

Obesity: the sweet revenge of tax

For a long time, national public health agencies and governments have not adequately anticipated and recognised the threat that is obesity today. The scale of the risks associated with overweight and obesity has only fairly recently come into focus. The health effects of obesity are well established—ie, diabetes, cardiovascular diseases, and cancers. Cancer is an instructive example, not only about how public health scientists have succeeded in understanding the broader dangers of being overweight, but also about how public health has failed to translate that understanding into successful action.

In the UK, two out of three adults are overweight or obese. Being overweight or obese is now understood to be a potential cause of 13 cancers—cancer of the bowel, breast, and uterus, but also cancer of the kidney, oesophagus, pancreas, meninges, thyroid, liver, stomach, gall bladder, ovary, and myeloma. Being overweight or obese causes around 18 100 cancers in the UK every year.

Despite this alarming epidemiology, three-quarters of the public do not believe that being overweight or obese has anything to do with cancer. According to Cancer Research UK (CRUK), only 31% of the public believe overweight and obesity are linked to breast cancer. The public health community should be concerned by such a failure of communication.

By current trends, CRUK estimates that three out of four adults will be overweight or obese by 2035. These rising levels of obesity could result in 670 000 new cases of cancer. The concern is not confined to public health. The additional costs have been estimated at £2.5 billion in health and social care—clearly unsustainable.

Acknowledging this challenge, the UK Government has recently proposed to introduce a levy on sugar-sweetened beverages. Such proposal is in line with WHO's fiscal policies for diet and the prevention of non-communicable diseases (NCDs) report, which concluded that taxes on sugar-sweetened beverages would result in proportional reductions in consumption, while subsidies for fresh fruits and vegetables are effective in increasing fruit and vegetable consumption.

The proposed tiered levy, due to be introduced in April, 2018, relates to the sugar content of drinks: no tax on diet and low-sugar drinks; a low tax on mid-sugar drinks (5–8 g of sugar per 100 mL); and a high tax on

high-sugar drinks (over 8 g of sugar per 100 mL). The extent of the health benefits of the tax will depend on industry's response. To get an idea of the possible health impact such a measure could have, Adam Briggs and colleagues modelled three ways that the soft drinks industry could respond to the levy: reformulating drinks to reduce sugar content, passing some of the levy to consumers by raising the price of sugary drinks, and using marketing to promote lower sugar drinks. The results of their study are published in this month's issue of *The Lancet Public Health*. An industry response that would focus on reformulation is predicted to have the greatest impact on health (obesity, diabetes, and caries), especially for children. Children are consuming three times their daily recommended quantity of sugar. One of the most important sources of sugar in the diet is sugar-sweetened beverages. Hence, Briggs and colleagues' projections are an important contribution to the debate, and should be welcomed.

Will the tax on sugary drinks solve childhood obesity in the UK? Certainly not. Will it add to the panoply of measures to reduce obesity? Surely. A fiscal policy such as a soft drinks levy should only be seen as part of a broad and multifaceted approach, combined with other interventions, including promotion of healthy lifestyle and diet, public awareness about the risks of being overweight, consumer education, food and nutrition labelling, regulation of marketing, and reformulation of industry products to reduce the amount of sugar, fat, and salt they contain. This is part of a larger battle against NCDs. Moreover, a key challenge will be monitoring impact. The UK tax offers an opportunity to collect data on the effects of such taxes.

Obesity, especially in children, needs to be recognised as a serious matter of public and political concern. Today, public health agencies and governments seem to be grasping the challenge ahead. Still, in too many places, individuals are living in an obesogenic environment, surrounded by cheap, ultra-processed, energy-dense and nutrient-poor food, where it is often challenging, nearly impossible—financially and geographically—to access healthy food. Choosing a healthy diet needs to be made the easiest choice. ■ *The Lancet Public Health*

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