# **FACT SHEET**





### **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.<sup>1, 2</sup> Every year, 40,000 people living in the U.S. die from heart problems as a result of consuming too many sugary drinks.<sup>3</sup>

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*. The association also supports policies such as taxing sugary drinks, making the default beverage offered with a restaurant kids' meals a healthier choice, establishing food service guidelines for government buildings, hospital systems, worksites, and other public places, eliminating sugary drinks from early care and education environments, decreasing or eliminating consumption of sugary drinks in federal nutrition programs [e.g. 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.<sup>4</sup> They contain too much added sugars, are low in nutrients, and despite their calorie content, they are not filling.<sup>5</sup> In addition to weight gain, excess consumption of added sugars, especially from sugary drinks, raises the risk of heart disease, high blood pressure, type 2 diabetes, and tooth decay.<sup>6</sup> Having one more sugary drink each day can increase a person's risk of hypertension by 8 percent and risk of heart disease by 17 percent.<sup>7</sup> 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.<sup>8</sup>

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.9

Adult consumption is also high, half of adults in the United States consume a sugary drink every day. <sup>10</sup> 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. <sup>9</sup> Missed work due to sugary drink-related diseases like obesity, high blood pressure, and diabetes are estimated to cost the nation tens of billions of dollars each year. <sup>11</sup>

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. 12 Sugary drinks are disproportionately advertised to black and Hispanic consumers. 13

#### **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.<sup>14</sup>
- A 20-ounce bottle of soda contains the equivalent of approximately 17 teaspoons of added sugars. <sup>15</sup> The American Heart Association recommends that adults consume no more than five to nine teaspoons of added sugars per day. <sup>6</sup> Death from heart disease is 31% more likely among those who have two or more sugary drinks per day. That risk rises by 10% with each additional drink. <sup>6</sup>
- High sugary drink consumption was associated with 51,694 deaths in 2012 and accounted for 7.4% of all deaths from heart disease, stroke, and type 2 diabetes in the United States.<sup>3</sup>

### 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% and sales of water increased by 15%. <sup>16</sup>
- 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.<sup>17</sup>
- After accounting for cross-border shopping, sugary drink purchases decreased 38% after implementing the Philadelphia sweetened beverage tax.

#### FACT SHEET: Decreasing Sugar-Sweetened Beverage Consumption

- A 2020 analysis of the Seattle sugary drink tax found a 22% decline in sugary drink purchases and no evidence of cross-border shopping one year after implementation of the tax. 19
- Taxation of unhealthy products can have large health benefits for low-income consumers because they are more sensitive to price changes.<sup>20</sup>
- A tiered sugary drink tax approach would lead to a greater reduction in sugary drink purchases than a volume-based tax.<sup>21</sup>
- 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.22

#### THE ASSOCIATION ADVOCATES

Reducing the consumption of sugary drinks is an important way to improve the health of all Americans. 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/fl. oz. and levies the tax by volume, to optimally decrease consumer consumption of less healthy beverages and spur industry reformulation.
- Robust nutrition standards in schools and government nutrition programs for meals and snacks that 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 offered in the workplace, meetings, or conferences.
- Elimination of sugary drinks in early care and education environments.
- An enhanced pilot program within SNAP that assesses the outcome of fruit and vegetable incentive purchasing combined with removal of sugary drinks to evaluate the effects on consumer purchasing, healthy food and beverage consumption, short-term health outcomes and retailer implementation
- Elimination of marketing sugary drinks to children.
- Making the default beverage offered with a restaurant kids' meals a healthier choice.

#### CONCLUSION

The American Heart 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.

The association advises that low- and no calorie beverages, like water and fat-free or low-fat milk, are better choices than sugary drinks<sup>7</sup> and Americans should try to limit the amount of added sugars in all the foods they eat. 23

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

Bleich SN, Vercammen KA, Koma JW, Li Z. Trends in beverage consumption among children and adults, 2003-2014. Obesitu, 2018; 26(2):432-441, doi: 10.1002/obu, 22056

<sup>&</sup>lt;sup>2</sup> 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/databriefs/db271.htm <sup>3</sup> Micha R, Penalvo 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?appld=scweb&appld=scweb

4 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/dietaryguidelines/2015/guidelines/

