

Special Report

Health Needs and Human Services Commission Update



Dear Mayor and Assembly Members,

The Health Needs and Human Services (HNHS) commission has been researching and discussing public health policies that have worked in other municipalities and could work to improve health in Sitka. I appreciate the opportunity to be able to present them on behalf of the HNHS commission.

The first is an ordinance that raises the legal minimum age for the sale of all tobacco and nicotine products to age 21. Thus far, over 160 cities in 12 states including New York City, Kansas City, Chicago, Cleveland, Boston, and San Francisco, and the entire states of Hawaii and California, have taken this important step in protecting our children.

For years, adolescent smoking rates have been coming down, although nearly one in five high school seniors still use tobacco. In addition adolescents' use of e-cigarettes, nicotine vapor devices, hookahs and small cigars has gone up dramatically, threatening to completely erase a decade of progress.

The enormously powerful tobacco industry lobby has derailed initiatives in Congress, but where federal and state governance fails, local leadership has succeeded. Virtually all statewide workplace and public smoking bans began with local government regulations.

During the years from ages 18-21, youthful experimentation often accelerates into daily use. It's a time when the adolescent brain is highly vulnerable to the effects of a powerful addictive agent like nicotine. Exposure during this period may result in permanent neurological receptor changes that lead to a lifetime nicotine habit and resulting illness. Raising the nicotine/tobacco age also better protects younger teens, as 90% of those who provide cigarettes to kids under 18 are themselves under 21. **As a result, raising the tobacco sales age to 21 has been shown to reduce high school smoking by over 50%.**

This fall the Health Needs and Human Services commission discussed an ordinance that would protect Sitka's kids by raising the legal sales age to buy tobacco from 19 to 21. The new policy the commission research and crafted does provide an exemption for active duty military personal under the age of 21. When it comes to buying alcohol, marijuana, and guns the legal age is 21, since tobacco is so deadly and so addictive shouldn't it be the same?

The second proposal that the commission has worked on will also help to improve the health of kids in our community, in more ways than one. The idea is to raise money for youth activities and health programs by adding a 1, 1.5 or 2 cent per ounce tax on sugar sweetened beverages. Entire countries and six U.S. cities have passed similar policies since soda and sugary drinks are the number one source of added sugar in the American diet, and are linked to increased risk for diabetes, heart and liver disease and tooth decay.

This fall adding a tax on soda distribution companies passed in all 4 of the U.S. cities that it appeared on the ballot. I predict that every year more municipalities will get serious about tackling diabetes while simultaneously raising much needed revenue by passing similar measures.

Sugary drink taxes are modeled on other effective taxes, like tobacco taxes. Leading public health researchers and policy experts support a penny-per-ounce tax on the distributors of sugary drinks. These taxes work in three ways:

1. **Raise awareness.** The public discussion about this proposed tax is already raising awareness about the link between sugary drinks, diabetes and other diseases, and how the beverage industry targets its marketing towards youth and communities of color.
2. **Raise revenue for community programs that combat the influence of sugary drink marketing.** Revenue from the tax could fund community- and school-based programs that give families tools to make healthy choices about what they eat and drink.
3. **Reduce consumption.** After Mexico passed a similar soda tax at the national level, consumption of sugary drinks decreased. It's a case in point to the growing body of research that predicts a penny per ounce tax will decrease consumption and save lives.

The third idea the commission discussed concerned the problems associated with single use plastic bags that too often end up as litter. Communities in Alaska, most recently Cordova, have enacted policies to reduce the number of single use plastic bags. A citizens group, led by MEHS teacher Christy Anderson and former assembly member Michelle Putz, have been meeting and discussing policy ideas, like a per bag fee. Since tourism and fishing are so important to our community it seems reasonable that some productive action be taken.

Thank you for considering and providing feedback on these ideas.

Sincerely,

Doug Osborne

Chair, Health Needs and Human Services Commission.

