Will the Implementation of a Sugar Tax Reduce Obesity Levels?
An Insight from Scotland

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Submission Info
Received 14 March 2019
Revised 16 April 2019
Accepted 24 April 2019

Abstract
This study has aimed to offer an insight into the current gap within academic literature by surveying consumers in Scotland by analysing gender, age and household income. This research has focussed on a survey of residents from North Ayrshire, which is a low socio-economic area in rural Scotland. A questionnaire was developed and collected from 64 people (32 males and 32 females). The purpose of the questionnaire was primarily to identify the consumers who may be directly affected by a sugar tax, then question them on their attitudes, values and beliefs concerning the SDIL. The results of the survey provide an insight into the potential effects of the Soft Drinks Industry Levy (SDIL) but it is unclear whether it will have any significant impact on obesity levels within Scotland. This study has implications for policy makers, the soft drinks industry and the academic arena as it demonstrates that differing levels of awareness, different values and beliefs between different socio-demographic groups that have the potential to impact upon policies that are attempting to change consumer behaviour as with the UK SDIL.

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Keywords
obesity  
Scotland  
soft drinks industry levy  
sugar sweetened beverages  
sugar tax

1. Introduction

Obesity places a strain on health services and leads to premature death due to its association with cardiovascular disease and the two major lifestyle factors associated with the growth of obesity are physical inactivity and poor diet (Akabas et al., 2012). In the UK for the year 2015, 65 percent of adults aged 16 and over were overweight, including 29 percent who were obese. There has been an increase in the proportion who are overweight or obese among both sexes (aged 16-64) since 1995, from 52 percent to 62 percent. Most of this increase occurred between 1995 and 2008, with figures remaining broadly stable henceforth. In 2015, 15 percent of children aged 2 to 15 were at risk of obesity, with a further 13 percent at risk of overweight. Since 1998, the

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ISSN: 2655-3112
proportion of children aged 2-15 at risk of being overweight (including obesity) has fluctuated between 29 percent and 33 percent, and was 26 percent in 2017 (Official Statistics Publication for Scotland, 2018). Dobbs et al. (2014) suggest that the cost of obesity in the UK is approximately £16 billion per annum, which is the equivalent of three percent of GDP.

Younger generations are becoming obese at earlier ages and staying obese for longer. The number of children admitted to hospital for obesity and related conditions has quadrupled in the last decade. However, there has been a 3 percent reduction in 2-15 year olds at risk of overweight and obesity, between 2014 and 2015, and the Scottish Government argue this demonstrates that other obesity prevention measures are effective (Official Statistics Publication for Scotland, 2018). In addition, evidence has shown that children in Scotland are consuming too much sugar which causes increases in weight gain and obesity. Sugar consumption is also a leading cause of tooth decay in children, with tooth extractions now the main reason for hospital admissions for children aged 5-9 years (HM Revenue and Customs, 2016).

Sugar-Sweetened Beverages (SSBs) have been identified by public health experts as a major contributor to sugar consumption and a crucial factor in childhood obesity. Consuming one ordinary 330 millilitres can of cola takes a child over their recommended daily intake of sugar for the day. A typical can of cola contains 35g of sugar, whereas (HM Treasury, HM Revenue and Customs, and Department of Health and Social Care, 2016) believe a five-year-old should have no more than 19g of sugar in a day. Announced at the Budget in March 2016 was a new levy on soft drinks; the Soft Drink Industry Levy (SDIL). This introduction requires companies from April 2018 to reduce added sugar content in their products with the objective of encouraging companies to reformulate their product mix (HM Treasury, HM Revenue and Customs, and Department of Health and Social Care, 2016).

The main purpose of this study is to assess whether the introduction of the SDIL or sugar tax can be successful in reducing the obesity levels in Scotland. Previous literature examined consists of research undertaken in America, Mexico, and Hungary, with a focus on age (Briggs et al., 2013) and household income (Zhen et al., 2011). Prior sugar tax studies carried out assessed groups based on age and household income (Powell & Chaloupka, 2009; Finkelstein, 2010). To evaluate if a sugar tax in Scotland would be successful in reducing obesity levels, it was identified that there was a significant gap in existing literature in terms of gender related studies. This study will try to cover this gap by surveying consumers in Scotland by analysing gender, age and household income. This study adds a contribution to this field of research as the survey presents a significant difference in consumer behaviour, knowledge, awareness and values concerning obesity and the differential rates of sugar tax between males and females in Scotland.

