

## IMPACT OF PRICE AND LABELLING ON SUGARY DRINK PURCHASING

1 **TITLE:** The impact of price and nutrition labelling on sugary  
2 drink purchases: results from an experimental marketplace  
3 study.

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25

26  
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29

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31

32 **ABSTRACT**

33

34 **Objective:** To examine the effect of front-of-package (FOP) nutrition labelling and sugary drink  
35 taxation on consumer beverage purchases.

36 **Methods:** A total of 675 respondents aged 16 years and older participated in an experimental  
37 marketplace study using a 4×5 within-between group design. Participants were randomised to one  
38 of four labelling conditions (no label; star rating; high sugar symbol; health warning) and  
39 completed five within-subject purchase tasks. Beverage prices in each task corresponded to ‘tax’  
40 conditions: 0%, 10%, 20%, 30% and a variable tax proportional to free sugar level. In each task,  
41 participants selected from 20 commercially available beverages; upon conclusion, one of five  
42 selections was randomly chosen for purchase.

43 **Results:** As price increased, participants were significantly less likely to select a sugary drink,  
44 and selected drinks with fewer calories and less free sugar ( $p<0.001$  for all). The overall effect of  
45 labelling was not statistically significant, although there was a trend for the ‘high sugar’ label to  
46 reduce the likelihood of selecting a sugary drink ( $p=0.11$ ) and encouraging participants to select  
47 drinks with less free sugar ( $p=0.11$ ).

48 **Conclusions:** Increasing price was associated with reduced sugary drink purchases. Enhanced  
49 FOP labelling results highlight the need for further research to investigate their potential impact.  
50 The study adds empirical support for taxation to reduce sugary drink consumption.

51

52 **KEYWORDS**

53 food policy; food labeling; taxation; added sugar; sugar-sweetened beverages

54

55

56 **INTRODUCTION**

57 Excess sugar intake is increasingly recognised as a public health concern due to its contribution  
58 to energy intake and obesity.<sup>1</sup> Higher intake of added sugars compromises the nutrient quality of  
59 diets by replacing essential nutrients and increasing the overall energy density of foods.<sup>2</sup>

60

61 In countries such as Canada, beverages account for the largest source of added sugar intake.<sup>3,4</sup> In  
62 2004—the most recent national estimates in Canada—beverages accounted for 44% of the total  
63 sugar consumed by children and adolescents, and 35% of sugar intake among adults, with  
64 significantly higher proportions for ‘added’ versus ‘total’ sugars.<sup>5</sup> Most studies to date have  
65 relied upon the traditional definition of ‘added sugar’ when measuring sugar-sweetened  
66 beverages (SSBs), which includes most sugars added to foods or beverages during  
67 manufacturing or preparation, but excludes those naturally present in fruit juices.<sup>6</sup> SSBs are  
68 typically defined as regular soft drinks, fruit drinks, fruit juice <100%, sports drinks, energy  
69 drinks and sweetened tea and coffee. However, an increasing number of studies are using the  
70 World Health Organization’s criteria for ‘free sugar’ to measure ‘sugary drinks’, which include  
71 flavoured or sweetened milk, and 100% fruit juice.<sup>7</sup> Recent analyses of the Canadian food supply  
72 identified high levels of free sugar across all of these beverage categories.<sup>8,9</sup>

73

74 A range of observational studies and trials indicate that high consumption of SSBs is associated  
75 with an increased risk of Type 2 diabetes, metabolic syndrome, cardiovascular disease, dental  
76 caries, and several cancers, primarily through its association with weight gain.<sup>10–14</sup> Globally, an  
77 estimated 184,000 deaths per year are directly attributable to SSB intake.<sup>15</sup>

78

79 In an effort to address the health burden from sugary drinks, several countries have implemented  
80 targeted interventions at the policy level, such as enhanced food labelling regulations. In Canada,  
81 the amount of total sugar in a product is displayed on the back or side of pre-packaged foods as  
82 part of the Nutrition Facts table (NFt). The NFt is widely used in Canada, but requires high  
83 levels of health literacy and many consumers struggle to interpret the quantitative information.<sup>16–</sup>  
84 <sup>18</sup> In particular, few consumers have an intuitive understanding of the recommended ‘limits’ on  
85 sugar intake.<sup>19</sup> Consequently, non-numerical, ‘interpretive’ food labels have emerged as an  
86 important complement to the quantitative information presented in NFts. The most common FOP  
87 formats include health ‘star ratings’ and nutrient-specific ‘traffic light’ symbols.<sup>20–22</sup> Whereas  
88 star ratings seek to provide an overall measure of nutrition quality, traffic light formats are  
89 typically used to highlight ‘high’ levels of a nutrient based on a threshold. Research to date  
90 suggests that the traffic light format may be more effective in discouraging consumption of  
91 ‘negative nutrients’, such as sugar, in pre-packaged foods.<sup>23,24</sup> This is consistent with preliminary  
92 evidence from countries such as Australia and Ecuador, which have recently implemented star  
93 rating systems and FOP ‘traffic light’ labels for sugar, respectively.<sup>25,26</sup> More recently, ‘warning  
94 labels’ have emerged as an alternative labelling option to communicate the risks associated with  
95 overconsumption of particular nutrients. For example, the city of San Francisco has implemented  
96 health warning labels on certain print and billboard SSB advertisements,<sup>27</sup> with the potential to  
97 apply warnings directly on product containers.<sup>28</sup> Overall, FOP labels represent a promising  
98 intervention for enhancing sugar labeling; however, there is no clear consensus about which  
99 format would be most effective in reducing free sugar intake.

100

101 The use of fiscal measures in the form of sugary drink taxes has also emerged as a prominent  
102 population-level intervention to reduce free sugar intake.<sup>29-31</sup> Economic theory suggests that  
103 increasing the price of foods high in free sugar will decrease consumption,<sup>32</sup> and a range of  
104 studies have demonstrated that food purchases are price elastic, particularly in the case of sugary  
105 drinks.<sup>29</sup> Excise taxes are the most common form of tax, which selectively increase the ‘shelf  
106 price’ of sugary beverages compared to the untaxed beverages. For example, in 2014 Mexico  
107 implemented a tax on SSBs, equivalent to approximately 10% of the price. In the first year, sales  
108 of taxed sugary beverages decreased by 6%, and an average reduction of 7.6% was seen after  
109 two years.<sup>33</sup>

110

111 The existing evidence base on labelling and taxation has several limitations. The vast majority of  
112 research to date has focused on policies targeting SSBs, and not the expanded definition of  
113 sugary drinks. The inclusion of sugary drinks may have important implications for how  
114 consumers ‘compensate’ or select other ‘substitute’ beverages in response to a tax. In studies that  
115 exclude 100% fruit juices and flavoured milk from products subject to a tax, these drinks are  
116 available to consumers as alternative ‘untaxed’ options. It remains unclear how a tax based on  
117 sugary drinks would affect consumer purchases and estimates of price elasticity. There is also a  
118 lack of research on how the impact of taxation or labelling policy measures may vary across  
119 population sub-groups, which can’t be assessed in most studies to date that analyze sales data.  
120 There is also only a limited number of studies that have investigated multiple interventions—  
121 such as FOP warnings and taxation together—to estimate any additive effects that may be  
122 present. Finally, there is a need for evidence on taxation and labelling policies in Canada. In  
123 2016, the Canadian government officially proposed mandatory FOP warnings on pre-packaged

124 products, including a ‘high’ warning for sugar, and is actively considering implementing a  
125 sugary drink tax.<sup>34,35</sup> Both policies represent novel interventions and there is an immediate need  
126 for evidence to inform these measures.