TOBACCO21

"HEALTHY TOWNS, HEALTHY KIDS."TM



IT'S SIMPLE MATH:

Raising the minimum tobacco sales age to 21 will dramatically reduce tobacco use.

Just 2% of tobacco sales help produce 90% of new smokers.

Cigarette sales to those under 21 account for only 2.12% of total sales. But, because 90% of smokers start by the age of 21, these are the very sales that help lead to 9 out of every 10 new smokers. This means that the impact on store owners will be minimal and will only affect a very small percentage of their tobacco sales in the short term.¹

Raising the minimum tobacco sales age to 21 can reduce smoking rates to single digits.

Only 10% of smokers start at the age of 21 or older.² If the current smoking rate is about 20%,³ then by simple math, if someone reaches the age of 21 as a non-smoker, that individual has only a 2% chance of becoming a smoker ($.1 \times .2 = .02 = 2\%$).

This strategy is already working.

In 2005, Needham, MA voted to raise and enforce the minimum tobacco sales age of 21. In 2006, before full enforcement, the town had a youth smoking rate of 13% compared with 15% in the surrounding communities. By 2010, the youth smoking rate in Needham was down to 6.7% while the surrounding communities' rate only decreased to 12.4%. The percent decline in youth smoking in Needham was nearly triple that of its neighbors.⁴

Many people who purchase for distribution to minors are between the ages of 18 and 20.⁵

Since most students do not reach twenty-one years of age while still enrolled in high school, increasing the legal age of sale would greatly reduce the number of students who could purchase tobacco products. By decreasing the number of eligible buyers in high school, this action will help reduce youth smoking by decreasing the access of students to tobacco products.

A similar strategy was highly successful in addressing alcohol sales.

A national age 21 law for alcohol sales resulted in reduced alcohol consumption among youth, decreased alcohol dependence, and has led to dramatic reductions in drunk driving fatalities.^{6,7} At the time, some critics of the policy argued that because 18 year-olds can vote and enlist in the military, they should be allowed to be sold alcohol. Despite these arguments, the increase in the minimum sales age for alcoholic beverages has saved tens of thousands of lives of young drivers, their passengers, and others on the road.⁸

¹ Winickoff JP, Hartman L, Chen ML, Gottlieb M, Nabi-Burza E, DiFranza JR. Minimal Retail Impact of Raising Tobacco Sales Age to 21. *American Journal of Public Health*. 2014. In Press.

² This is a conservative estimate. Centers for Disease Control and Prevention. National Center for Health Statistics. National Health Interview Survey, 2008. Analysis by the American Lung Association, Research and Program Services Division using SPSS software.

³ CDC. Morbidity and Mortality Weekly Report. "Current Cigarette Smoking. Among Adults — United States, 2011." November 9, 2012. 61(44):889-894.

⁴ Analysis of 2011 Youth Risk Behavior Surveillance System (YRBSS) data by Jonathan P. Winickoff, MD, MPH, Associate Professor of Pediatrics, Harvard Medical School.

⁵ DiFranza JR, Wellman RJ, Mermelstein R, et al. The natural history and diagnosis of nicotine addiction. *Current Reviews in Pediatrics*. 2011;7(2):88-96.

⁶ Wagenaar AC. Minimum drinking age and alcohol availability to youth: Issues and research needs. In: Hilton ME, Bloss G, eds. *Economics and the Prevention of Alcohol-Related Problems*. National Institute on Alcohol Abuse and Alcoholism (NIAAA) Research Monograph No. 25, NIH Pub. No. 93-3513. Bethesda, MD: NIAAA; 1993:175-200.

⁷ DeJong W, Blanchette J. "Case Closed: Research Evidence on the Positive Public Health Impact of the Age 21 Minimum Legal Drinking Age in the United States." *J. Stud. Alcohol Drugs, Supplement* 17, 108-115, 2014.

⁸ NHTSA's National Center for Statistics and Analysis, March 2005. "Calculating Lives Saved Due to Minimum Drinking Age Laws." Washington, DC, U.S., DOT.



