

FACT SHEET: POLICY ISSUE

Decreasing Sugary Drink Consumption



Overview

Everyone should be able to follow a healthy dietary pattern at every stage of life. However, sugary drinks, such as full-calorie soda, sports drinks, lemonade, energy drinks, sweetened coffee and teas, and fruit drinks with added sugar are widely available and affordable. Consuming too many sugary drinks can lead to harmful health effects, including weight gain, obesity, type 2 diabetes, heart disease, kidney diseases, non-alcoholic liver disease, tooth decay and cavities.¹

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 people to choose healthier foods consistent with the *Dietary Guidelines for Americans*.² The association also supports policies such as taxing sugary drinks, making the default beverage offered with a restaurant kids' meals a healthier choice, 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), and improving competitive foods in schools.



The Current Landscape

Sugary drinks are the single largest source of added sugars consumed by people living in the United States.³ They contain added sugars, are low in nutrients, and despite their calorie content, they are not filling.⁴ 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.⁵ 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.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

Sugary drink consumption has declined in recent years for both children and adults of all race and ethnicity groups, but overall intake is still high, and disparities persist. Signs of progress show that consumption among older children, primarily non-Hispanic black and Hispanic youth ages 12-19 years, is declining at the fastest rate, while consumption among younger children, particularly non-Hispanic black youth ages 6-11 years, is declining at a slower rate.⁸ In 2017-2018, approximately two-thirds of 2- to 5-year-olds consumed at least one sugary drink every day.⁸

From 2013 to 2018, consumption of sweetened coffee and tea beverages increased among older children and nearly all adults in the U.S, despite significant declines in soda and fruit drink consumption. Sweetened milk beverage intake has increased among non-Hispanic white and Hispanic children.⁸

The availability of sugary drink consumption can vary significantly depending on where you live. For example:

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- About 31% of adults in nonmetropolitan (rural) counties and 25% of adults in metropolitan (urban) counties reported drinking sugary drinks one or more times per day.⁹
- 68% of adults living in the Northeast, 67% of adults living in the South, 61% of adults living in the West, and 59% of adults living in the Midwest reported drinking sugary drinks one or more times per day.¹⁰
- The percentage of adults consuming sugary drinks daily ranges from 44.5% in Alaska to 76.4% in Hawaii.¹

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
- 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.⁶

Potential for Positive Change

As of January 2024, seven U.S. cities and dozens of countries have implemented sugary drink taxes. While the taxes vary in their design and delivery, evidence suggests that sugary drink taxes reduce purchases, improve health, and raise revenue for communities. Specifically:

- A review of 26 studies of U.S. sugary drink taxes showed that, on average, taxes reduced purchases of sugary drinks by 27%.¹³
- The largest U.S. study found that Philadelphia, PA's sweetened beverage tax was associated with a reduction of 0.81 servings of soda per week among adolescents two years after the tax was implemented.¹⁴
- Emerging evidence shows that sugary drink taxes have favorable outcomes among weight for children, adolescents, and adults. For example, data from four California cities found that sugary drink taxes were associated with a 2.8% decline in body mass index (BMI) percentile among children and adolescents approximately 4-6 years after tax implementation.¹⁵
- When sugary drink tax revenues are strategically invested in the communities most impacted by health and social inequities and targeted marketing, sugary drink taxes can be a progressive public policy. A recent study of three U.S. cities found that the investment of sugary drink tax revenues in lower-income communities was greater than the amount those communities paid in taxes.¹⁶

The Association Advocates

The American Heart Association/American Stroke Association urges policymakers to support the following policy recommendations for reducing the consumption of sugary drinks:

- 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.
- 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.

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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 drinks⁷ and Americans should try to limit the amount of added sugars in all the foods they eat.¹⁷ Additionally, low- and no-calorie sweetened beverages may be used to help reduce added sugars and control energy intake, particularly in adults who are habitually high consumers of sugar-sweetened beverages, but prolonged use is not recommended for children, adolescents, and teens.¹⁸

The association further advocates that tribal, state, and local governments that generate revenue from beverage tax initiatives direct these funds toward initiatives that provide benefits, services, and programs for communities most impacted by health inequity, particularly those that are most burdened by poor health outcomes associated with high rates of sugary drink consumption. Thorough evaluation efforts should also be implemented to determine the efficacy of such policies.

For more information and resources from the American Heart Association's policy research department, please visit www.heart.org/en/about-us/policy-research.

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