



Sugary Drinks

Decreasing Sugary Drink Consumption

OVERVIEW

Sugary drinks are no longer an occasional treat. Nearly two-thirds of youth living in the United States have a sugary drink every day.^{1,2} Every year, 40,000 people living in the U.S. die from heart problems as a result of consuming too many sugary drinks.³ The American Heart Association considers full calorie soda, sports drinks, juice drinks, calorically sweetened teas and waters, and calorically sweetened ready to drink coffees as sugary drinks. Flavored milks, 100% fruit juice, unsweetened waters, teas, and coffees, diet drinks with fewer than 5 grams of added sugars per 8 ounces, infant formula, and medically necessary beverages are not considered sugary drinks.

The American Heart Association supports a multipronged approach to address high sugary drink consumption including creating and implementing policies designed to improve access to affordable, nutritious foods and beverages, thereby making it easier for Americans to choose healthier foods consistent with the *Dietary Guidelines for Americans*.⁴ The association also supports policies such as taxing sugary drinks; eliminating sugary drinks from restaurant kids' meals; establishing food service guidelines for government buildings, hospital systems, workplaces, and other public places; eliminating sugary drinks from early care, schools, and education environments; eliminating consumption of sugary drinks in Child and Adult Care Feeding Program (CACFP); disincentivizing consumption in the Supplemental Nutrition Assistance Program (SNAP), Child and Adult Care Feeding Program (CACFP), the National School Lunch and Breakfast Programs; improving competitive foods in schools; and adding warning labels to sugary drinks.



THE CURRENT LANDSCAPE

Sugary drinks are the single largest source of added sugars consumed by people living in the United States.⁴ They contain too much sugar, are low in nutrients, and despite their calorie content, they are not filling.⁵ Sugary drinks may increase the risk of hypertension and heart disease, independent of weight gain. Increasing sugary drink consumption by one serving per day can increase a person's risk of hypertension by eight percent and risk of heart disease by 17 percent.⁶ There is strong evidence that children and teens who consume sugary drinks have an increased risk of obesity and cavities, and emerging evidence supporting an association with insulin resistance and caffeine-related effects.⁷

Youth consumption of sugary drinks has declined in recent years but is still high.¹ On average, boys consume 164 calories from sugary drinks and girls drink 121 calories from sugary drinks each day.² Nearly half of 2- to 5-year-olds consume at least one sugary drink every day.¹ In addition, there continues to be significant disparities among the types of beverages youth are consuming—black and Hispanic youth consume less water and more unhealthy drinks, such as soft drinks, energy drinks, and sports drinks, than white and Asian youth.⁸

Adult consumption is also high: half of adults in the United States consume a sugary drink every day.⁹ Men drink more than women—53.6 percent compared to 45.1 percent—and they are also more likely to consume two or more sugary drinks in one day.⁹

People of color have less access to healthy drinks and are at greater risk of developing diseases such as type 2 diabetes and heart disease than their white peers.¹⁰

ALARMING FACTS

- The American Heart Association recommends that children have no more than one 8-ounce sugary drink a week—but children are consuming as much as ten times that amount.¹¹
- A 20-ounce bottle of soda contains the equivalent of approximately 17 teaspoons of added sugars.¹² The American Heart Association recommends that adults consume no more than five to nine teaspoons of added sugars per day.⁶
- People who drink sugary drinks regularly—one to two cans a day or more—have a 26 percent greater risk of developing type 2 diabetes than those who rarely have such drinks.⁶
- High sugary drink consumption was associated with 51,694 deaths in 2012 and accounted for 7.4 percent of all deaths from heart disease, stroke, and type 2 diabetes in the United States.³

FACT SHEET: Decreasing Sugary Drink Consumption

POTENTIAL FOR POSITIVE CHANGE

Studies have shown that diet is linked to economic incentives.

- Research looking at the first year of the Berkeley, CA sugary drink tax showed the tax was working as intended—sales of sugary drinks declined almost 10 percent and sales of water increased by 15 percent.¹³ Another evaluation of the Berkeley tax showed that average grocery bills did not increase, nor did store revenue fall more in Berkeley compared to control cities,¹⁴ demonstrating that stores were not losing revenue as a result of the tax.
- Since the Mexico sugary drink tax took effect in 2014, consumer purchases of sugary drinks have consistently gone down—especially by low-income individuals. Purchases of taxed beverages decreased by 5.5 percent in 2014 and 9.7 percent in 2015. Over the study period, untaxed beverages, like water, increased 2.1 percent.¹⁵
- A modeling study looking at the impact of global tax policies demonstrated that taxation of unhealthy products can have large health benefits for low-income consumers because they are more sensitive to price changes.¹⁶
- A study of a tiered sugary drink tax approach showed a greater reduction in sugary drink purchases than a volume-based tax.¹⁷
- One modeling study found that a 20 percent tax on sugary drinks in Illinois and California could result in a state-level net job employment increase.¹⁸