THE VULNERABLE TEEN/YOUNG ADULT BRAIN

Nearly 90% of smokers started smoking by age 20.¹

Scientific study of the brain is increasingly showing a distinct gap between when we are physiologically mature and neurobiologically mature.²

In fact, there could be as much as a 4-7 year difference. During this period the brain continues to be highly vulnerable.²

The minimum age of military service does not equal readiness to enlist in a lifetime of smoking.

THE SCIENCE OF BRAIN WIRING



From neuroscience experiments, we know that the frontal lobe - the seat of human judgment - is not fully wired until age 25.³ This is why some describe the period from 18-25 years as emerging into adulthood.² During this critical period, the brain remains especially vulnerable to tobacco addiction.⁴

Delaying the age of initiation of nicotine significantly prevents a lifetime of addiction.

99% of lifetime smokers started smoking before the age of 26.²

Tobacco affects the development of the brain in areas of addiction during this vulnerable period.^{4,5}

The tobacco industry knew all of this as early as 1986

"Raising the legal minimum age for cigarette purchaser to 21 could gut our key young adult market.."

-Philip Morris report, January 21, 1986⁶

Brain health is public health

¹ SAMHSA. Calculated based on the data in the 2011 National Survey on Drug Use and Health.

² The Surgeon General Report. 2012. "Preventing Youth Tobacco Use." <http://www.surgeongeneral.gov/library/reports/preventing-youth-tobacco-use/factsheet.html>.

³ Crews et al, Adolescent Cortical Development: A Critical Period of vulnerability for addiction; Pharmacol Biochem Beh, 2007, pages 189-199.

⁴ Morales et al, Cigarette Exposure, Dependence & Craving are Related to Insula Thickness in Young Adult Smokers; Nature/Neuropsychopharmacology, 2014, pages 1-7

⁵ U.S. Department of Health and Human Services. "The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General." Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

⁶ Philip Morris Discussion Draft of Sociopolitical Strategy <http://legacy.library.ucsf.edu/tid/aba84e00/pdf>



RESPONSES TO CONVENIENCE STORE OWNERS' CONCERNS

Big tobacco (RJR and Philip Morris USA) have been working through the retailers.

The arguments you may hear:

We will go out of business.

When Needham increased the sales age to 21 in 2005 not a single convenience store went out of business.

Restaurant and bar owners had the same fear when smoking was banned, and this did not happen.¹

Tobacco sales to 18-20 year olds are only 2% of retail tobacco sales.²

CVS and Target have decided to stop selling all tobacco products, leaving more tobacco business for convenience stores.

We make our profits from the ancillary purchases (milk and bread) when people come in to buy cigarettes.

98% of tobacco sales and all associated ancillary purchases will be unaffected.²

18-20 year olds will have more money for other in-store purchases that are not tobacco.

They will just go to other towns and we will lose business.

Lower smoking rates are better for business.

A city or town that creates fewer smokers will have higher socioeconomic status, better health status, better jobs, and better quality of life for all residents.³

Research has shown a minimal retail impact of raising the sales age to 21.²

In fact, since 2005 in Needham, there is no evidence for youth traveling to other towns to purchase tobacco.

Each town that goes to 21 increases the likelihood that the surrounding towns will also go to 21.

Small decreases in youth access to retail tobacco are strongly associated with lower tobacco use.

The key point is that youth will quit or use less tobacco, and those who don't smoke are less likely to start.^{4,5}

We want this to go to the state legislature to make it a level playing field.

The banning of tobacco in bars and restaurants was won on the local level first before it went to the state.

This is a ploy by the Tobacco Industry.

When Utah's Senator Reid was asked why Tobacco21 didn't pass at the state level, he explained it to us in three words: "The Tobacco Lobby."

¹Hahn, EJ, "Smokefree Legislation: A Review of Health and Economic Outcomes Research," American Journal of Preventive Medicine 39(6S1):S66-S76, 2010.