127

128 The current study sought to experimentally test the impact of several FOP nutrition labelling  
129 formats and levels of taxation on consumer purchasing of sugary drinks, free sugar, and calories.

130

## 131 **METHODS**

132 The study was conducted in September and October 2016. Ethical approval for the study was  
133 received from the Office of Research Ethics at the University of Waterloo.

134

### 135 **Participants**

136 Participants aged 16 years and older were recruited using convenience sampling in a shopping  
137 mall in southwestern Ontario, Canada. The shopping mall setting provided a high traffic volume  
138 for data collection, with a population of shoppers encompassing a variety of age groups and  
139 ethnicities. Research assistants were stationed at a booth in a high-traffic location in the shopping  
140 mall, and approached potential participants to ask whether they were interested in participating in  
141 the study. All interested participants were asked to provide their age prior to providing informed  
142 consent and beginning the study. A total of 686 participants completed the study; 11 participants  
143 were removed due to data quality concerns, for a final sample size of 675.

144

### 145 **Protocol**

146 The current study used an experimental marketplace design. The experimental marketplace is a  
147 design commonly used in the field of behavioural economics and marketing to study actual  
148 consumer behaviour,<sup>36-38</sup> and provides the opportunity to manipulate price and other variables of  
149 interest in order to assess their influence on consumers' purchases. Participants are provided with  
150 a sum of money, and presented with multiple products available for purchase. If the participant  
151 does not spend the entire sum of money, they are allowed to keep the remainder, along with the  
152 product they selected. In this way, participants spend real money and incur a financial cost for  
153 their purchases, leading to more realistic product selections.

154

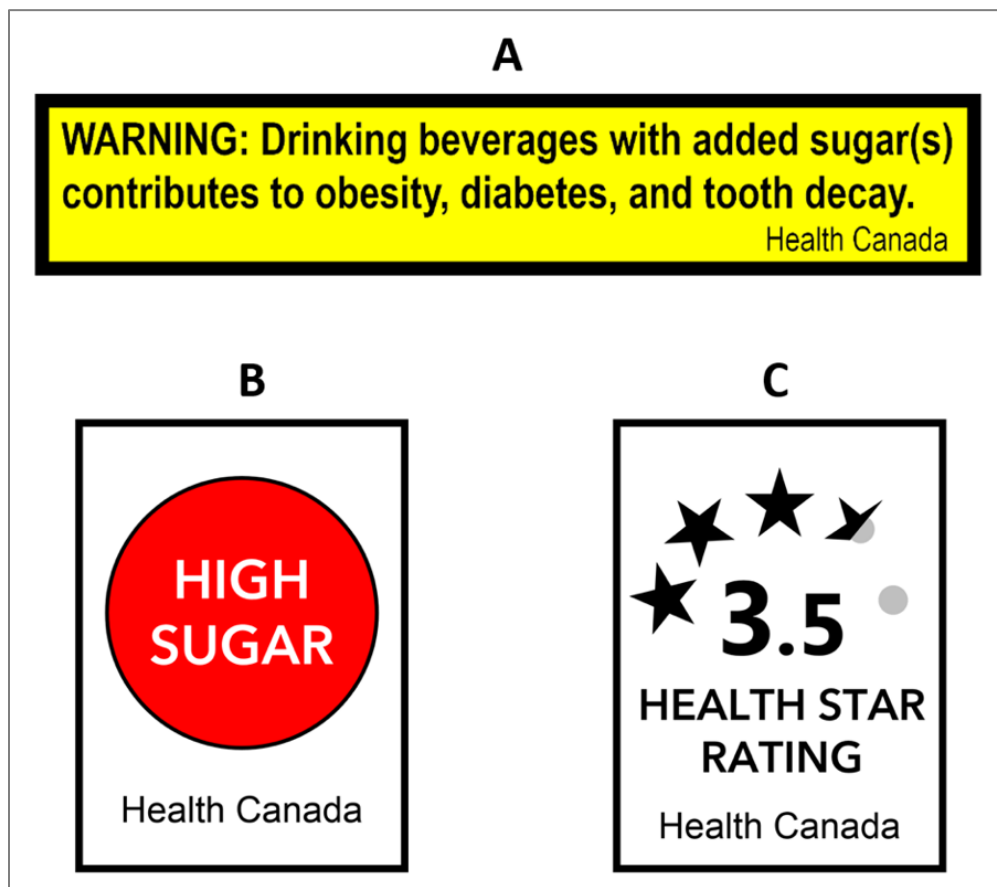
155 The current study consisted of a set of purchasing tasks following a  $4 \times 5$  between-within subject  
156 design to test the effects of enhanced FOP labelling formats (between subject) and sugary drink  
157 taxes (within subject). Following the experimental marketplace design, participants completed a  
158 series of five purchasing tasks, in which they were asked to purchase one beverage from a  
159 selection of 20 sugary and non-sugary drinks. An allotted budget of \$5.00 CAD was available for  
160 each of the five tasks. Beverage prices ranged from \$1.99 to \$3.63, with an average of \$2.81  
161 CAD, and were selected based on standard retail prices within the surrounding shopping mall. A  
162 budget amount of \$5.00 was selected in order to capture the maximum cost of any one beverage,  
163 while still providing change to participants as a form of remuneration for the study.