2. Methods

The primary objective of this research is to assess whether the introduction of the SDIL in the UK will be successful in reducing obesity levels in Scotland. Previous literature examined consists of research undertaken in America, Mexico, and Hungary, with a
focus on age (Briggs et al., 2013) and household income (Zhen et al., 2011). To evaluate if a sugar tax in Scotland would be successful in reducing obesity levels, it was identified that there was a significant gap in existing literature. This study will try to cover this gap by surveying consumers in Scotland by analysing gender, age and household income.

As it was identified that obesity levels were higher in low socio-economic areas, this research has focussed on North Ayrshire, which is a low socio-economic area in rural Scotland. The research strategy adopted belongs to the functionalist paradigm, where the ontological position is positivism, as reality was viewed as being external and something that cannot be affected, merely observed (Saunders et al., 2009). This leads into the epistemological position as that of an observer, where only credible facts and data can be relied upon. The axiological position follows on from this as the research would be conducted in a value-free manner, thus opinions are ruled out as they cannot be relied upon, nor are they credible facts with the overall approach being deductive (Saunders et al., 2009). A questionnaire was developed and collected from 64 people (32 males and 32 females). The purpose of the questionnaire was primarily to identify the consumers who may be directly affected by a sugar tax, then question them on their attitudes, values and beliefs concerning the SDIL.

The survey data obtained would allow for assessment of the likelihood that an increase in the price of SSBs would have a positive effect on Scotland’s consumer behaviour, which is believed to be crucial to reducing the levels of obesity. Inter-relationships between categories such as – gender, age, household income, obesity awareness, attitude to weight gain, and price responsiveness were analysed. The survey was conducted using Qualtrics. The participants were contacted face-to-face, by phone, through social networks or via e-mail. To provide a fair, proportionate sample which would present more accurate and reliable results, 32 men and 32 women with varying ages and income were surveyed. Participants were questioned on three themes – behaviour, knowledge/awareness and values. The survey was conducted in North Ayrshire, a rural community in Scotland, with high unemployment and low socio-economic status. The 64 completed surveys were obtained from Qualtrics, and then results were analysed in 3 categories – gender, age, and household income. Relationships based on obesity awareness, attitude to a sugar tax, and consumer behaviour were formed for each category.

3. Results and Discussion

When the authors linked it to gender, the results show that 68.75 percent of males and 90.62 percent of females were aware of the obesity levels in Scotland. Relating the awareness of obesity levels to age, the results show that 66.67 percent from age group of 16-29; 91.30 percent of age group 30-49, and 80 percent of age group over 49 were aware of the obesity levels in Scotland. In addition, linking this to the income levels, the results show that 79.31 percent of those who earn less than £20,000, 82.61 percent of those who earn (£20,000-£45,000), and 75 percent of those who earn over £45,000 were aware that 2/3 of Scotland’s population are overweight and 1/3 are obese. In summary, the above results show that females, those in the age group of 30-49, and the middle-
income group were more aware that 2/3 of Scotland’s population are overweight, and 1/3 are obese. The least aware groups were males, those from the age group 16-29 group, and the high-income group.

When the authors linked it to gender, the results show that 56.25 percent of males and 78.12 percent of females were aware of the effects of obesity. Relating the awareness of the effects of obesity to age, the results show that 61.90 percent from age group of 16-29; 73.91 percent of age group 30-49, and 65 percent of age group over 49 were aware of the effects of obesity. In addition, linking this to the income levels, the results show that 75.86 percent of those who earn less than £20,000, 65.22 percent of those who earn (£20,000-£45,000), and 50 percent of those who earn over £45,000 were aware of the effects of obesity. In summary, the above results show that females, those in the age group of 30-49, and the low-income group were more aware of the effects of obesity. The least aware groups were males, those from the age group 16-29 group, and the high-income group.

When the authors linked it to gender, the results show that 81.25 percent of males and 65.62 percent of females believed that the consumption of SSBs were linked to childhood obesity. Relating the consumption of SSBs relationship with childhood obesity to age, the results show that 57.14 percent from age group of 16-29; 69.56 percent of age group 30-49, and 95 percent of age group over 49 believe that the consumption of SSBs were linked to childhood obesity. In addition, linking this to the income levels, the results show that 62.07 percent of those who earn less than £20,000, 82.61 percent of those who earn (£20,000-£45,000), and 83.33 percent of those who earn over £45,000 believe that the consumption of SSBs were linked to childhood obesity. In summary, the above results show that males, those in the age group of over 49, the middle and high-income groups were most likely to believe that the consumption of SSB’s were linked to childhood obesity. The groups which were less likely to believe that the consumption of SSBs were linked to childhood obesity were females, those from the age group 16-29 group, and the low-income group.

When the authors linked it to gender, the results show that 50 percent of males and 50 percent of females agreed with the UK Government implementing a tax on SSBs. Relating those in agreement with the UK Government’s tax on SSBs to age, the results show that 42.86 percent from age group of 16-29; 17.39 percent of age group 30-49, and 75 percent of age group over 49 agreed with the UK Government implementing a tax on SSBs. In addition, linking this to the income levels, the results show that 37.93 percent of those who earn less than £20,000, 47.83 percent of those who earn (£20,000-£45,000), and 50 percent of those who earn over £45,000 agreed with the UK Government implementing a tax on SSBs. In summary, the above results show that those in the age group of over 49, were the only group who clearly agreed with the UK Government implementing a tax on SSBs. The groups who clearly disagreed were females, those from the age groups 16-29 and 30-49, and those from the low and middle-income groups.

When the authors linked it to gender, the results show that 68.75 percent of males and 68.75 percent of females make a conscious effort to reduce their consumption of SSB’s. Relating consumer’s effort to reduce consumption of SSBs to age, the results
show that 71.43 percent from age group of 16-29; 56.52 percent of age group 30-49, and 80 percent of age group over 49 make a conscious effort to reduce their consumption of SSBs. In addition, linking this to the income levels, the results show that 68.97 percent of those who earn less than £20,000, 65.22 percent of those who earn (£20,000-£45,000), and 75 percent of those who earn over £45,000 make a conscious effort to reduce their consumption of SSBs. In summary, the above results show that those in the age group of over 49, and the high-income group were more likely to make a conscious effort to reduce their consumption of SSBs. The least likely group was from the age group 30-49.

When the authors linked it to gender, the results show that 25 percent of males and 43.75 percent of females would be encouraged to stop purchasing their regular SSB, if a price increase was implemented. Relating the probability of a price increase encouraging consumers to stop purchasing their regular SSB to age, the results show that 52.38 percent from age group of 16-29; 13.04 percent of age group 30-49, and 40 percent of age group over 49 would stop. In addition, linking this to the income levels, the results show that 48.28 percent of those who earn less than £20,000, 26.09 percent of those who earn (£20,000-£45,000), and 16.67 percent of those who earn over £45,000 would stop. In summary, the above results show that females, those in the age group of 16-29, and the low-income group were more likely to stop consuming their regular SSB. The least likely groups were males, those from the age group 30-49 group, and the high-income group.

When the authors linked it to gender, the results show that 21.88 percent of males and 28.12 percent of females would make a healthier change. Relating a healthier change in SSB consumption to age, the results show that 33.33 percent from age group of 16-29; 8.70 percent of age group 30-49, and 35 percent of age group over 49 would make a healthier change. In addition, linking this to the income levels, the results show that 27.59 percent of those who earn less than £20,000, 26.09 percent of those who earn (£20,000-£45,000), and 16.67 percent of those who earn over £45,000 would make a healthier change. In summary, the above results show that females, those in the age groups of 16-29, the over 49, and the low and middle-income groups were more likely to make a healthier change. The least likely groups were males, those from the age group 30-49 group, and the high-income group.

Prior sugar tax studies carried out assessed groups based on age and household income (Powell & Chaloupka, 2009; Finkelstein, 2010). However, there are few relevant studies based on gender. This study adds a contribution to this field of research as the survey presents a significant difference in consumer behaviour, knowledge, awareness and values concerning obesity and the differential rates of sugar tax between males and females in Scotland.

Pettinger (2017) explains that an SSB is a demerit good as the public may be unaware of the personal costs involved in sugar consumption; may be unaware that sugar has negative health consequences; or struggle to reduce consumption due to its addictive qualities. The average Scottish resident consumes 238 teaspoons of sugar per week – but often without realising as much of this sugar is ‘hidden’ in SSBs and other processed foods. This lack of awareness about sugar is an example of information failure.
consumers not having full information to make informed choices based on the amount of sugar in certain foods or drinks and the harmful effects of sugar. Leslie (2016) identified that throughout the decades’ nutritional scientists who simply provide more evidence; offer stronger arguments; or represent more prestigious establishments; can manipulate consumers eating or drinking behaviour. Moreover, it was observed that due to the general lower price of SSBs, they have partly replaced milk as a main source of fluid consumption in the home. Therefore, as a means of promoting milk consumption and discouraging the use of SSBs, it was suggested that the price of SSBs should be increased (Yen et al., 2004).

