". *Monash bioethics review*, 40(1), 1–16. <https://doi.org/10.1007/s40592-022-00163-7>

Lal, A., Mantilla-Herrera, A. M., Veerman, L., Backholer, K., Sacks, G., Moodie, M., Siahpush, M., Carter, R., & Peeters, A. (2017). Modelled health benefits of a sugar-sweetened beverage tax across different socioeconomic groups in Australia: A cost-effectiveness and equity analysis. *PLoS medicine*, 14(6), e1002326. <https://doi.org/10.1371/journal.pmed.1002326>

Miller, C., Wakefield, M., Braunack-Mayer, A., Roder, D., O'Dea, K., Ettridge, K., & Dono, J. (2019). Who drinks sugar sweetened beverages and juice? An Australian population study of behaviour, awareness and attitudes. *BMC obesity*, 6, 1. <https://doi.org/10.1186/s40608-018-0224-2>

Nuffield Council on Bioethics. (2007, November 13). *Public Health: Ethical Issues*. <https://www.nuffieldbioethics.org/publications/public-health>

World Health Organisation (WHO). (2022, December 13). *WHO calls on countries to tax sugar-sweetened beverages to save lives*. <https://www.who.int/news/item/13-12-2022-who-calls-on-countries-to-tax-sugar-sweetened-beverages-to-save-lives#:~:text=Currently%2C%20at%20least%2085%20countries,Africa%2C%20and%20the%20United%20Kingdom>