164

#### 165 *FOP labelling conditions*

166 Each participant was randomly assigned to view beverages with one of four labelling conditions:  
167 no labelling changes, a *text health warning*, a *high sugar symbol*, or a *health star rating* (Figure  
168 1). Warning label conditions were designed to approximate existing regulatory practices.<sup>20,26,28</sup>

169 The *text health warning* and *high sugar symbol* were displayed only on the ‘sugary drinks’,  
 170 defined as those containing more than 5 grams of free sugar per 100 millilitres. The *health star*  
 171 *rating* was displayed on every beverage. Health star rating values were based on the Australian  
 172 Health Star Rating System,<sup>20</sup> with adaptations to better reflect the free sugar definition used in  
 173 this study. See Table 1 for the health star rating values of all 20 beverages, as well as their  
 174 categorisation as sugary or non-sugary drinks.  
 175



176  
 177 **Figure 1.** Labelling formats: A. Text warning label; B. High sugar symbol; C. Health star rating  
 178 (3.5 star rating shown here). [COLOUR]



179 **Table 1.** Details of beverages presented to participants.

| <b>Beverage</b>                   | <b>Flavour/variety</b> | <b>Container volume (mL)</b> | <b>Free sugar per container* (g)</b> | <b>Free sugar per 100ml (g)</b> | <b>Calories per container (cal)</b> | <b>Sugary drink?</b> | <b>Base price (\$CAD)</b> | <b>Variable tax category</b> | <b>Health star rating</b> |
|-----------------------------------|------------------------|------------------------------|--------------------------------------|---------------------------------|-------------------------------------|----------------------|---------------------------|------------------------------|---------------------------|
| Coca Cola                         |                        | 500                          | 52                                   | 10.4                            | 190                                 | ●                    | 2.49                      | +40%                         | 1/2                       |
| Diet Coke                         |                        | 500                          | 0                                    | 0.0                             | 0                                   |                      | 2.49                      | -                            | ★1/2                      |
| Pepsi                             |                        | 591                          | 69                                   | 11.7                            | 250                                 | ●                    | 2.49                      | +40%                         | 1/2                       |
| Diet Pepsi                        |                        | 591                          | 0                                    | 0.0                             | 0                                   |                      | 2.49                      | -                            | ★1/2                      |
| 7-Up                              |                        | 591                          | 63                                   | 10.7                            | 240                                 | ●                    | 2.49                      | +40%                         | 1/2                       |
| Diet 7-Up                         |                        | 591                          | 0                                    | 0.0                             | 0                                   |                      | 2.49                      | -                            | ★1/2                      |
| Orange Crush                      |                        | 591                          | 71                                   | 12.0                            | 270                                 | ●                    | 2.49                      | +40%                         | 1/2                       |
| Gatorade Original Thirst Quencher | Lemon-Lime             | 591                          | 34                                   | 5.8                             | 140                                 | ●                    | 2.59                      | +20%                         | ★                         |
| Gatorade Original Thirst Quencher | Fruit Punch            | 591                          | 34                                   | 5.8                             | 140                                 | ●                    | 2.59                      | +20%                         | ★                         |
| Gatorade Low-Calorie G2           | Fruit Punch            | 591                          | 12                                   | 2.0                             | 50                                  |                      | 2.59                      | +10%                         | ★1/2                      |
| Glacéau VitaminWater              | “XXX” (Berry)          | 591                          | 32                                   | 5.4                             | 120                                 | ●                    | 2.59                      | +20%                         | ★                         |
| Glacéau VitaminWater              | “Essential” (Orange)   | 591                          | 32                                   | 5.4                             | 120                                 | ●                    | 2.59                      | +20%                         | ★                         |
| Glacéau VitaminWater ZERO         | “XOXOX” (Berry)        | 591                          | 1                                    | 0.2                             | 0                                   |                      | 2.59                      | -                            | ★1/2                      |
| Nestea Lemon Iced Tea             |                        | 500                          | 43                                   | 8.6                             | 160                                 | ●                    | 2.59                      | +30%                         | 1/2                       |
| Minute Maid Lemonade              |                        | 450                          | 52                                   | 11.6                            | 200                                 | ●                    | 2.59                      | +40%                         | ★                         |
| Minute Maid Apple Juice           |                        | 450                          | 48                                   | 10.7                            | 210                                 | ●                    | 2.59                      | +40%                         | ★★                        |
| Minute Maid Orange Juice          |                        | 450                          | 45                                   | 10.0                            | 220                                 | ●                    | 2.59                      | +40%                         | ★★                        |
| Neilson 2% White Milk             |                        | 473                          | 0                                    | 0.0                             | 189                                 |                      | 2.35                      | -                            | ★★★★1/2                   |
| Neilson 1% Chocolate Milk         |                        | 473                          | 26                                   | 5.6                             | 303                                 | ●                    | 2.35                      | +20%                         | ★★★                       |
| Aquafina Water                    |                        | 591                          | 0                                    | 0.0                             | 0                                   |                      | 1.99                      | -                            | ★★★★★                     |

\*For all beverages except *Neilson 2% White Milk* and *Neilson 1% Chocolate Milk*, free sugar values are equal to the amount of total sugar reported on the products' Nutrition Facts tables. Free sugar for *Neilson 2% White Milk* was assigned to be 0, aligning with the definition for free sugar. Free sugar for *Neilson 1% Chocolate Milk* was calculated by subtracting the total sugar found in an equal-sized *Neilson 1% White Milk* from the total sugar reported on the Nutrition Facts table of the chocolate variety.

181 *Tax conditions*

182 Within their assigned labelling condition, each participant performed the five purchasing tasks.  
183 The beverage selection remained the same across the five purchasing tasks; however, the price of  
184 beverages varied in each to correspond to the ‘tax’ condition for sugary drinks. Tax conditions  
185 included a control condition (i.e., actual market value at the time of the study), a 10% price  
186 increase, 20% price increase, 30% price increase, and a variable price increase based on free  
187 sugar content. Tax conditions were selected based on existing regulatory practice. The 10%, 20%  
188 and 30% price increases in the tax conditions were applied only to beverages that met the criteria  
189 for ‘sugary drinks’, as defined above. The variable tax condition was assigned to beverages  
190 according to the following categories of free sugar levels: <2 g/100 ml: 0% (no price increase);  
191 2-4.9 g/100 ml: +10%; 5-7.9 g/100 ml: +20%; 8-9.9 g/100 ml: +30%; >10 g/100 ml: +40%. The  
192 order in which participants encountered the five tax conditions was randomised.

193

194 *Beverage selection for purchase tasks*

195 For each purchase task, participants were presented with a selection of 20 commercially  
196 available beverages, which included leading brands from a range of sugary and non-sugary  
197 beverages (sodas, diet sodas, sports drinks, vitamin waters, fruit juices, milks, water). First, to  
198 ensure that participants had the opportunity to view the beverages and labels in the same size that  
199 they would on an actual beverage container, all 20 beverages were displayed individually to  
200 participants in full-size on the laptop screen for three seconds each. Beverages displayed the FOP  
201 label corresponding to the experimental condition to which the participant was assigned. After  
202 participants viewed each of the full-size beverage images in a randomized order, the beverages  
203 were then displayed together on the screen to mimic the visual display of beverages on a retail

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204 store shelf, including a ‘tag’ with individual prices (Figure 2). Figure 3 shows an example of two  
 205 beverages with each label/price combination. After completing the survey, participants received  
 206 their selected beverage and their unspent budget (ranging from \$1.37 to \$3.01 CAD) from one  
 207 randomly selected task. Since the participants did not know which task would be their “real”  
 208 purchase until the end of the survey, they treated each of the five tasks as a ‘real purchase’. To  
 209 ensure comprehension of the purchasing tasks, a research assistant guided participants through a  
 210 practice purchasing task. Participants then continued with the five beverage purchasing tasks and  
 211 the remainder of the survey independently using a laptop.