²Winickoff JP, Hartman L, Chen ML, Gottlieb M, Nabi-Burza E, DiFranza JR. Minimal Retail Impact of Raising Tobacco Sales Age to 21. American Journal of Public Health. 2014. In Press.³

³U.S. Department of Health and Human Services. "The Health Consequences of Smoking —50 Years of Progress: A Report of the Surgeon General." Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

⁴Scully M, Mearns M, Zacher M, Warne C, Wakefield M, White V. Density of tobacco retail outlets near schools and smoking behavior among secondary school students. Aust New Zealand J Pub Health. 2013;37(6):574-78.

⁵Henriksen L, Feighery EC, Schleicher NC, Cowling DW, Kline RS, Fortmann SP. Is adolescent smoking related to the density and proximity of tobacco outlets and retail cigarette advertising near schools? Prev Med. 2008 Aug;47(2):210-4.



THE MILITARY/AGE RESTRICTION ARGUMENT

What you can't do until you are 21 years or older:

- ⊘ Buy alcohol
During the Vietnam era, 29 states lowered the alcohol purchase age to 18 and highway death rates made a significant climb. Raising the sales age back to 21 caused the death rate to drop significantly.¹
- ⊘ Casino gambling
- ⊘ Get a 'license to carry' gun permit.
- ⊘ Rent a car (must be age 25 - crash rates don't drop significantly until then)
- ⊘ Rent a hotel room in some hotels.

The argument: If you can go to war and bear arms at 18 you should have the right to smoke.

Response: The minimum age of military service does not equal readiness to enlist in a lifetime of smoking.

IN FACT:

The U.S. Army Surgeon General says soldiers who smoke are less combat ready and take longer to heal.²

The U.S. Military is taking steps to ban all tobacco sales on military bases. Easy access to cigarettes has led to a 33.6% smoking rate among active duty military.²

Years of studies, including a comprehensive study on 9.3 million military beneficiaries, have revealed lung cancer mortality rates are double among Veterans.³

Veterans who served to protect our freedom but contracted emphysema from addiction to the discounted cigarettes in the military have lost **their** freedom.⁴

¹ DeJong et Blanchette: Case Closed: Research Evidence on the Positive Public Health Impact of Age 21 MLDA in the US, Journal of Studies On Alcohol and Drugs/ Supplement No17.2014 pg108-115

² <http://www.army.mil/standto/archive/issue.php?issue=2012-11-20>

³ A Study of Cancer in the Military Beneficiary Population, Guarantor: Raymond Shelton Crawford III, MD MBA, Contributors: Raymond Shelton Crawford III, MD MBA; Julian Wu, MD MPH; Dae Park, MD; Galen Lane Barbour, MD; Military Medicine, Vol. 172, October 2007

⁴ <http://www.iom.edu/~media/Files/Report%20Files/2009/MilitarySmokingCessation/Combating%20Tobacco%20Military%20for%20web.pdf>



NOTES

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RUDD REPORT



SUGAR-SWEETENED BEVERAGE TAXES

An Updated Policy Brief



YALE RUDD CENTER
FOR FOOD POLICY & OBESITY

www.yaleruddcenter.org

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SUGAR-SWEETENED BEVERAGE TAXES

An Updated Policy Brief

Since the Rudd Center's 2009 publication of our first policy brief on soft drink taxes, significant progress has been made in the effort to reduce consumption of sugar-sweetened beverages (SSBs). The body of scientific literature that links consumption to overweight, obesity, and chronic illnesses has grown substantially. Dozens of cities and states have launched public health SSB campaigns and implemented or proposed policies to reduce SSB availability.

Taxing SSBs is still considered by many public health experts and policymakers to be one of the best strategies to improve the nation's nutrition, raise revenue for health programs, and recover the medical and insurance costs of treating diet-related diseases. Since 2009, policymakers in approximately 24 states and 6 cities¹ have proposed SSB taxes, and more than 25 national and state organizations have recommended or endorsed them.² Other countries, including Denmark, Finland, France, and Hungary, have taxes on SSBs.

