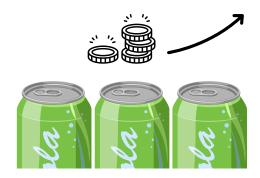


Sugar-Sweetened Beverage TaxesSeparating Myths from Evidence-Based Facts



What the Evidence Shows:

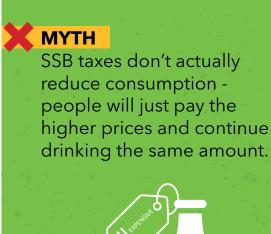
Sugar-sweetened beverage (SSB) taxes are being implemented worldwide as a public health policy. Here's what the latest research tells us about their real-world impacts.





Countries have implemented SSB taxes globally

Average price increase of taxed beverages **Average reduction in SSB purchases** 33%







following tax implementation

✓ FACT

Taxes do actually inform consumer choices. Research shows SSB taxes consistently reduce consumption. Price changes really do matter to most people.





These taxes only affect low-income families unfairly. Furthermore, increased taxes have no impact on people's health.





Evidence shows that health taxes reduce consumption of harmful products and lead to significant health benefits over time. The goal is to encourage healthier choices that will improve community health.



SSB taxes are just a money grab by governments and don't generate meaningful revenue for public health programs.



FACT

SSB taxes generate substantial revenue that can be reinvested in public health education and different other sectors. Additionally they also reduce healthcare costs over time because a healthy population unburdens the healthcare system.



MYTH

People will just go elsewhere to buy cheaper sugary drinks, so the taxes don't work.





FACT

While this is a likely possibility it doesn't undermine the overall positive health impacts. The net effect is still a meaningful reduction in SSB consumption.



MYTH

SSB taxes are experimental policies with no proven track record of success.



Over 50 countries worldwide have successfully implemented SSB taxes and data confirms their effectiveness in reducing consumption and improving health.

MYTH

The taxes are too small to make any real difference - people won't change their behavior for a few extra cents.

FACT

Even modest tax rates create meaningful price signals that change consumer behavior.



Research Sources

National Center for Health Research UC Berkeley School of Public Health Boston University School of Public Health



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