212



213

214 **Figure 2.** Beverage selection as displayed to participants. High sugar symbol × 30% tax  
215 condition shown here. *[COLOUR]*

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216

217 **Figure 3.** Tax and labelling conditions: the first two of 20 beverages for each purchasing condition are shown here. [COLOUR]

218 *Sociodemographic measures*

219 Participants reported their age, gender, ethnicity, height and weight. Self-reported height and  
220 weight were used to calculate BMI, which was categorised into “underweight”, “normal weight”,  
221 “overweight” and “obese” using the WHO thresholds.<sup>39</sup> BMIs for participants 19 years of age or  
222 younger were calculated using growth charts as recommended by CDC and WHO guidelines.<sup>40,41</sup>

223

224 **Analysis**

225 Statistical analyses were conducted using SPSS software (version 23.0; IBM Corp., Armonk,  
226 NY; 2015). Chi-square tests were used to test for socio-demographic differences between  
227 experimental conditions.

228

229 Following *a priori* hypotheses, we tested the effects of labelling and tax on three primary  
230 outcomes: the proportion of participants who purchased a sugary drink versus a non-sugary  
231 drink, the number of grams of free sugar purchased per task, and the number of calories  
232 purchased per task. Using the GENLINMIXED command in SPSS, a generalised linear mixed  
233 model was conducted to account for the correlated nature of the repeated-measures data, using a  
234 binomial distribution with a logit link to assess the effects of labelling and price on the outcome  
235 of ‘likelihood of purchasing a sugary drink’. Using the same mixed model framework for  
236 repeated measures, a linear mixed model was used to model the effects of labelling and price on  
237 ‘grams of free sugar purchased’. A second linear mixed model was used to model the effects of  
238 labelling and price on ‘calories purchased’. All models were specified with an unstructured  
239 covariance matrix, and included indicator variables of *labelling format* and *tax level* to assess  
240 differences between these conditions, as well as a *purchase order* variable representing the order

241 in which participants completed the purchasing tasks. Two-way interactions between *labelling*  
 242 *format* and *tax level* were tested in all three models. All pairwise comparisons were examined in  
 243 each model.

244

245 **RESULTS**

246 Sample characteristics can be found in Table 2. There were no significant differences in  
 247 sociodemographic measures between the experimental conditions (labelling format), indicating  
 248 that randomisation was successful.

249

250 **Table 2.** Sociodemographic characteristics of sample overall and by labelling condition.

| <b>Characteristic</b>       | <b>Total sample<br/>(n=675)<br/>%</b> | <b>Control<br/>(n=156)<br/>%</b> | <b>High sugar<br/>symbol<br/>(n=166)<br/>%</b> | <b>Text<br/>warning<br/>(n=176)<br/>%</b> | <b>Star rating<br/>(n=177)<br/>%</b> |
|-----------------------------|---------------------------------------|----------------------------------|--|---|--------------------------------------|
| Age                         |                                       |                                  |  |   |                                      |
| 16-18                       | 15.1%                                 | 12.2%                            | 12.0%  | 15.3%                                     | 20.3%                                |
| 19-24                       | 41.0%                                 | 40.4%                            | 48.8%  | 39.8%                                     | 35.6%                                |
| 25-45                       | 25.0%                                 | 25.0%                            | 21.1%  | 26.1%                                     | 27.7%                                |
| 46+                         | 18.8%                                 | 22.4%                            | 18.1%  | 18.8%                                     | 16.4%                                |
| Gender                      |                                       |                                  |  |   |                                      |
| Male                        | 46.1%                                 | 51.9%                            | 41.0%  | 50.0%                                     | 41.8%                                |
| Female                      | 53.9%                                 | 48.1%                            | 59.0%  | 50.0%                                     | 58.2%                                |
| Ethnicity                   |                                       |                                  |  |   |                                      |
| White                       | 52.6%                                 | 51.9%                            | 53.0%  | 51.7%                                     | 53.7%                                |
| Non-white/not reported      | 44.9%                                 | 46.2%                            | 46.4%  | 46.1%                                     | 41.2%                                |
| Indigenous                  | 2.5%                                  | 1.9%                             | 0.6%   | 2.3%                                      | 5.1%                                 |
| BMI (kg/m <sup>2</sup> )    |                                       |                                  |  |   |                                      |
| Underweight (<18.5)         | 4.1%                                  | 5.8%                             | 3.6%   | 4.5%                                      | 2.8%                                 |
| Normal weight (18.5 – 24.9) | 47.9%                                 | 48.1%                            | 48.2%  | 50.6%                                     | 44.6%                                |
| Overweight (25.0 – 29.9)    | 23.3%                                 | 21.2%                            | 23.5%  | 22.7%                                     | 25.4%                                |
| Obese (30 +)                | 14.8%                                 | 17.3%                            | 15.7%  | 11.9%                                     | 14.7%                                |
| Not reported                | 9.9%                                  | 7.7%                             | 9.0%   | 10.2%                                     | 12.4%                                |

251

252 **Sugary Drinks Purchased**

253 The interaction variable *labelling format*  $\times$  *tax level* was not significant ( $F[12, 3351]=0.81$ ,  
254  $p=0.65$ ) and therefore was not included in the model.

255

256 Figure 4(i) illustrates the proportion of participants who selected a sugary drink in each of the  
257 four labelling conditions. The main effect of labelling format was not significant ( $F[3$ ,  
258  $3363]=1.19$ ,  $p=0.31$ ). There were no significant differences in the proportion of participants who  
259 purchased a sugary drink between the control condition and the *high sugar symbol* condition (-  
260  $0.07$ ; 95% CI  $-0.16, 0.02$ ;  $p=0.11$ ), the *text health warning* condition ( $-0.02$ ; 95% CI  $-0.11, 0.07$ ;  
261  $p=0.61$ ), or the *health star rating* condition ( $0.002$ ; 95% CI  $-0.09, 0.09$ ;  $p=0.97$ ). There were also  
262 no significant differences when comparing the *high sugar symbol* to the *text health warning*  
263 ( $0.05$ ; 95% CI  $-0.04, 0.14$ ;  $p=0.26$ ) or *health star rating* ( $0.08$ ; 95% CI  $-0.01, 0.16$ ;  $p=0.09$ ). The  
264 *text health warning* and *health star rating* also did not differ significantly from one another  
265 ( $0.03$ ; 95% CI  $-0.06, 0.11$ ;  $p=0.57$ ).