Definition of SSBs

Any beverage with added sugar or other caloric sweeteners such as high fructose corn syrup, including soda, sports drinks, fruit drinks, teas, flavored/enhanced waters, and energy drinks.

Revenue Potential⁷

- A national tax of a penny per ounce on SSBs would generate approximately \$13 billion in 2013 alone, and \$39 billion over three years.
- At the state level, a penny-per-ounce excise tax on SSBs in Mississippi, Louisiana, and West Virginia, the three states with the highest rates of adult obesity, is projected to bring in approximately \$136 million, \$210 million, and \$84 million, respectively, in 2013. Revenues in larger states are significantly higher: \$1 billion in Texas; \$781 million in New York; and \$1 billion in California.

Why Consider SSB Taxes?

Sugar-sweetened beverages are staples of today's American diet. These beverages are inexpensive, abundant, high in calories, deliver little or no nutrition, and appeal to our taste for sweetness. They are heavily marketed, especially to children, often using celebrities, sports stars, and cartoon characters. More than for any category of food, rigorous scientific studies have shown that consumption of SSBs contributes to poor diet, and risk for obesity, diabetes and a number of other serious health problems.

Chronic diseases related to poor diet cost the United States billions of health care dollars each year—economists estimate the health care costs of obesity alone to be in the range of \$147 to \$190 billion^{3,4}—and are complex problems that must be addressed with multifaceted strategies. Taxing certain classes of products to reduce consumption is a proven strategy, as we have seen with tobacco taxes.

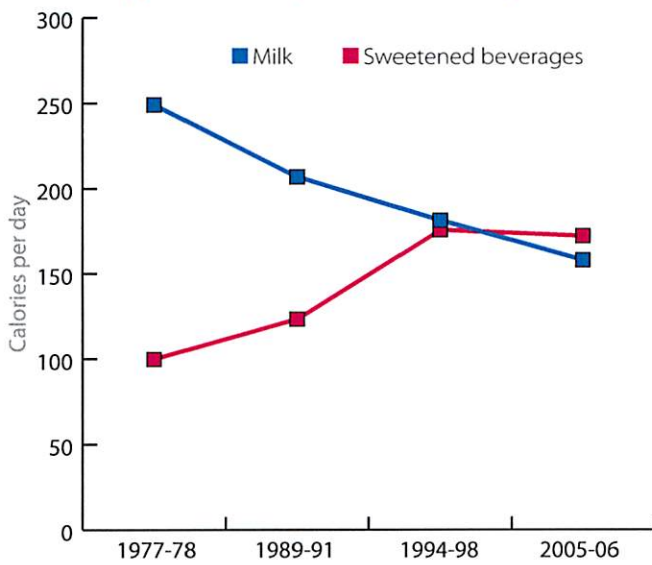
Thirty-four states and Washington, D.C. now have sales taxes on SSBs,⁵ but the taxes are too small to affect consumption, in many cases consumers do not know the taxes exist, and revenues are not used for programs to promote good nutrition.⁶ Policymakers are turning to larger excise taxes, with revenues dedicated to public health programs, as the next step toward improving the nation's health.

What Would Taxes Accomplish?

Taxes on SSBs can be conceived with two goals: raising revenue and changing consumption. They can:

- raise considerable funds to be earmarked for nutrition initiatives such as subsidies for healthy foods or programs in schools;
- raise the relative price of unhealthy beverages, thereby discouraging consumption;
- decrease sales of unhealthy beverages, and influence demand for healthier alternatives, which may encourage beverage manufacturers to reformulate their products; and
- convey the message that government and policymakers are concerned about nutrition and the public's health.

