

# Sugary Drinks



Sugary drinks, also known as sugar-sweetened beverages, are the leading source of added sugar, and one of the leading sources of added calories in Americans' diets.<sup>1</sup> Nearly half of all added sugars Americans consume come from sugary beverages.<sup>2</sup> In fact, just one 20-ounce bottle of soda has 16 teaspoons of sugar.<sup>3</sup>

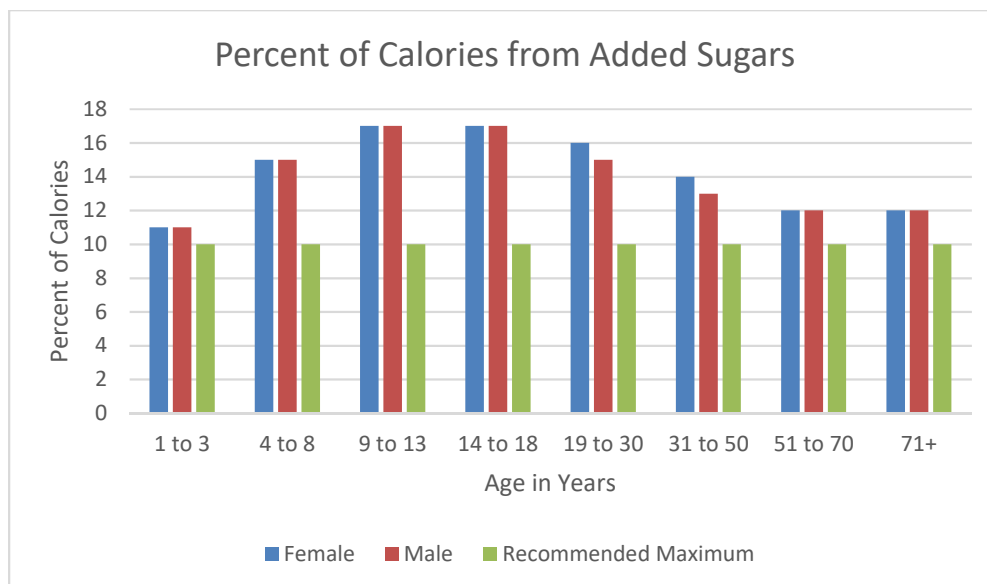
The 2015-2020 U.S. Dietary Guidelines for Americans<sup>4</sup> and the World Health Organization<sup>5</sup> recommend limiting added sugar consumption to no more than 10 percent of daily calories. The American Cancer Society's nutrition and physical activity guidelines for cancer prevention recommend reducing consumption of added sugars and, in particular, sugary drinks.<sup>6</sup>

**One-half of the population ages 2 and older consumes sugary drinks on any given day. That number increases to 65% for boys aged 2-19.<sup>7</sup>**

## Consumption of Sugary Drinks

Sugary drinks include regular soda, fruit drinks, sports drinks, sweet teas, and any other non-alcoholic beverage with added caloric sweeteners. Beverages with non-caloric sweeteners, such as diet soft drinks, are not considered sugary drinks.

Approximately 50 percent of the American population consumes sugary drinks on any given day, with about 10 percent of youth consuming three drinks or more.<sup>8</sup> Adolescents drink more sugary drinks than other age groups.<sup>9</sup> Males consume more calories from sugary drinks than females of the same age; consumption increases with age in childhood and decreases with age in adulthood.<sup>10</sup>