266

267 Figure 4(ii) shows the proportion of participants who selected a sugary drink in each of the five  
268 tax conditions. The main effect of tax level was found to be significant ( $F[4, 3363]=33.98$ ,  
269  $p<0.001$ ). There were significant differences in sugary drinks purchased between the control  
270 condition and each of the tax levels. Participants were less likely to purchase a sugary drink in  
271 the *10%*, *20%*, *30%* and *variable* tax conditions in comparison to the control condition  
272 (respectively,  $[-0.05$ ; 95% CI  $-0.08, -0.02$ ;  $p=0.004$ ],  $[-0.13$ ; 95% CI  $-0.17, -0.10$ ;  $p<0.001$ ], [ $-$   
273  $0.18$ ; 95% CI  $-0.21, -0.14$ ;  $p<0.001$ ],  $[-0.14$ ; 95% CI  $-0.18, -0.11$ ;  $p<0.001$ ]). The proportion of  
274 participants who purchased a sugary drink decreased significantly with each increasing tax level  
275 up to *30%*: participants were less likely to purchase a sugary drink in the *20%* tax condition in



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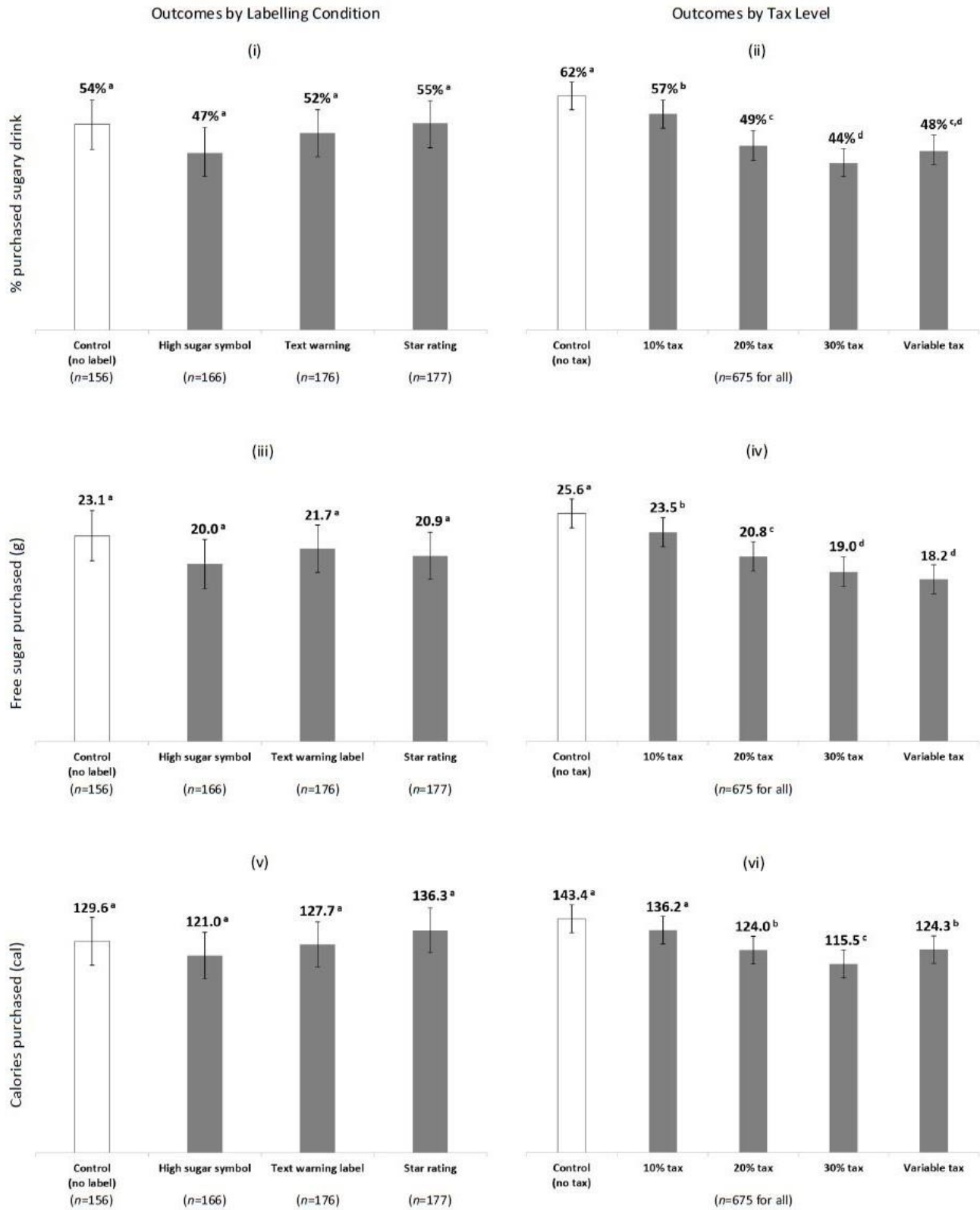
276 comparison to the 10% tax condition (-0.08; 95% CI -0.12, -0.05;  $p < 0.001$ ), they were less likely  
277 to purchase a sugary drink in the 30% tax condition in comparison to the 20% condition (-0.04;  
278 95% CI -0.08, -0.01;  $p = 0.01$ ), and they were similarly less likely to purchase a sugary drink in  
279 the 30% tax condition in comparison to the 10% condition (-0.13; 95% CI -0.16, -0.09;  $p < 0.001$ ).  
280 The *variable* tax level resulted in lower sugary drink purchasing in comparison to the 10%  
281 condition (-0.09; 95% CI -0.13, -0.06;  $p < 0.001$ ), but produced results statistically similar to the  
282 20% and 30% tax levels (respectively, [-0.01; 95% CI -0.05, 0.02;  $p = 0.48$ ], [0.03; 95% CI -  
283 0.002, 0.07;  $p = 0.06$ ]).

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**Figure 4.** Outcomes by labelling condition and tax level: (i) proportion of participants who selected a sugary drink, by labelling condition; (ii) proportion of participants who selected a

290 sugary drink, by tax condition; (iii) grams of free sugar per purchase, by labelling condition; (iv)  
291 grams of free sugar per purchase, by tax condition; (v) number of calories per purchase, by  
292 labelling condition; (vi) number of calories per purchase, by tax condition. Different letters  
293 indicate significant differences at the  $p < 0.05$  level. Error bars represent 95% confidence  
294 intervals.

295

### 296 **Free Sugar Purchased**

297 The interaction variable between *labelling format*  $\times$  *tax level* was not significant ( $F[12,$   
298  $2603]=1.22, p=0.26$ ) and therefore was not included in the model.

299

300 Figure 4(iii) shows the number of grams of free sugar purchased per task in each of the four  
301 labelling conditions. The main effect of labelling format was not significant ( $F[3, 671]=0.90,$   
302  $p=0.44$ ). There were no significant differences in grams of free sugar purchased between the  
303 control condition and the *high sugar symbol* condition ( $-3.18; 95\% \text{ CI } -7.14, 0.77; p=0.11$ ), the  
304 *text health warning* condition ( $-1.47; 95\% \text{ CI } -5.37, 2.43; p=0.46$ ), or the *health star rating*  
305 condition ( $-2.28; 95\% \text{ CI } -6.17, 1.62; p=0.25$ ). There were also no significant differences when  
306 comparing the *health sugar symbol* to the *text health warning* ( $-1.71; 95\% \text{ CI } -5.55, 2.13;$   
307  $p=0.38$ ) or *health star rating* ( $-0.90; 95\% \text{ CI } -4.73, 2.93; p=0.64$ ). The *text health warning* and  
308 *health star rating* also did not differ significantly from one another ( $0.81; 95\% \text{ CI } -2.97, 4.58;$   
309  $p=0.68$ ).

310

311 Figure 4(iv) shows the number of grams of free sugar purchased per task in each of the five tax  
312 conditions. The main effect of tax level was found to be significant ( $F[4, 2625]=33.67, p < 0.001$ ).  
313 There were significant differences in grams of free sugar purchased between the control  
314 condition and each of the tax levels. Participants purchased significantly fewer grams of free

315 sugar in each of the 10%, 20%, 30% and *variable* tax conditions in comparison to the control  
316 condition (respectively, [-2.16; 95% CI -3.63, -0.68;  $p=0.004$ ], [-4.88; 95% CI -6.37, -3.40;  
317  $p<0.001$ ], [-6.64; 95% CI -8.13, -5.16;  $p<0.001$ ], [-7.47; 95% CI -8.96, -5.99;  $p<0.001$ ]). The  
318 amount of free sugar purchased per task decreased significantly with each increasing tax level up  
319 to 30%: participants purchased fewer grams of free sugar in the 20% tax condition in comparison  
320 to the 10% tax condition (-2.73; 95% CI -4.21, -1.24;  $p<0.001$ ), they purchased additionally  
321 fewer grams of free sugar in the 30% tax condition in comparison to the 20% condition (-1.76;  
322 95% CI -3.24, -0.28;  $p=0.02$ ), and they purchased fewer grams in the 20% tax condition in  
323 comparison to the 10% condition (-2.73; 95% CI -4.21, -1.24;  $p<0.001$ ). The *variable* tax level  
324 resulted in lower amounts of free sugar purchased in comparison to the 10% condition (-5.32;  
325 95% CI -6.80, -3.83;  $p<0.001$ ) and the 20% condition (-2.59; 95% CI -4.07, -1.12;  $p=0.001$ ), but  
326 produced similar free sugar outcomes to the 30% tax level (-0.83; 95% CI -2.31, 0.65;  $p=0.27$ ).

327

### 328 **Calories Purchased**

329 The interaction variable *labelling format*  $\times$  *tax level* was not significant ( $F[12, 2571]=1.19$ ,  
330  $p=0.29$ ) and therefore was not included in the model.

331

332 Figure 4(v) shows the number of calories purchased per task in each of the four labelling  
333 conditions. The main effect of labelling format was not significant ( $F[3,671]=0.79$ ,  $p=0.50$ ).

334 There were no significant differences in calories purchased between the control condition and the  
335 *high sugar symbol* condition (-8.65; 95% CI -29.08, 11.78;  $p=0.41$ ), the *text health warning*  
336 condition (-1.89; 95% CI -22.04, 18.26;  $p=0.85$ ), or the *health star rating* condition (6.70; 95%  
337 CI -13.42, 26.83;  $p=0.51$ ). There were also no significant differences when comparing the *high*

338 *sugar symbol* to the *text health warning* (-6.76; 95% CI -26.58, 13.07;  $p=0.50$ ) or *health star*  
339 *rating* (-15.35; 95% CI -35.15, 4.44;  $p=0.13$ ). The *text health warning* and *health star rating* also  
340 did not differ significantly from one another (-8.60; 95% CI -28.10, 10.91;  $p=0.39$ ).

341

342 Figure 4(vi) shows the number of calories purchased per task in each of the five tax conditions.

343 As with the previous two outcomes, tax level had a significant effect on calories purchased ( $F[4,$

344 2590]=16.66,  $p<.001$ ). There were significant differences in calories purchased between the

345 control condition and each of the tax levels except the 10% tax condition. Participants purchased

346 significantly fewer calories in the 20%, 30% and *variable* tax conditions in comparison to the

347 control condition (respectively, [-19.44; 95% CI -26.91, -11.96;  $p<0.001$ ], [-27.96; 95% CI -

348 35.48, -20.44;  $p<0.001$ ], [-19.15; 95% CI -26.67, -11.63;  $p<0.001$ ]), while the 10% level showed

349 a modest but non-significant decrease in comparison to the control (-7.20; 95% CI -14.69, 0.28;

350  $p=0.06$ ). Participants purchased fewer calories in the 20% tax condition in comparison to the

351 10% tax condition (-12.23; 95% CI -19.76, -4.71;  $p=0.001$ ), and purchased fewer calories in the

352 30% tax condition in comparison to the 20% condition (-8.53; 95% CI -16.03, -1.03;  $p=0.03$ ),

353 and purchased fewer calories in the 30% tax condition in comparison to the 10% tax condition (-

354 20.76; 95% CI -28.24, -13.27;  $p<0.001$ ). The *variable* tax condition resulted in fewer purchased

355 calories than the 10% tax condition (-11.94; 95% CI -19.42, -4.47;  $p=0.002$ ) and a higher number

356 of calories than the 30% tax condition (8.81; 95% CI 1.32, 16.31;  $p=0.021$ ), but produced similar

357 calorie outcomes to the 20% tax level (0.29; 95% CI -7.15, 7.73;  $p=0.94$ ).

358

359 **DISCUSSION**

360 The current study highlights the efficacy of taxation strategies and the need for further research  
 361 to investigate the potential of enhanced FOP nutrition labelling. The overall effect of labelling  
 362 was more modest than price in the current study. There was a consistent trend towards a  
 363 reduction in the likelihood of purchasing a sugary drink, grams of free sugar purchased, and  
 364 number of calories purchased when participants saw beverages labelled with a *high sugar*  
 365 *symbol*: a notable 7 percent fewer participants purchased a sugary drink—and they purchased  
 366 approximately 3 fewer grams of free sugar and 9 fewer calories—if they saw beverages with the  
 367 *high sugar symbol* than those who saw beverages with no enhanced FOP labelling. However,  
 368 these differences failed to reach conventional levels of statistical significance. The *text health*  
 369 *warning* label also showed modest reductions in all three outcomes, though to a lesser extent.  
 370 Results from the *health star rating* were mixed: star ratings demonstrated no impact on the  
 371 proportion of participants who purchased a sugary drink, a modest reduction in the grams of free  
 372 sugar purchased, and an increase in the number of calories purchased. These mixed results may  
 373 reflect the nature of a health star rating, which is based on the overall nutrient profile of food  
 374 products rather than being sugar-specific. The increase in calories purchased among those who  
 375 viewed the *health star rating* may be due to the high star ratings assigned to milk products,  
 376 which contains more calories. Ultimately, these results emphasise that an overall health rating,  
 377 like the health stars used in this study, are less desirable for the reduction of specific food  
 378 products or nutrients. Overall, although the effect of enhanced FOP labelling was not found to be  
 379 statistically significant for the three outcomes, there was a consistent trend for the positive  
 380 impact of the *high sugar symbol* for improving the healthfulness of consumers' beverage  
 381 purchases. The trends seen in these results are consistent with much of the existing literature on  
 382 enhanced FOP nutrition labelling. The traffic light system, which is most closely represented by

383 the “high sugar” symbol used in this study, is often identified as the strongest labelling format  
384 for communicating the presence of negative nutrients and reducing the purchasing of products  
385 containing them.<sup>23,24,26</sup>

386

387 The effect of price in this study, in contrast to labelling, did show a statistically significant  
388 impact on consumer purchasing. Increasing the price of sugary drinks relative to beverages  
389 without free sugars significantly decreased the likelihood that consumers would purchase a  
390 sugary drink when provided with a range of beverages. The 30% tax level resulted in the greatest  
391 reduction of sugary drink purchases, with the variable tax producing statistically similar results.

392 As might be expected, when focusing on reductions in free sugar, the sugar-specific variable tax  
393 level showed the greatest reductions, but was again not statistically different from the 30% tax  
394 level. When focusing on calories purchased, the 30% tax level resulted in the greatest decrease in  
395 comparison to all other tax levels. The overall significant impact of price seen here on purchases  
396 of sugary drinks, free sugar and calories is generally consistent with what has been demonstrated  
397 in the existing literature in the area of both sugary beverage and food purchases in general.<sup>29-31</sup>

398

399 We also examined possible additive effects by testing interactions between the tax and labelling  
400 conditions. No interaction effects were observed; however, given that multiple policies are often  
401 implemented in the same jurisdiction, the combined effect of policies warrants further  
402 investigation.

403

404 Our study has several potential limitations. Although the experimental purchasing task design  
405 attempts to mimic consumers’ real purchasing behaviours as closely as possible, it may not

406 represent how consumers naturally interact with labels and price in a real-world setting,  
407 particularly over the long term. The labels used in the purchasing tasks were unfamiliar to  
408 participants and were presented without any associated explanation, therefore the results are  
409 more likely to reflect consumers' responses to a FOP labelling system implemented with no  
410 associated education component, which is unlikely in the real world. Participants' unfamiliarity  
411 with the labels may have been a partial contributor to the lack of effect found across labelling  
412 conditions. Additionally, study participants were recruited using convenience sampling and may  
413 have under-represented certain sub-populations. Finally, a limited sample size may have  
414 contributed to insignificant results: the lack of significant results across labelling conditions may  
415 have largely been a result of inadequate sample sizes across each of the labelling conditions.  
416 Strengths of the study include the use of a randomised between-within study design, and the  
417 incorporation of actual monetary consequences for the purchase of real beverages.

418

#### 419 **CONCLUSION**

420 These findings contribute to the growing evidence that taxation strategies may be an effective  
421 and important tool to reduce purchasing and consumption of sugary drinks. The effects of a  
422 "high sugar" label placed on the front of sugary drinks, though non-significant, suggest  
423 promising results for the reduction of sugary drink consumption, and future research should  
424 investigate similar labels with larger sample sizes. The results for both price and labelling  
425 represent important contributions to the body of evidence around nutrition policy strategies in the  
426 Canadian context.

427

#### 428 **ACKNOWLEDGEMENTS**



## IMPACT OF PRICE AND LABELLING ON SUGARY DRINK PURCHASING

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**REFERENCES**

1. World Health Organization, Food and Agriculture Organization of the United States. *Diet, Nutrition and the Prevention of Chronic Diseases: Report of a Joint WHO/FAO Expert Consultation*. Geneva: World Health Organization; 2003.
2. Moshtaghian H, Louie JCY, Charlton KE, et al. Added sugar intake that exceeds current recommendations is associated with nutrient dilution in older Australians. *Nutrition*. 2016;32(9):937-942. doi:10.1016/j.nut.2016.02.004.
3. Danyliw AD, Vatanparast H, Nikpartow N, Whiting SJ. Beverage intake patterns of Canadian children and adolescents. *Public Health Nutr*. 2011;14(11):1961-1969. doi:10.1017/S1368980011001091.
4. Nikpartow N, Danyliw AD, Whiting SJ, Lim HJ, Vatanparast H. Beverage consumption patterns of Canadian adults aged 19 to 65 years. *Public Health Nutr*. 2012;15(12):2175-2184. doi:10.1017/S1368980012003898.
5. Langlois K, Garriguet D. Sugar consumption among Canadians of all ages. *Health Rep*. 2011;22(3). <http://www.statcan.gc.ca/pub/82-003-x/2011003/article/11540-eng.htm>. Accessed February 7, 2017.
6. Mann J, Fleck F. The science behind the sweetness in our diets. *Bull World Health Organ*. 2014;92(11):780-781. doi:10.2471/BLT.14.031114.
7. World Health Organization. *Guideline: Sugars Intake for Adults and Children*. Geneva; 2015. [http://apps.who.int/iris/bitstream/10665/149782/1/9789241549028\\_eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/149782/1/9789241549028_eng.pdf?ua=1). Accessed February 7, 2017.
8. Acton RB, Vanderlee L, Hobin EP, Hammond D. Added sugar in the packaged foods and beverages available at a major Canadian retailer in 2015: a descriptive analysis. *C Open*.

- 2017;5(1):E1-E6. doi:10.9778/cmajo.20160076.
9. Bernstein J, Schermel A, Mills C, L'Abbé M. Total and Free Sugar Content of Canadian Prepackaged Foods and Beverages. *Nutrients*. 2016;8(9):582. doi:10.3390/nu8090582.
  10. Malik VS, Popkin BM, Bray GA, Després J-P, Hu FB. Sugar-Sweetened Beverages, Obesity, Type 2 Diabetes Mellitus, and Cardiovascular Disease Risk. *Circulation*. 2010;121(11). <http://circ.ahajournals.org/content/121/11/1356.long>. Accessed March 30, 2017.
  11. Marshall TA. Preventing dental caries associated with sugar-sweetened beverages. *J Am Dent Assoc*. 2013;144(10):1148-1152. <http://www.ncbi.nlm.nih.gov/pubmed/24080931>. Accessed December 14, 2016.
  12. Renehan AG, Tyson M, Egger M, Heller RF, Zwahlen M. Body-mass index and incidence of cancer: a systematic review and meta-analysis of prospective observational studies. *Lancet*. 2008;371(9612):569-578. doi:10.1016/S0140-6736(08)60269-X.
  13. Song M, Willett WC, Hu FB, et al. Trajectory of body shape across the lifespan and cancer risk. *Int J Cancer*. 2016;138(10):2383-2395. doi:10.1002/ijc.29981.
  14. Malik VS, Pan A, Willett WC, Hu FB. Sugar-sweetened beverages and weight gain in children and adults: a systematic review and meta-analysis. *Am J Clin Nutr*. 2013;98(4):1084-1102. doi:10.3945/ajcn.113.058362.
  15. Singh GM, Micha R, Khatibzadeh S, et al. Estimated Global, Regional, and National Disease Burdens Related to Sugar-Sweetened Beverage Consumption in 2010: CLINICAL PERSPECTIVE. *Circulation*. 2015;132(8):639-666. doi:10.1161/CIRCULATIONAHA.114.010636.
  16. Cowburn G, Stockley L. Consumer understanding and use of nutrition labelling: a