Trends in Calories Consumed from Sweetened beverages and Milk, for Children Ages 2-18⁸



Issues Concerning SSB Taxes and Results of Scientific Research

ISSUE: CONSUMPTION

Consumption continues to increase

- Since the late 1970s, intake of SSBs among adults ages 19 and older has more than doubled.⁸
- Americans drink about 45 gallons per person, per year,⁹ with about one-half of the population drinking SSBs on any given day.¹⁰
 - Males consume more than females; teens and young adults consume more than other age groups; and low-income people consume more in relation to their overall diet than those with higher incomes.¹⁰
- A 2010 study found that SSBs (defined as soda, energy and sports drinks, and sweetened water) and fruit drinks combined provided the largest source of daily calories in the diets of US children ages 2-18. Soda alone was the third largest source.¹¹
- In the late 1990s the intake of SSBs began surpassing that of milk.⁸
- Sports drinks, energy drinks, and sweetened waters and teas are showing significant growth in the marketplace, while traditional carbonated drinks are losing market share.¹²
- Research suggests that people do not compensate well for the calories they get from liquids by eating less food; hence the large number of calories from beverages is a matter of great concern.^{13,14,15,16}
- Sugar-sweetened beverage consumption is highest among groups that are at greatest risk of obesity and type 2 diabetes.¹⁷

ISSUE: HEALTH EFFECTS

Studies continue to show negative health effects

- Among children:
 - each extra serving of SSBs consumed per day increases their chance of becoming obese by 60%;¹⁸
 - in an 18-month randomized controlled trial of 4-11 year olds, replacing SSBs with non-caloric beverages significantly reduced weight gain and body fat;¹⁹
 - in a randomized controlled trial of overweight and obese adolescents, those in the 1-year intervention to dramatically reduce SSB consumption achieved a smaller BMI increase than the control group;²⁰
 - greater SSB consumption in childhood or adolescence predicted weight gain into adulthood;²¹
 - consumption of fructose and added sugars (found in SSBs) is associated with a greater risk of cardiovascular disease in adolescents;^{22,23} and
 - consumption is associated with higher blood pressure in adolescents,²⁴ dental caries,^{25,26} and inadequate intake of critical nutrients such as calcium, iron, and vitamin A in children's diets.^{27,28,29}
- Among adults, consumption of SSBs is associated with:
 - a risk of weight gain and obesity;^{30,31,32,33,34}
 - cardiovascular risk,^{32,35,36} a significantly higher risk of stroke,³⁷ high blood pressure;^{38,39}
 - type 2 diabetes;^{32,33,40,41}
 - dental erosion;^{42,43} and
 - a risk of pancreatic cancer.^{44,45}
- Many papers showing weak or no associations between consumption and chronic disease are funded by the beverage or sugar industries.³³

ISSUE: PRICE

Price changes affect consumption

- The demand for SSBs goes down when prices go up. A 10% increase in price is estimated to result in an 8% to 12.6% decrease in consumption.^{46,47} The 10% increase in price can be achieved with a penny-per-ounce tax.⁴⁶
- The effects of a price increase could be higher for heavy users of SSBs.⁴⁸
- In a recent intervention, increasing the price of SSBs by 35% resulted in a 26% decrease in sales. Sales decreased by an additional 18% when coupled with an educational campaign about the positive health impact of reducing consumption.⁴⁹
- Experiments show that when healthier foods are less expensive than unhealthy foods, people are more likely to purchase the healthy items.^{50,51,52}

ISSUE: TAXING

Taxing alcohol and cigarettes has proved to be highly successful in reducing consumption and its consequences, resulting in major public health benefits.⁵³ Economists also predict significant public health benefits for taxes on SSBs.

