

IRDI Public Health Policy Dialogue Series No.1: Control of Sugar Sweetened Beverage (SSB): Regulation or Taxation?

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The Institute for Research, Development, and Innovation (IRDI) from the International Medical University (IMU) has successfully partnered with the Malaysian Public Health Physicians Association (PPPKAM) to co-host a public health policy roundtable discussion to explore on the control of sugar sweetened beverages (SSB) with taxation or regulation on 26th September 2018 at the IMU Bukit Jalil campus.

Sugar-sweetened beverages (SSB) are drinks sweetened with various forms of added sugars such as brown sugar, corn sweetener, corn syrup, dextrose, fructose, glucose, honey, lactose, maltose, raw sugar, and sucrose. SSB is a major source of sugar in the diet. Malaysians consume sugar in the form of, among others, cordial syrup, tea, coffee, chocolate, flavoured beverages, condensed milk (added to beverages) and local kuih (starchy traditional cakes). Less than 1.2% of the daily caloric intake was obtained from jam, carbonated drinks, and “ABC ice” (shaved ice topped with syrup, nuts and beans)¹.

On average, a single can of a sugary drink contains 40 grams of free sugars, which is equivalent to around 10 teaspoons of table sugar². This is noteworthy as the World Health Organization (WHO) guidelines recommended reducing free sugars consumption to less than 10% of daily energy intake which is equivalent to around 12 teaspoons of table sugar for adults. The guidelines also suggested further reducing intake of sugars to below 5% of daily energy intake which is equivalent to around 6 teaspoons of table sugar for adults for additional health benefits³.

Alarmingly, the consumption of SSB is increasing in most countries, particularly amongst children and adolescents, including Malaysia with a mean SSB consumption of 177.5 mL/day⁴. Malaysia was reportedly the eighth highest sugar consumer in the world⁵. According to the National Health and Morbidity Survey (NHMS) 2017, 1 in 3 or 36% of Malaysian students have carbonated soft drinks at least once a day⁶. Findings from research also highlighted that nine out of 10 primary school children in Selangor drink canned or bottled drinks weekly, while almost half of the pre-schoolers aged five to six years old consume sweet drinks daily⁷.

High consumptions of SSB is associated with weight gain, obesity, type 2 diabetes, heart disease, kidney disease, non-alcoholic liver disease, tooth decay and cavities, as well as gout. In 2016, 13% of the world adult population were obese and more than 1.9 billion adults aged 18 years and above were overweight⁸. Also, over 340 million children and adolescents aged 5-19 were overweight or obese in 2016 and majority of the group lived in developing countries⁵. According to the NHMS (2015)⁹, Malaysian adults ranked the fattest in Southeast Asia, with 30.3% reportedly overweight and 17.7% obese. These figures are noteworthy as obesity is the main modifiable risk factor for type 2 diabetes. In 2015, the prevalence of diabetes mellitus in Malaysia was 17.5%¹⁰ and Malaysia has the highest rate of diabetes in Asia, with about 3.6 million Malaysians aged 18 and above suffering from diabetes and 1.8 million more may have the disease but are unaware of it as they have never gone for a check-up¹¹.

Among the hard policy decisions agreed upon by the previous Malaysian government to manage and control the obesity and diabetes epidemics was the control of SSB consumption. The Malaysian government has

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proposed to impose taxes on sweetened drinks as early as 2015 following the abolishment of the sugar subsidy of 34 cents per kg in 2013. Nevertheless, the plan has not been implemented until the Pakatan Harapan administration recently revived the proposal again. Under the National Plan of Action for Nutrition of Malaysia III (2016-2025), it is targeted that a tax on unhealthy food and beverages including sweetened creamer, condensed milk and sugar-sweetened beverages such as carbonated drinks, be introduced by 2020.

However, the specific approach whether to control the sugar content by regulation or to reduce consumption through taxation-based pricing control needs further deliberation among various stakeholders. Featuring this topic, IMU's IRDI and PPPKAM had held this roundtable discussion to receive contribution of ideas, thoughts, and opinions from different stakeholders. It was a closed-door event and participation was by invitation only. The discussion was attended by 30 participants including representatives from the Ministry of Health Malaysia (MOH), Malaysian Public Health Physicians Association (PPPKAM), World Health Organization (WHO), Federation of Malaysian Consumers Association, FMM Malaysian Food Manufacturing Group (FMM MAFMAG), Malaysian Association for the Study of Obesity (MASO), Southeast Asia Tobacco Control Alliance (SEATCA), Consumers Association of Penang (CAP), Nutrition Society of Malaysia (NSM), as well as 6 observers from IMU.

The outcome of this roundtable discussion was a resolution and recommendations by the Group to the Government of Malaysia to introduce SSB tax and regulation on SSB for the prevention and control of non-communicable diseases (NCD) epidemics in Malaysia.

The Round Table has decided on the following recommendations:

1. Re-enact the Cabinet Committee on Healthy Environment.
2. Establish a national multisectoral commission, agency, or mechanism to oversee NCD engagement, policy coherence and accountability of sectors beyond health for effective action.
3. Strengthen national strategic and action plans focusing on health improvement with a goal to promote and advocate for policies and practices at multiple levels of society that engage community in healthy behaviours.
4. Develop evidence driven legislative policy to address the growing epidemic of obesity and diabetes by promoting healthy lifestyles. The definition of SSB should include soda, fruit punches, sports drink, energy drinks, 'health supplement' drinks, sweetened tea, condense milk, flavoured milk drinks, other carbonated or uncarbonated drinks, pre-made juice drinks, pre-mixed cereal drinks and ready-to-drink sachet beverages that are sweetened with sugar, corn syrup or other caloric sweeteners.
5. Establish a dedicated enforcement team to ensure effective implementation of legislation and policies. Regular enforcement and monitoring should be given top priority to ensure full implementation of legal requirements.
6. Implement fiscal intervention through earmark tax on products that are damaging to health including SSB. The revenue generated should be channelled into a health promotion entity focusing on NCD that supports a wide range of health prevention

- programmes (nutrition and physical activity-related programmes included).
7. Health professionals to be furnished with information about the science of sugar intake metabolism through continuous education and undergraduate medical and health curricula.
 8. Set up a working group towards establishing a clearinghouse that will collate, analyse and make readily available evidence-based resources for various stakeholders and dissemination of these information through mass media and social media.
 9. Repackage existing literatures and results of local studies by translating them into user-friendly resources that are easily accessible by all stakeholders.
 10. Identify information gaps to prioritise areas for further research.
 11. Develop a comprehensive policy on restricting advertisements and promotion of foods and non-alcoholic beverages high in saturated fats, trans-fatty acids, free sugars or salt.
 12. Strengthen the adherence to the legal control on the impact of non-nutritive sweetener (NNS) consumption.
 13. Promote the increasing healthy food access that is affordable and improved nutrition and diet in schools, workplaces, campuses, and other community settings as a strategy to improve the practice of healthy behaviours.
 14. Develop a national campaign on community-wide reduction in SSB consumption and encourage healthy diet behaviour as well as providing supportive dietary information.
 15. Strengthen the compliance and enforcement of healthy food served in schools based on the Malaysian school canteen guidelines 2012.
 16. Mobilise support through community empowerment to reduce the consumption of SSB.
 17. Require food-labelling information to be presented in an easy to understand and transparent way. The food-labelling must contain the product's composition, nutritional profile, and quantity of contents to ensure consumers have sufficient knowledge of the product and they can make product comparisons and selections.
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