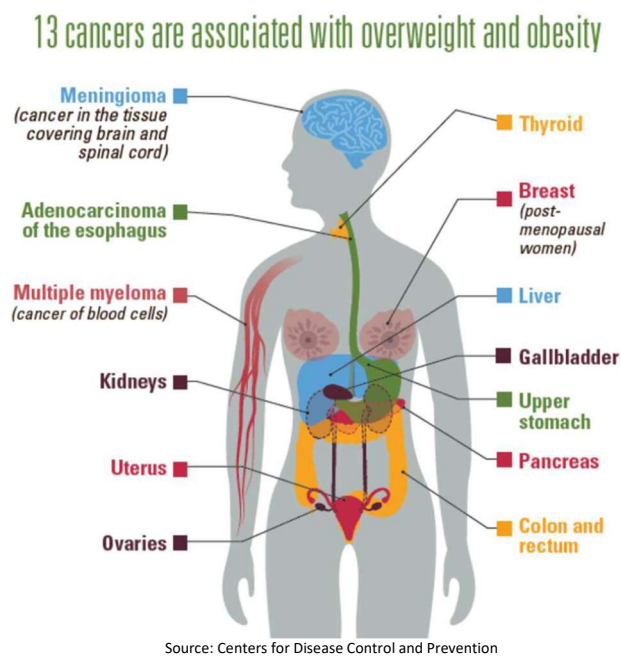
Source: U.S. Dietary Guidelines for Americans, 2015-2020

Consumption also differs by race, ethnicity, and income. The highest rates of consumption are among populations with high rates of obesity and weight related diseases.<sup>11</sup> Children in low- and middle-income households consume more sugary drinks than children in high-income households.<sup>12</sup> Additionally, children in some ethnic groups were found to drink more sugary drinks, regardless of income,<sup>13</sup> with black and Hispanic/Latino youth being among the highest consumers.<sup>14</sup> This excess consumption contributes to health disparities. Recent research has demonstrated that a growing percentage of sugary-drink advertising is targeted to black and Hispanic/Latino consumers.<sup>15</sup> These are the same communities that already experience high rates of health disparities.

## Health Risks of Sugary Drink Consumption

Sugary drinks are related to cancer risk in their association with excess body weight. There is increasing evidence that exposure to excess body fat over the course of a lifetime, beginning in childhood, has adverse health consequences.<sup>16</sup>

Approximately 18 percent of all cancers are caused by the combination of poor diet, physical inactivity, excess body weight and excess alcohol consumption.<sup>17</sup> Excess body weight is clearly associated with an increased risk of developing at least 13 cancers, namely cancers of the breast (postmenopausal), colon and rectum, uterus, kidney, pancreas, ovary, liver, gastric cardia, gallbladder, thyroid, esophagus, meningioma, and multiple myeloma.<sup>18</sup>



Obesity rates have doubled among adults and tripled among children in the U.S. in recent decades.<sup>19</sup> While rates appear to have stabilized in the last few years, currently 35% of youth, ages 2-19<sup>20</sup> and 71% of adults<sup>21</sup> are overweight or obese. Overweight and obesity can negatively impact children both physically and psychologically, and overweight and obese children are less likely to reach a healthy weight in adulthood.<sup>22</sup>

A review of 32 studies found that an increase of one daily serving of sugary drinks was associated with weight gain over a one-year period in both children and adults.<sup>23</sup> When children reduced their consumption of sugary drinks, weight gain was reduced, particularly for overweight children.<sup>24</sup> Additionally, consumption of sugary drinks is associated with reduced consumption of calcium and overall poor diet quality, including higher intakes of refined grains and lower intake of fruits and vegetables.<sup>25</sup> Sugary drinks increase total caloric intake without providing any nutrients to improve health or to reduce the risk of disease. In addition, when calories are consumed as beverages, people do not feel as full and are more likely to consume excess calories.<sup>26,27</sup>

**The American Cancer Society, Centers for Disease Control and Prevention (CDC), the U.S. Surgeon General, and the Dietary Guidelines for Americans recommend reducing consumption of sugary drinks as a critical strategy to reduce overweight and obesity and to prevent numerous diseases, including many common types of cancer.**