<sup>5</sup> Johnson, RK, et al. Dietary sugars intake and cardiovascular health a scientific statement from the American Heart Association. Circulation. 2009. 120(11), 1011-1020
6 Muth ND, Dietz WH, Magge SN, Johnson RK; American Academy of Pediatrics, Section on Obesity, Committee on Nutrition; American Heart Association. Public policies to reduce sugary drink consumption in children and adole 10.1542/peds.2019-0282

Malik VS, Li Y, Pan A, De Koning L, Schernhammer F, Willett WC, Hu FB. Long-term consumption of sugar-sweetened and artificially sweetened beverages and risk of mortality in U.S. adults. Circulation. 2019; 139:2113-2125. doi: 10.1161/CIRCULATIONAHA.118.037401.

Bleich S, Vercammen K. 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 Retrived from: https://bmcobes.biomedcentral.com/articles/10.1186/s40608-017-0178-9

<sup>9</sup> Herrick KA, Terry AL, Afful J. Beverage consumption among youth in the United States, 2013-2016. NCHS Data Brief, no 320. Hyattsville, MD: National Center for Health Statistics. 2018. Retrieved from: https://www.cdc.gov/nchs/data/databriefs/db320.pdf
10 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/databrief

<sup>1</sup> Asau GR. Rou K. Lana JE. Paune RL. Howard DH. Absenteeism and emplouer costs associated with chronic diseases and health risk factors in the U.S. workforce, Prey Chronic Dis. 2016: 13:E141. doi: 10.5888/pcd13.150503. 12 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

<sup>&</sup>lt;sup>13</sup> Harris JL, Frazier W, Kumanyika S, Ramierez AG. Increasing disparities in unhealthy food advertising

targeted to Hispanic and Black you. January 2019. Available at: http://uconnruddcenter.org/files/Pdfs/

TargetedMarketingReport2019.pdf.

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/earlu/2017/01/25/CIR, 0000000000000485, full, bdf 15 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.

<sup>16</sup> Silver LD, Ng SW, Ruan-Ibarra S, Taillie LS, Induni M, Miles DR, et al. (2017) Changes in prices, sales, consumer spending, and beverage consumption one year after a tax on sugar-sweetened beverages in Berkeley, California, US: A before-and-after study. PLoS Med14(4): e1002283. Retrieved from: https://doi.org/10.1371/journal.pmed.1002283

<sup>17</sup> Arantxa Cochero M, Rivera-Dommarco J, Popkin BM, Wen Ng S. In Mexico, Evidence of Sustained Consumer Response Two Years After Implementing A Sugar-Sweetened Beverage Tax. Health Affairs published online February 22, 2017.

<sup>&</sup>lt;sup>18</sup> Roberto CA, Lawman HG, LeVasseur MT, Mitra N, Peterhans A, Herring B, and Bleich S. Association of a Beverage Tax on Sugar-Sweetened and Artificially Sweetened Beverages With Changes in Beverage Prices and Sales at Chain Retailers in a Large Urban Setting. JAMA. 2019; 321(18):1799-1810. doi: 10.1001/jama.2019.4249.

19 Powel LM, Leider J. The impact of Seattle's Sweetened Beverage Tax on beverage prices and volume sold. Economics & Human Biology. 2020; 37. doi: 10.1016/j.ehb.2020.100856.

<sup>20</sup> Sassi F, Belloni A, Mirelman A, Suhrcke M, Thomas A, Salti N, Vellakkal S, et al. (2018). Equity impacts of price policies to promote healthy behaviours. The Lancet. 391. 10.1016/S0140-6736(18)30531-2. https://www.ncbi.nlm.nih.gov/pubmed/29627166
21 American Heart Association. Tiered Sugary Drink Tax Revenue Calculations. 2018. Retrieved from: https://www.heart.org/-/media/files/about-us/policy-research/policy-positions/sugary-beverages/2018-tiered-sugary-drink-tax-revenue-calculations
biref.pdf?la=en&hash=87CF77CA38358096FD07F521A2F8940BDC795C5E

<sup>22</sup> Powell, LM,et al. Employment impact of sugar-sweetened beverage taxes. American Journal of Public Health. 2014. 104(4), 672-677 <sup>23</sup> Arnett DK, et al. 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. Circulation. 2019;140:e596-e646. doi: