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.^{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 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 leading source of added sugars consumed by people living in the United States.⁴ Nearly one-quarter (24%) of all added sugars consumed by the U.S. population ages 2 and older come from sugar drinks.⁴ They contain too much added sugars, are low in nutrients, and despite their calorie content, they are not filling.⁵ 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.⁶ 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.⁷ 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.⁸

Youth consumption of sugary drinks has declined in recent years but is still high.¹ On average, youth consumed approximately 133 calories and adults consume approximately 138 calories from sugary drinks on a given day.¹ Nearly one in six children ages 2-5 consume a regular soda and one in four consume a fruit drink each 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.^{1,9}

Adult consumption is also high, half of adults in the United States consume a sugary drink on a given day.¹ 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.¹⁰ 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.¹¹

FACT SHEET: Decreasing Sugar-Sweetened Beverage Consumption

People of color and people with low incomes disproportionately experience higher rates of chronic diseases, including type 2 diabetes and heart disease, that are associated with sugary drinks 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 seven times that amount.^{5, 14}
- A 20-ounce bottle of soda contains the equivalent of approximately 17 teaspoons of added sugars. The American Heart Association recommends that adults consume no more than 36 ounces of sugary beverages each week. That risk peath 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.
- 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.³ In 2012, approximately 50,000 heart disease and type 2 diabetes deaths were associated with drinking too many sugary drinks.⁸

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%.¹⁸ Three years later, sugary drink consumption
 among Black and Latino residents dropped by 52% while water consumption increased by 25%.¹⁹
- 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 2015.²⁰
- After accounting for cross-border shopping, sugary drink purchases decreased 38% after implementing the Philadelphia sweetened beverage tax.²¹
- A 2021 analysis of the Seattle sugary drink tax found a 22% decline in sugary drink purchases and the total amount of sugar sold through taxed drinks dropped by 23%. No evidence of cross-border shopping two years after implementation of the tax.^{22,23}
- Taxation of unhealthy products can have large health benefits for low-income consumers because they are more sensitive to price changes.²⁴
- A tiered sugary drink tax approach would lead to a greater reduction in sugary drink purchases than a volume-based tax.²⁵
- 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.²⁶ When Berkeley, Calif., implemented its sugary drink tax, food sector sales tax revenue rose by 15% and food sector jobs increased by more than 7%.²⁷

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.

FACT SHEET: Decreasing Sugar-Sweetened Beverage Consumption

- 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 drinks²⁸ and Americans should try to limit the amount of added sugars in all the foods they eat.²⁹

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.

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FACT SHEET: Decreasing Sugar-Sweetened Beverage Consumption

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