## Policy Strategies for Reducing Consumption of Sugary Drinks

The American Cancer Society Cancer Action Network (ACS CAN) supports a broad range of evidence-based strategies to reduce cancer incidence and death in the U.S. by reducing excess body weight and fostering healthy behaviors through healthy eating and active living environments for all Americans. In particular, ACS CAN supports evidence-based strategies to reduce the consumption of sugary drinks and to improve the overall nutritional quality of the American diet, which includes addressing health disparities. ACS CAN supports the following policy strategies for reducing sugary drink consumption:

- Advocate for policies that add an excise tax on sugary drinks;
- Support policies that require water and milk as healthy default beverage options for restaurant kids’;
- Advocate for policies that promote healthy food and beverage vending in machines, concession stands, or cafeterias in all government sites; and
- Support policies that require all beverages marketed in schools meet the U.S. Department of Agriculture’s Smart Snacks in School nutrition standards.

For more information on ACS CAN’s advocacy work around healthy eating and active living environments, please visit <https://www.fightcancer.org/what-we-do/healthy-eating-and-active-living>.

<sup>1</sup> U.S. Department of Health and Human Services and U.S. Department of Agriculture. (2015) *2015-2020 Dietary Guideline for American 8<sup>th</sup> Edition*. Retrieved from <https://health.gov/dietaryguidelines/2015/guidelines/>.

<sup>2</sup> *ibid.*

<sup>3</sup> Healthy Food America. (2018) *Sugary Drinks in America: Who’s Drinking What and How Much?* Retrieved from [http://www.healthyfoodamerica.org/sugary\\_drinks\\_in\\_america\\_who\\_s\\_drinking\\_what\\_and\\_how\\_much](http://www.healthyfoodamerica.org/sugary_drinks_in_america_who_s_drinking_what_and_how_much)

<sup>4</sup> World Health Organization. (2015) *Guideline: Sugars Intake for Adults and Children*. Available at [www.who.int/nutrition/publications/guidelines/sugars\\_intake/en/](http://www.who.int/nutrition/publications/guidelines/sugars_intake/en/).

<sup>5</sup> World Health Organization. (2018) *Healthy Diet*. October 2018. Retrieved from <https://who.int/news-room/fact-sheets/detail/healthy-diet>.

<sup>6</sup> Kushi, L. H., Doyle, C., McCullough, M., Rock, C. L., Memark-Wahnefried, W, Bandera, E. V,...Gansler, T. (2012), American Cancer Society guidelines on nutrition and physical activity for cancer prevention: reducing the risk of cancer with healthy food choices and physical activity. *CA: A Cancer Journal for Clinicians*. 62(1): 30-67. doi: 10.3322/caac.20140

<sup>7</sup> Rosinger, A., Herrick, K., Gahche, J., Park S. (2017) *Sugar-sweetened beverage consumption among U.S. youth 2011-2014*. MCHS data brief. No 271. Hyattsville, MD: National Center for Health Statistics. Retrieved from <https://cdc.gov/nchs/products/databriefs/db271.htm>

<sup>8</sup> *ibid.*

<sup>9</sup> Mendez, M.A., Miles, D.R., Poti, J.M., Sotres-Alvarez, D., Popkin, B.M. (2019) Persistent disparities over time in the distribution of sugar-sweetened beverage intake among children in the United States. *American Journal Clinical Nutrition*, 109:79-89. doi: 10.1093/ajcn/nqy123

<sup>10</sup> U.S. Department of Health and Human Services and U.S. Department of Agriculture. (2015) *2015-2020 Dietary Guideline for American 8<sup>th</sup> Edition*. Retrieved from <https://health.gov/dietaryguidelines/2015/guidelines/>.