- systematic review. *Public Health Nutr.* 2005;8(1):21-28.  
<http://www.ncbi.nlm.nih.gov/pubmed/15705241>. Accessed February 24, 2017.
17. Acton RB, Vanderlee L, White C, Hammond D. The efficacy of calorie labelling formats on pre-packaged foods: An experimental study among adolescents and young adults in Canada. *Can J Public Heal.* 2016;107(3):296. doi:10.17269/cjph.107.5513.
  18. Hobin E, Shen-Tu G, Sacco J, et al. Comprehension and use of nutrition facts tables among adolescents and young adults in Canada. *Can J Diet Pract Res.* 2016;77(2):59-65. doi:10.3148/cjdpr-2015-042.
  19. Vanderlee L, White CM, Bordes I, Hobin EP, Hammond D. The efficacy of sugar labeling formats: Implications for labeling policy. *Obesity.* 2015;23(12):2406-2413. doi:10.1002/oby.21316.
  20. Australian Government Department of Health and Ageing. About Health Star Ratings. <http://healthstarrating.gov.au/internet/healthstarrating/publishing.nsf/Content/About-health-stars>. Published 2016. Accessed February 7, 2017.
  21. UK Department of Health. *Front of Pack Nutrition Labelling Guidance.*; 2016. <https://www.gov.uk/government/publications/front-of-pack-nutrition-labelling-guidance>. Accessed December 14, 2016.
  22. Center for Science in the Public Interest. Nation of Chile's Front-of-Package Nutrition Labeling Praised | Center for Science in the Public Interest. <https://cspinet.org/new/201507201.html>. Published 2015. Accessed December 14, 2016.
  23. Cecchini M, Warin L. Impact of food labelling systems on food choices and eating behaviours: a systematic review and meta-analysis of randomized studies. *Obes Rev.* 2016;17(3):201-210. doi:10.1111/obr.12364.

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24. Hawley KL, Roberto CA, Bragg MA, Liu PJ, Schwartz MB, Brownell KD. The science on front-of-package food labels. *Public Health Nutr.* 2013;16(3):430-439. doi:10.1017/S1368980012000754.
25. Hamlin R, McNeill L. Does the Australasian “Health Star Rating” Front of Pack Nutritional Label System Work? *Nutrients.* 2016;8(6):327. doi:10.3390/nu8060327.
26. Freire WB, Waters WF, Rivas-Mariño G, Nguyen T, Rivas P. A qualitative study of consumer perceptions and use of traffic light food labelling in Ecuador. *Public Health Nutr.* September 2016:1-9. doi:10.1017/S1368980016002457.
27. Schillinger D, Jacobson MF. Science and Public Health on Trial - Warning Notices on Advertisements for Sugary Drinks. *JAMA.* 2016;94110(15):1545. doi:10.1001/jama.2016.10516.Conflict.
28. Roberto CA, Wong D, Musicus A, Hammond D. The Influence of Sugar-Sweetened Beverage Health Warning Labels on Parents’ Choices. *Pediatrics.* 2016;137(2). doi:10.1542/peds.2015-3185.
29. Andreyeva T, Long MW, Brownell KD. The impact of food prices on consumption: a systematic review of research on the price elasticity of demand for food. *Am J Public Health.* 2010;100(2):216-222. doi:10.2105/AJPH.2008.151415.
30. Powell LM, Chriqui JF, Khan T, Wada R, Chaloupka FJ. Assessing the potential effectiveness of food and beverage taxes and subsidies for improving public health: a systematic review of prices, demand and body weight outcomes. *Obes Rev.* 2013;14(2):110-128. doi:10.1111/obr.12002.
31. Falbe J, Thompson HR, Becker CM, Rojas N, McCulloch CE, Madsen KA. Impact of the Berkeley Excise Tax on Sugar-Sweetened Beverage Consumption. *Am J Public Health.*

- 2016;106(10):1865-1871. doi:10.2105/AJPH.2016.303362.
32. Smith TA, Lin B-H, Lee J-Y. *Taxing Caloric Sweetened Beverages: Potential Effects on Beverage Consumption, Calorie Intake, and Obesity. Economic Research Report.*; 2010. doi:No. (ERR-100).
33. Colchero MA, Rivera-Dommarco J, Popkin BM, Ng SW. In Mexico, Evidence Of Sustained Consumer Response Two Years After Implementing A Sugar-Sweetened Beverage Tax. *Health Aff.* February 2017;10.1377/hlthaff.2016.1231. doi:10.1377/hlthaff.2016.1231.
34. Health Canada. *Toward Front-of-Package Nutrition Labels for Canadians: Consultation Document.* Ottawa; 2016. <https://www.canada.ca/content/dam/canada/health-canada/migration/health-system-systeme-sante/consultations/labels-nutrition-etiquetage/alt/labels-nutrition-etiquetage-eng.pdf>. Accessed March 8, 2017.
35. Blatchford A, Bronskill J. Federal government investigated soda tax on sugary drinks. *The Canadian Press.* <http://www.cbc.ca/news/politics/soda-tax-canada-1.3712411>. Published August 8, 2016.
36. Epstein LH, Finkelstein E, Raynor H, et al. Experimental analysis of the effect of taxes and subsidies on calories purchased in an on-line supermarket. *Appetite.* 2015;95:245-251. doi:10.1016/j.appet.2015.06.020.
37. Collins RL, Vincent PC, Yu J, Liu L, Epstein LH. A behavioral economic approach to assessing demand for marijuana. *Exp Clin Psychopharmacol.* 2014;22(3):211-221. doi:10.1037/a0035318.
38. Quisenberry AJ, Koffarnus MN, Hatz LE, Epstein LH, Bickel WK. The Experimental Tobacco Marketplace I: Substitutability as a Function of the Price of Conventional

- Cigarettes. *Nicotine Tob Res.* 2016;18(7):1642-1648. doi:10.1093/ntr/ntv230.
39. World Health Organization. BMI classification.  
[http://apps.who.int/bmi/index.jsp?introPage=intro\\_3.html](http://apps.who.int/bmi/index.jsp?introPage=intro_3.html). Accessed December 8, 2016.
  40. World Health Organization. BMI-for-age (5-19 years).  
[http://www.who.int/growthref/who2007\\_bmi\\_for\\_age/en/](http://www.who.int/growthref/who2007_bmi_for_age/en/). Accessed December 8, 2016.
  41. Centers for Disease Control and Prevention. About Child & Teen BMI.  
[http://www.cdc.gov/healthyweight/assessing/bmi/childrens\\_bmi/about\\_childrens\\_bmi.htm](http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.htm)  
l. Accessed December 8, 2016.