It was observed that females were more aware than males of the percentage of overweight and obese adults in the UK, and the effects of obesity. Thus, it was surprising to learn that more males in the same survey thought that the consumption of SSBs were linked to childhood obesity. It may be perceived that females have other ideas of the probable causes of childhood obesity. Furthermore, fewer females than males agreed with the UK Government implementing a tax on SSBs, which supports the notion that a greater number of females believed that the consumption of SSBs was not the only factor to be considered when tackling childhood obesity. Research conducted by Devaux et al. (2011) found a direct linear relationship between education and obesity, with a greater education gradient in obesity stronger in females. This might explain the surveyed females having other ideas on the causes of obesity, since they had a greater awareness of the effects of obesity.

As fewer females than males were found to have tried to reduce their consumption of SSBs, it may be the case that the females surveyed, have less disposable income, making it more convenient to stick to the same cheap and convenient product. Moreover, it was found that females were more price responsive than males, suggesting that females had less disposable income or more females oversaw the household grocery budget. It was also observed that of the males and females who said they would stop purchasing their regular SSB, a greater percentage of the females would switch to a cheaper SSB. This suggests that the female decision is perhaps purely a financial one, rather than a health choice. This is interesting because although females are more aware of the effects of obesity, the survey suggests that a financial reason is more likely to change their consumer behaviour. Findings from Devaux et al. (2011) contradict this theory, as they found the more educated/aware an individual is, the more likely they are of making positive health choices, thus less likely they are of becoming obese.

Research undertaken by Devaux et al. (2011) in Australia, Canada, England and Korea, suggests that individuals who spent more years in full-time education were less likely to suffer from obesity. England’s education gradient in obesity was found to be stronger in women than in men, thus women were less likely to be overweight or obese. The authors found that the positive effect of education on obesity is likely to be determined by greater access to health-related information; clearer perception of the risks associated with lifestyle choices; and improved self-control. It was observed that the higher the individual’s education relative to his or her peers, the lower the probability of the individual being obese. Thus, the effectiveness of various health
programs working in conjunction would be a key factor in tackling obesity (Franck et al., 2013).

The survey showed that the 16-29 group were least aware of the percentage of obese adults and their effects. It is a relatively safe assumption that younger people are less concerned about their long-term health, as time is on their side. This would possibly make them less willing to learn about overall health statistics (World Health Organization, 2017).

The 16-29 group also had the least percentage of participants who thought the consumption of SSBs were linked to obesity, with the over 49’s having the highest. A potential reason for this may be that the oldest group show more awareness and a greater discipline in their diet. Also, a fair assumption is that the oldest group’s consumption of SSBs will be a lot less than the youngest group’s. Since the 16-29 year olds are known to consume more SSBs than any other adult group, they may wish to believe that the consumption of SSBs are not linked to obesity or do not care (Ogden et al., 2011). It was also observed that a significant percentage of the 16-29 group answered that they did not know, which could possibly mean that not enough information on obesity is provided to children. Pettinger (2017) commented on this lack of awareness about sugar was an example of “information failure” – consumers not having full information to make informed choices on. Quinn (2015) also identified that as consumers become more aware of the “hidden” ingredients in products, they become more discouraging.

A greater percentage of the over 49’s believed that the UK Government should implement a sugar tax, with the 16-29 group having the lowest. Possible reasons for these findings may be that the over 49’s will be less affected by the tax, as their consumption is lower; the 30-49 group may have more disposable income, thus could afford a price increase; or the 16-29 group have less disposable income, and are also the largest consumers of SSBs. It was noticeable that the 16-29 group had the largest percentage who didn’t care. This could suggest that the youngest group are not interested or have not been properly educated on obesity at school (Devaux et al., 2011).

When asked whether the respondents made a conscious effort to reduce their consumption of SSBs, a larger percentage of the over 49’s answered ‘yes’. Interestingly, more of the 16-29 group answered that they had tried, but they found the SSBs to be cheap and convenient. It was observed that healthier products being generally more expensive than SSBs, made it more difficult for consumers to switch to a healthier product. It was also noticed that nearly half of the 30-49 group stated that they have not made any effort to reduce their consumption of SSBs. This could suggest that the consumption of SSBs are convenient for the 30-49 group, and that they may be just below the trigger point, where their health becomes a priority.

When respondents were asked if a 5 percent price increase would encourage them to stop purchasing their regular SSB, the 16-29 group had the biggest percentage who answered ‘yes’, although it was only 1 in 7. Thus, a 5 percent price increase had minimal effect on consumer behaviour. This appears to be consistent with other findings as Powell et al. (2009) concluded that a 5 percent price increase was insufficient to change consumer behaviour, and recommended that a substantial increase was required.
The survey’s findings concur with a study by Bahl et al. (2003) which determined that a 10 percent price increase would result in an approximate 11 percent decrease in consumption. The groups’ responses to a 10 percent price increase were slightly higher with the 16-29 group still having the largest percentage answering ‘yes’. However, it was noticeable that the over 49’s had the greater increase, and nearly all who said they would stop, would switch to a healthier option rather than a cheaper SSB.

This survey found evidence that some participants would in fact switch to cheaper alternatives. The groups’ responses to a 20 percent price increase showed a greater rise in participants who would stop purchasing their regular SSB. 1 in 2 of the 16-29 group, and 2 in 5 of the over 49’s answered that they would stop. Again, nearly all the over 49’s would switch to a healthier option. Only 1 in 8 of the 30-49 group would consider stopping. Briggs et al. (2013) also found that a tax on SSBs would have the greatest impact on young people.

As suggested by Deegan (2013) public interest theory posits that, due to the substantial expense of obesity, it is a rational response for the UK Government to intervene to “benefit society as a whole”. In addition, Pettinger (2017) argues that economics attempts to achieve the optimal allocation of resources, but the free market doesn’t always achieve this. If the production or use of a good has a greater social cost than social benefit, then governments are entitled to attribute a tax to the good, to ensure the consumer pays the full social cost, and not just the market price. Theoretically, a higher price reduces demand, achieves a more socially efficient level of consumption, and generates revenue for the UK Government. In practical terms, a tax on SSBs would help reduce obesity, diabetes, and tooth decay whilst generating revenue to deal with rising health costs in the UK. Furthermore, Thompson (2009) stated that since healthier products such as fruit and vegetables have risen sharply compared to SSBs, it is reasonable to increase the price of SSBs as an incentive for consumers to move to healthier options. Poor health not only imposes greater costs to the NHS, but also affects work and productivity, thus, the social cost of sugar consumption is greater than the private cost (Pettinger, 2017).

Other previous studies discuss the price elasticity in low and middle income as a factor affecting SDIL. Andreyeva et al. (2010) determined that to constructively manipulate the consumption of SSBs, prior knowledge of the product’s price elasticity of demand must be obtained. By accumulating information on products’ price elasticities, policymakers can then easily identify the items which could have the greatest impact. Escobar et al. (2013) expanded on this by suggesting that conducting further research on the price elasticities in low and middle income countries, the potential health gains, financial savings to the health sector and potential government revenue may be identified. Encouragingly, it was observed that low-income household’s consumption of SSBs in Mexico fell by 17 percent in the first year of an imposed sugar tax, denoting they were more responsive to a price increase. Since the poor are hit hardest by diabetes and obesity, because they have less access to healthcare, the tax was regarded as beneficial (Snowdon, 2015).

Additionally, it is worth noting here that the SDIL will have an impact on job security in the UK. Bradford (2016) revealed job concerns in the beverage industry that employs...
34,000 people in Scotland – 19 percent of all manufacturing jobs. It was considered that penalising the beverage industry, with no conclusive proof of the effectiveness of a tax on SSBs, could be construed as unfair. As plans for a tax on SSBs were officially announced, shares in Barr Soft Drinks immediately fell by 3 percent (Freeman, 2016).

This survey’s results conflicted with a study conducted by Sturm et al. (2010) which found that low-income groups would be more responsive to 5 percent price increase. The low-income group had the lowest percentage who thought the consumption of SSBs was linked to childhood obesity. They may have answered ‘no’ to justify buying SSBs. Only 1 in 3 of the low-income group, compared to 3 in 5 of the middle-income group and 1 in 2 of the high-income group, agreed with the UK Government implementing a tax on SSBs. This would suggest that the low-income group may have concerns about the rising costs of groceries, which would eat into their already low disposable income. Conversely, Colchero et al. (2016) suggested that a larger reduction in consumption was often found in low socio-economic populations.

The survey showed that although the middle-income group was slightly more aware of the percentage of overweight and obese adults, the low-income group was more aware of the effects of obesity. The middle-income group had the largest proportion who would stop purchasing their regular SSB if a 5 percent price increase was implemented, and would all change to a healthier option or do without. If a 10 percent price increase was implemented, 1 in 4 of the middle-income group, 1 in 7 of the low-income group, and none of the high-income group would stop. Encouragingly, all the middle-income group who would stop, would switch to a cheaper SSB. Therefore, 1 in 4 of the low and middle-income groups would switch to a healthier option or do without – ultimately being the desired change in consumer behaviour (HM Revenue and Customs, 2016). These findings concur with Zhen et al. (2011), who also found that low and middle-income groups were more responsive to a price increase. Furthermore, Smith et al. (2012) deduced that a tax-induced 20 percent price increase would result in adults losing 3.8lbs over a year, and children losing 4.5lbs. The authors acknowledge that the survey is only on probable consumer behaviour. The consumer has answered the questions hypothetically, thus might behave differently faced with the real scenario.
4. Conclusion

The primary objective of this research was to assess whether the introduction of the SDIL in the UK will be successful in reducing obesity levels in Scotland. Previous literature examined consisted of research undertaken in America, Mexico, and Hungary, with a focus on age (Briggs et al., 2013) and household income (Zhen et al., 2011). Prior sugar tax studies carried out assessed groups based on age and household income (Powell et al., 2009; Finkelstein, 2010). However, there are few relevant studies based on gender. To evaluate if a sugar tax in Scotland would be successful in reducing obesity levels, it was identified that there was a significant gap in existing literature. This study has aimed to offer an insight into the current gap within academic literature by surveying consumers in Scotland by analysing gender, age and household income. This study also adds a contribution to this field of research as the survey presents a significant difference in consumer behaviour, knowledge, awareness and values concerning obesity and the differential rates of sugar tax between males and females in Scotland.

In terms of gender, female participants in this survey had a higher awareness of obesity levels and the harmful effects of obesity. However, it was observed that of the males and females who said they would stop purchasing their regular SSB, a greater percentage of the females would switch to a cheaper SSB. Thus, negating any potential health benefits from the SDIL regardless of increased awareness concerning obesity females display.

In terms of age, it was determined that the 16-29 group would be most responsive at every rate of price increase. The over 49’s were found to be more responsive than the 30-49 group at the 10 percent and 20 percent rate, but the reverse was true at the 5 percent rate. Block et al. (2010) concluded that merging education with a price increase would result in a further reduction in consumption. Since the 16-29 group produced the lowest figures for awareness, this suggests that if the 16-29 group were better informed, an even greater response to price change may be obtained. This analysis concurs with Devaux et al. (2011), who determined that the better educated an individual is, the less likely they are of becoming obese.

In terms of income, it was determined that low-income consumers would be the most responsive to a tax on SSB’s at the 20 percent rate, but middle-income consumers would be more responsive at 5 percent and 10 percent rates. It must be noted that although the low-income group was more responsive at the 20 percent rate, it was similar to the middle-income group in respect of how many switched to a healthier option or did without. It was observed that in response to any price increase, when consumers decided to move to an alternative, the low-income group was more likely to switch to a cheaper SSB compared to the other groups, who would change to a healthier option. This would suggest that because of the low-income group’s limited funds, as much as they wish, it proves more difficult for them to change to a healthier option.

In conclusion, the main purpose of this research was to provide a tentative judgement on whether the SDIL will be successful in reducing obesity levels in Scotland. The results of the survey provide an insight into the potential effects of the SDIL but it is unclear whether it will have any significant impact on obesity levels within Scotland.
Whilst higher tax rates may have a better probability of decreasing demand for SSBs, it is considered essential that lower income groups access to healthy options are increased, making the healthy choice easier for consumers; better education about obesity and the associated risks to health are delivered to children from an earlier age to increase awareness; more robust campaigns are targeted at most unaware group, identified by this research as the males. This study has implications for policy makers, the soft drinks industry and the academic arena as it demonstrates that differing levels of awareness, different values and beliefs between different socio-demographic groups that have the potential to impact upon policies that are attempting to change consumer behaviour as with the UK SDIL. Limitations concerning the results of the study are the location, as North Ayrshire is only a small area within Scotland; the size of the sample surveyed; limited access to academic literature; and that consumer responses may not be an accurate portrayal of consumer behaviour. Future researchers could gain further insights from increasing the sample size of people surveyed within Scotland at the point when the UK SDIL commences as this may provide a more accurate response from the consumers pertaining to their actual behaviour as opposed to their potential behaviour.

References