<sup>11</sup> Center for Science in the Public Interest. (2017) *Facts on health disparities and sugar drinks*. Retrieved from <https://cspinet.org/sites/default/files/attachment/CSPI/facts-health-disparities-and-sugar-drinks>

<sup>12</sup> Powell, L.M. & Nguyen, B.T. (2013) Fast-food and full-service restaurant consumption among children and adolescents: effect on energy, beverage, and nutrient intake. *JAMA Pediatr*. 167(1):14-20. doi:10.1001/jamapediatrics.2013.417

<sup>13</sup> *ibid.*

- <sup>14</sup> Powell, L., Wada, R., Kumanyika, S. (2014) Racial/ethnic and income disparities in child and adolescent exposure to food and beverage television ads across the U.S. media markets. *Health & Place*. 29,124-131. doi. 10.1016/j.healthplace.2014.06.006
- <sup>15</sup> Harris, J.L., Frazier, W., III, Kumanyika, S., Ramirez, A.G. (2019) *Increasing disparities in unhealthy food advertising targeted to Hispanic and Black youth*. Report prepared for UConn Rudd Center for Food Policy & Obesity. Retrieved from [www.uconnruddcenter.org/targeted-marketing](http://www.uconnruddcenter.org/targeted-marketing)
- <sup>16</sup> American Cancer Society. (2019) *Cancer Facts and Figures, 2019*. Atlanta, GA: American Cancer Society.
- <sup>17</sup> *ibid.*
- <sup>18</sup> Lauby-Secretan, B., Scoccianti, C., Loomis, D., Grosse, Y., Bianchini, F., Straif, K. (2016) Body fatness and cancer—viewpoint of the IARC Working Group. *New England Journal of Medicine*. 375:794-798. doi:10.1056/NEJMs1606602
- <sup>19</sup> Fryar, C.D., Carroll, M.D., Ogden, C. (2018) *Prevalence of overweight, obesity, and severe obesity among children and adolescents aged 2-19 years: United States, 1963-1965 through 2015-2016*. Centers for Disease Control and Prevention (CDC). Retrieved from [https://www.cdc.gov/nchs/data/hestat/obesity\\_child\\_15\\_16/obesity\\_child\\_15\\_16.pdf](https://www.cdc.gov/nchs/data/hestat/obesity_child_15_16/obesity_child_15_16.pdf)
- <sup>20</sup> *ibid.*
- <sup>21</sup> Fryar, C.D., Carroll, M.D., Ogden, C. *Prevalence of overweight, obesity, and sever obesity among adults aged 20 and over: United States, 1960-1962 through 2015-2016*. Centers for Disease Control and Prevention (CDC). Retrieved from [https://www.cdc.gov/nchs/data/hestat/obesity\\_adult\\_15\\_16/obesity\\_adult\\_15\\_16.pdf](https://www.cdc.gov/nchs/data/hestat/obesity_adult_15_16/obesity_adult_15_16.pdf)
- <sup>22</sup> Sahoo, K., Sahoo, B., Choudhury, A.K., Sofi, N.Y., Kumar, R., Bhadoria, A.S. (2015). Childhood obesity: causes and consequences. *Journal of Family Medicine and Primary Care*. 4(2), 187-192. doi: 10.4103/2249-4863.154628
- <sup>23</sup> *ibid.*
- <sup>24</sup> *ibid.*
- <sup>25</sup> Vartanian, L.R., Schwartz, M.B., Brownell, K.D. (2007) Effects of soft drink consumption on nutrition and health: a systematic review and meta-analysis. *American Journal of Public Health*. 97(4):667-75. doi:10.2105/ajph.2005.083782
- <sup>26</sup> Pan, A.& Hu, F.B. (2011) Effects of carbohydrates on satiety: differences between liquid and solid food. *Current Opinion in Clinical Nutrition and Metabolic Care*. 14(4):385-390. doi:10.1097/MCO.ObO13e328346df36.
- <sup>27</sup> Kuzma, J.N., Cromer, G, Hagman, D., Breymeyer, K.L., Roth, C.L., Foster-Schubert, K.E...Kratz, M. (2015) No difference in ad libitum energy intake in healthy men and women consuming beverages sweetened with fructose, glucose or high-fructose corn syrup: a randomized trial. *The American Journal of Clinical Nutrition*. 102(6): 1373-1380. doi:10.3945/ajcn.115.116368.