THE ASSOCIATION ADVOCATES

Reducing the consumption of sugary drinks is an important way to improve the health of all U.S. residents. The American Heart Association advocates for:

- Taxing sugary drinks. Ideally the taxes would be structured in a tiered approach that considers grams of added sugars per fluid ounce and levies the tax by volume, to optimally decrease consumer consumption of less healthy beverages and spur industry reformulation.
- The association further advocates that state and local governments that generate revenue from beverage tax initiatives direct these funds toward initiatives that benefit population health and wellness such as obesity, diabetes, and/or heart disease and stroke prevention programs. Thorough evaluation efforts should also be implemented to determine the efficacy of such programs.
- Robust nutrition standards in schools and government nutrition programs for meals and snacks. These standards promote healthier offerings (e.g. beverages that are higher in nutrients and without added sugars) and setting limitations on empty calories.
- Comprehensive food service guideline standards for foods and beverages purchased by employers and governments. These guidelines allow for healthier options to be offered in the workplace, meetings, or conferences.
- Elimination of sugary drinks in early care and education environments. These policies help ensure young children establish healthy habits from the start.
- Evaluating a proposed voluntary pilot program within SNAP that assesses the outcome of incentivizing fruit and vegetable purchasing combined with disincentivizing sugary drinks. The effects on consumer purchasing, healthy food and beverage consumption, short-term health outcomes, and retailer feasibility, among others, would be data collected and evaluated.
- Elimination of marketing sugary drinks to children. The association sees no ethical, political, scientific, or social justification for marketing low-nutrient, high-calorie foods to children.
- Removing sugary drinks from all restaurant kids' meals. These policies can help shape social norms, so kids grow up with healthy behaviors.
- The association also supports additional research to determine how pricing, taxation, and agricultural subsidies on food and beverage consumption patterns could improve the health of Americans, particularly as it relates to chronic diseases, such as cardiovascular disease, diabetes, obesity, and cancer.

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¹⁴ Rosinger A, Herrick K, Gahche J, Park S. Sugar-sweetened beverage consumption among U.S. youth, 2011–2014. NCHS data brief, no 271. Hyattsville, MD: National Center for Health Statistics. 2017. Retrieved from: <https://www.cdc.gov/nchs/products/data/briefs/db271.htm>

¹⁵ Micha R, Penaloja JL, Cudhea F, Imamura F, Rehm CD, Mozaffarian D. Association Between Dietary Factors and Mortality from Heart Disease, Stroke, and Type 2 Diabetes in the United States.

JAMA. 2017;317(9):912–924. Retrieved from: <https://jamanetwork.com/journals/jama/fullarticle/2608221?app=scweb&app=pld=scweb>

¹⁶ U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015–2020 Dietary Guidelines for Americans. 8th Edition. December 2015. Retrieved from: <http://health.gov/dietaryguide/line/2015/guide/line/s/>

¹⁷ Johnson, RK, et al. Dietary sugars intake and cardiovascular health: a scientific statement from the American Heart Association. *Circulation*. 2009. 120(11), 1011–1020

¹⁸ Malik VS, Hu FB. Fructose and Cardiometabolic Health: What the Evidence from Sugar-Sweetened Beverages Tells Us. *J Am Coll Cardiol*. 2015;66(14):1615–1624. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4592517/>

¹⁹ Bleich SN, Vercammen KA. The negative impact of sugar-sweetened beverages on children's health: an update of the literature. *BMC Obesity*. 2018;5:6 DOI 10.1186/s40608-017-0178-9 Retrieved from: <https://bmcobes.biomedcentral.com/articles/10.1186/s40608-017-0178-9>

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²¹ Rosinger A, Herrick K, Gahche J, Park S. Sugar-sweetened beverage consumption among U.S. adults, 2011–2014. NCHS data brief, no 270. Hyattsville, MD: National Center for Health Statistics. 2017. Retrieved from: <https://www.cdc.gov/nchs/products/databriefs/db270.htm>

²² Center for Global Policy Solutions/Leadership for Healthy Communities. Sugary Drinks in Communities of Color: Recent Research and Policy Options to Reduce Consumption. March 2015.

²³ Vos, MB, et al. Added sugars and cardiovascular disease

risk in children: a scientific statement from the American Heart Association. *Circulation*. 2016;134. Retrieved from: <http://circ.ahajournals.org/content/circulationaha/early/2017/01/25/CIR.0000000000004854.full.pdf>

²⁴ Wang, YC, et al. A penny-per-ounce tax on sugar-sweetened beverages would cut health and cost burdens of diabetes. *Health Affairs*. 2012. 31(1), 199–207.

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