Sickly Sweet

*Why the Focus on Sugary Drinks*

Although many factors influence rates of obesity and overweight, sugary drinks play a significant role. Some argue that singling out one type of food is not appropriate because any treat can be consumed in moderation. The fact is, however, that sugary drinks are no longer consumed as a special treat. Instead, they have become a regular and large contributor of daily calories to our diet. This is why efforts to reduce sugary drink consumption are widely supported by public health experts.¹

**Consumption of Sugary Drinks**

Almost all of the sugar that Americans consume comes from added sugars (sugars added to food during processing, preparation, or at the table), and these added sugars account for about 16% of all the calories in the U.S. diet.² Just under half of all these added sugars comes from sugary drinks such as soda, energy drinks, sports drinks, and “fruit” drinks (see Figure 1), prompting experts at the Institute of Medicine to identify sugary drinks as the single largest contributor of calories and added sugars to the U.S. diet.³

While sugary drink consumption varies by age, sex, income, race and ethnicity, on any given day about half the U.S. population consumes a sugary drink and 25% consumes more than one.⁴ Males consume

The Public Health Law Center has created a series of resources designed to inform and support efforts to promote healthy beverage choices within Minnesota workplace settings, with a special focus on healthcare. This fact sheet explains how sugary drinks contribute to obesity.
more than females, and teens and young adults consume more than other age groups\(^5\) — for example, 70% of boys ages 2–19 years consume sugary drinks on any given day.\(^6\) According to Minnesota Student Survey data from 2010, about one-third of Minnesota 6th and 9th–graders and one-quarter of 12th–graders reported that they drank one or more sports drink a day.\(^7\) Additionally, nearly 50% of 6th–, 9th–, and 12th–graders surveyed reported that they drank one or more pop or soda drinks in a day.\(^8\) While this number has declined from 2001 figures (when about two-thirds or more of students in all age groups reported consuming one or more pop or soda drinks a day), it still remains high.

Americans consume about 250–300 more daily calories today compared to several decades ago (see Figure 2 showing how portion sizes have increased) and nearly half of this increase can be explained by greater consumption of sugary drinks.\(^9\) Globally, the U.S. is a leading consumer of soft drinks.\(^10\) The U.S. annual average per capita consumption of carbonated soft drinks was 716 eight-ounce servings in 2011,\(^11\) or about 44.75 gallons per person. This calculation doesn’t include all types of sugary drinks (and does include some diet drinks); however, it is notable that four out of the five top–selling carbonated soft drink brands are sugary drinks (as opposed to diet brands).\(^12\) Almost

![FIGURE 1: Sources of Added Sugars in Americans’s Diets](http://makinghealtheasier.org/newabnormal)

![FIGURE 2: Illustration of how soda and other portion sizes have increased dramatically since the 1950s](http://makinghealtheasier.org/newabnormal)
half (48%) of sugary drinks are consumed away from home. Most sugary drinks, including soda, offer “empty” calories, meaning they have no nutritional value and do nothing to support health. While liquid calories are not as filling as calories from solid food, studies indicate that people who add calories to their diet through sugary drinks do not tend to reduce the number of calories they consume from other sources. Instead, sugary drink consumption is associated with increased energy intake, increased consumption of less healthy food choices, as well as lower intake of healthier choices such as fruit and milk. As a result, more total calories tend to be consumed by those drinking liquid calories from sugary drinks than those who do not. Furthermore, in order to burn off the 150 calories found in a 12-ounce soda, an adult must walk briskly for 30 minutes. Because so few people engage in this amount of exercise regularly, consuming sugary drinks makes it even harder for the average person to achieve the necessary energy balance to maintain a healthy weight.

**Sugary Drinks Contribute to Diabetes and Obesity**

Numerous studies indicate that higher consumption of sugary drinks is associated both with higher risk of weight gain but also with higher risk of developing type 2 diabetes, heart disease, and metabolic syndrome. One meta-analysis of eight studies examining the impact of sugary drink consumption on health found that consumption was significantly associated with type 2 diabetes based on over 15,000 reported cases.