- Based on the best estimates to date, a tax on SSBs has the potential to reduce:
 - consumption;^{46,53,54,55} type 2 diabetes;^{53,55} and
 - coronary heart events.⁵⁵

- One study estimates that a 24% reduction in consumption from a penny-per-ounce tax could reduce daily per-capita caloric intake by 145-150 calories.⁹
- A 2011 study of the potential impact of SSB taxes in Illinois estimated that a penny-per-ounce excise tax would reduce:
 - the number of obese youth by 9.3%, and obese adults by 5.2%;
 - diabetes incidence by more than 3400 cases;
 - diabetes-related health care costs by \$20.7 million; and
 - obesity-related health care costs by \$150.8 million.⁵³

POLICY RECOMMENDATIONS

Tax considerations

TYPE OF TAX

Excise

Note: Taxes should be indexed to inflation to avoid erosion of the impact as prices rise.

ADVANTAGES

- Consumers see the increased price at the point of purchase.
- Can be imposed at the bottler, distributor, wholesaler, or importer level, making it easier to collect.
- Does not change if industry reduces prices.
- Will include the syrup used in fountain drinks.
- Generates more stable and predictable revenues.
- Does not encourage the purchase of large containers.

DISADVANTAGES

- Industry may absorb the cost of the tax across product lines, making the shelf-price increase insignificant.
- May be difficult to implement on a local level.

Sales

Note: In states where groceries are not taxed, or are taxed at a lower rate than other goods, SSBs could be defined as “non-groceries” and taxed just like other consumer goods.

- Rises with inflation.

- Encourages consumers to buy larger containers because the cost per ounce is lower, so the tax per ounce would be lower as well.
- Retailers, especially small ones without computerized cash registers, may be inconvenienced by having to charge taxes on some beverages and not others. This may motivate them to oppose the taxes.

Exempting diet beverages from taxes

- May encourage consumers to switch to diet or “light” beverages. This may be beneficial in combating weight gain, although there is inconclusive evidence about the role that artificial sweeteners play in obesity prevention⁶¹ or overall health.

- Generates less revenue.

PUBLIC HEALTH MESSAGE RECOMMENDATIONS

- Make the public health message explicit to increase public support for a tax: the purpose is to fund nutrition programs and obesity prevention, to reduce consumption of unhealthy products, and to recoup costs for diet-related diseases now covered by public funds.
- Note that the tax is not just directed at overweight or obese people. Poor nutrition affects the health of everyone, overweight or not. In addition, children can develop consumption habits and brand loyalties well in advance of becoming overweight.

USE OF THE REVENUE *

It is important to designate all or a portion of the revenue produced by a tax for programs related to health, such as nutrition or obesity prevention, especially for underserved populations.

Such initiatives could include:

- **subsidizing fresh fruits and vegetables** in schools and for SNAP (food stamp) recipients;
- **school-based interventions and policies** such as farm-to-school programs, easy access to clean drinking water, or Safe Routes to School programs;
- **increased access to healthy food in low-income neighborhoods** such as incentives to attract supermarkets;
- **social marketing campaigns** to counteract the marketing strategies used by the beverage industry to advertise SSBs to children;
- **statewide, comprehensive obesity-prevention programs**; and
- **improving the built environment for increased physical activity.**

*For more suggestions, see “Earmarks Proposed in SSB Tax Legislation” under the “Legislation and Policies” link. www.yaleruddcenter.org/ssbtax

RESOURCES

The Rudd Center for Food Policy and Obesity (www.yaleruddcenter.org/ssbtax) resources include:

- a revenue calculator;
- maps of legislation;
- fact sheets;
- a list of all local and state campaigns and education programs; and
- synopses of scientific studies.
- Bridging the Gap conducts research on state-level taxes on snack foods, soda, and other sweetened beverages. www.bridgingthegapresearch.org/research/sodasack_taxes
- Kick The Can, sponsored by the California Center for Public Health Advocacy. www.KickTheCan.info
- Life is Sweeter, sponsored by the Center for Science in the Public Interest, with links to materials from the 2012 National Soda Summit. www.fewersugarydrinks.org

ISSUE: PUBLIC SUPPORT

Will the public support SSB taxes?

- Taxes are most likely to receive public support when the revenues are designated to promote the health of key groups, such as children and underserved populations.^{56,57}
- A 2012 California poll of voters found that 62% supported a state fee on soda and soft drinks that would be used to fund childhood obesity prevention.⁵⁸
- A 2011 Vermont poll showed that 42% of voters would support an SSB tax.
 - Support rose to 77% when the revenue would be used to make health care programs for low- and middle-income children more affordable, or to fund oral health programs for these children.⁵⁹
- A 2010 Mississippi poll found that 34% of voters would support a tax on SSBs; the number rose to 52% when funds would be used for programs to fight childhood obesity.⁶⁰

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ARGUMENTS FOR AND AGAINST SUGAR-SWEETENED BEVERAGE EXCISE TAXES

OPPONENTS SAY:

SSB taxes are regressive.

They will disproportionately hurt the poor and minorities who can least afford it.

The government should stay out of private behavior.

It should not act like a “nanny” by regulating what people eat or drink.

People who consume too many SSBs are just making bad personal decisions.

Everyone else shouldn’t have to bear the burden of these decisions.

Taxes aren’t necessary because industry is part of the solution, not the problem.

It’s wrong to blame SSBs for obesity because sales of regular soft drinks have decreased but obesity rates are still rising.

SSB taxes can’t be compared to cigarette and alcohol taxes. The use of tobacco and alcohol can have adverse consequences (called “negative externalities”) for non-users, such as second-hand smoke and drunk-driving accidents. This is not true for SSB consumption.

PROPONENTS SAY:

- Obesity is a regressive disease that disproportionately hurts poor and minority populations.
- SSB excise taxes have the potential to be most beneficial to low-income people who:
 - may currently consume more SSBs;
 - may be more sensitive to higher prices and therefore may benefit most from reducing consumption; and
 - may have access to new programs that would be funded by SSB tax revenues.
- SSBs are not a necessary part of the diet and deliver many calories with little or no nutrition.
- Water is readily available as a no-cost alternative.
- SSB taxes would reduce health inequities.

- Americans expect the government to exercise its role as a protector of public health when there are crises affecting the nation. Major government interventions have significantly improved the nation’s health. Examples include tobacco taxes, mandatory airbags and seat belts, fluoridated water, and vaccinations.
- Obesity is also a national health crisis. It shortens the lives of its citizens, costs the country billions in health care and lost productivity, and is even undermining military recruitment.

- Consumers, especially young ones, may not know the risks involved in overconsumption of SSBs or calories.
 - For example, most people cannot estimate the number of calories they consume when they eat out. Even experienced nutritionists underestimate the numbers.
- The industry undermines people’s ability to resist overconsuming SSBs by:
 - spending millions every year (\$948m in 2010⁶²) to advertise them, especially to children;
 - lowering the price per ounce as the size increases; and
 - making them widely available.

- The purpose of a corporation is to make money for its shareholders. The industry must try to sell as much of its product as possible, and cannot, at the same time, help its customers reduce their consumption of SSBs. Taxes can do that.
- Beverage companies claim to be part of the solution by funding community and school initiatives for obesity prevention. If the industry were serious about being part of the solution, it would grant these funds *anonymously*, rather than using donations as another marketing opportunity.
- The best role the beverage industry could play is to reduce the amount of sugar in SSBs, stop marketing them relentlessly (especially to children), and focus instead on promoting low- and no-calorie options.
- Sales of traditional carbonated sodas may be down, but sales of sports drinks, energy drinks, sweetened waters, and teas have increased; hence the recommendation that all SSBs be taxed.

- Just like tobacco and alcohol, consumption of SSBs has consequences that affect everyone, even those who don’t consume them. For example, half the nation’s estimated \$147-190 billion in obesity-related medical expenditures are paid for by taxpayers, through Medicaid and Medicare. In addition, consumption of these beverages is contributing to health inequities.

ENDNOTES

1. See www.yaleruddcenter.org/ssbtax for maps of current and past legislation.
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