Another meta-analysis of 30 studies on sugary drink consumption ranging from 1966 to 2005 found that sugary drink consumption was associated with weight gain and obesity. A similar review of 88 studies found that sugary drink consumption was positively associated with weight. One meta-analysis even concluded that sugary drinks likely

**FIGURE 3: What is a “Sugary” Drink?**

These are examples of some of the most common sugary drinks:

<table>
<thead>
<tr>
<th>Soft drinks</th>
<th>Coke, Pepsi, Mountain Dew, Dr. Pepper</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruit drinks†</td>
<td>Sunny D, Hawaiian Punch, Capri Sun</td>
</tr>
<tr>
<td>Tea and coffee drinks</td>
<td>Arizona Iced Tea, Snapple Iced Tea, Starbucks Bottled Frappuccino</td>
</tr>
<tr>
<td>Energy drinks</td>
<td>Red Bull, Monster, Rock Star</td>
</tr>
<tr>
<td>Sports drinks</td>
<td>Gatorade, Powerade</td>
</tr>
<tr>
<td>Sweetened milk</td>
<td>Nesquik Chocolate Milk, Silk Vanilla Soy Milk</td>
</tr>
</tbody>
</table>

* Note: This is not an exhaustive list. Furthermore, many of these drinks are now available in diet and low-calorie varieties, which are sweetened with non-caloric sweeteners.
† Drinks labeled as 100% fruit juice are not considered sugary drinks.
accounted for at least 20% of the weight gained by Americans between 1977 and 2007. The evidence supporting a link between sugary drink consumption and weight gain is strong and continues to grow.

**Conclusion**

Reducing sugary drink consumption is a key strategy for reducing obesity and improving health. Hospitals and other healthcare facilities can play a key leadership role in these efforts by implementing food and beverage policies that promote healthy choices.

**Additional Resources**

The other resources in this series can be found on the Public Health Law Center’s website at [www.publichealthlawcenter.org](http://www.publichealthlawcenter.org) and at Health Care Without Harm’s website at [www.healthyfoodinhealthcare.org](http://www.healthyfoodinhealthcare.org).

The [Commons Health Hospital Challenge](http://www.healthcarewihoutharm.org) program, led by the Institute for a Sustainable Future, also has resources and technical assistance geared towards communities, clinicians and Minnesota hospitals committed to leading obesity prevention efforts in their communities. [Health Care Without Harm](http://www.healthcarewihoutharm.org), through its national [Healthy Food in Health Care Program](http://www.healthcarewihoutharm.org), provides technical assistance and educational programming to support a national network of healthcare organizations in creating healthy food and beverage environments in their facilities. The [American Heart Association](http://www.americanheart.org) also has several policy position statements on obesity prevention, and related resources to support healthy food and beverage environments in a variety of settings.

**Endnotes**

1. See, e.g., Ctrs. for Disease Control and Prevention [CDC], The CDC Guide to Strategies for Reducing the Consumption of Sugary Drinks (2010); Inst. of Med., Accelerating Progress in Obesity Prevention, Solving the Weight of the Nation 166-84 (Dan Glickman et al. eds., 2012) [hereinafter 2012 IOM Obesity Report].


Id. at 5.

Id. at 2.


Id.


Id. at 1.

Ogden et al., supra note 4, at 5.


See Mrdjenovic and Levitsky, supra note 14; Matthias B. Schulze et al., Sugary Drinks, Weight Gain, and Incidence of Type 2 Diabetes in Young and Middle-aged Women, 292 JAMA 927 (2004); and Vartanian et al., supra note 15.

Julie R. Palmer et al., Sugar-Sweetened Beverages and Incidence of Type 2 Diabetes Mellitus in African American Women, 168 Archives of Internal Med. 1487 (2008); and Schulze et al., supra note 16.

Lawrence de Koning et al., Sweetened Beverage Consumption, Incident Coronary Heart Disease and Biomarkers of Risk in Men, Circulation (published online ahead of print March 12, 2012), http://circ.ahajournals.org/content/early/2012/03/09/CIRCULATIONAHA.111.067017.full.pdf and Teresa T. Fung et al., Sweetened Beverage Consumption and Risk of Coronary Heart Disease in Women, 89 Am. J. Clinical Nutrition 1037 (2009).

Ravi Dhingra et al., Soft Drink Consumption and Risk of Developing Cardiometabolic Risk Factors and the Metabolic Syndrome in Middle-aged Adults in the Community, 116 Circulation 480 (2007).


Vartanian et al., supra note 15.
