

# SUGAR-SWEETENED BEVERAGES & THE OBESITY EPIDEMIC

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## WHAT'S THE FUSS?

- US obesity rates for children and adults are **rising**.<sup>6,7</sup>
- Sugar-sweetened beverages (SSBs) are the primary source of sugar in the American diet, and there is substantial evidence that **consumption of SSBs is related to long-term weight gain in children and adults**.<sup>9</sup>
- **Both SSB consumption and obesity** are associated with many **chronic diseases and increased morbidity and mortality rates**.<sup>9</sup>
- **Socioeconomic and racial disparities** in obesity as well as SSB consumption exist; the ease of accessibility and low cost of SSBs makes low-income populations at greater risk.<sup>3,6,7</sup>
  - **Low-income children** are **1.7 times more likely** to being heavy SSB consumers (> 500 kCal a day).<sup>7</sup>

## DEFINITIONS:

**OBESITY:** The NIH defines obesity as having a BMI > 30.<sup>12</sup>

## SUGAR-SWEETENED BEVERAGE

**(SSB):** Any beverage which contains added naturally-derived sweeteners such as sucrose, high-fructose corn syrup, or fruit juice concentrates.<sup>4</sup>





## THE ANNUAL COST:

**\$147 bil**

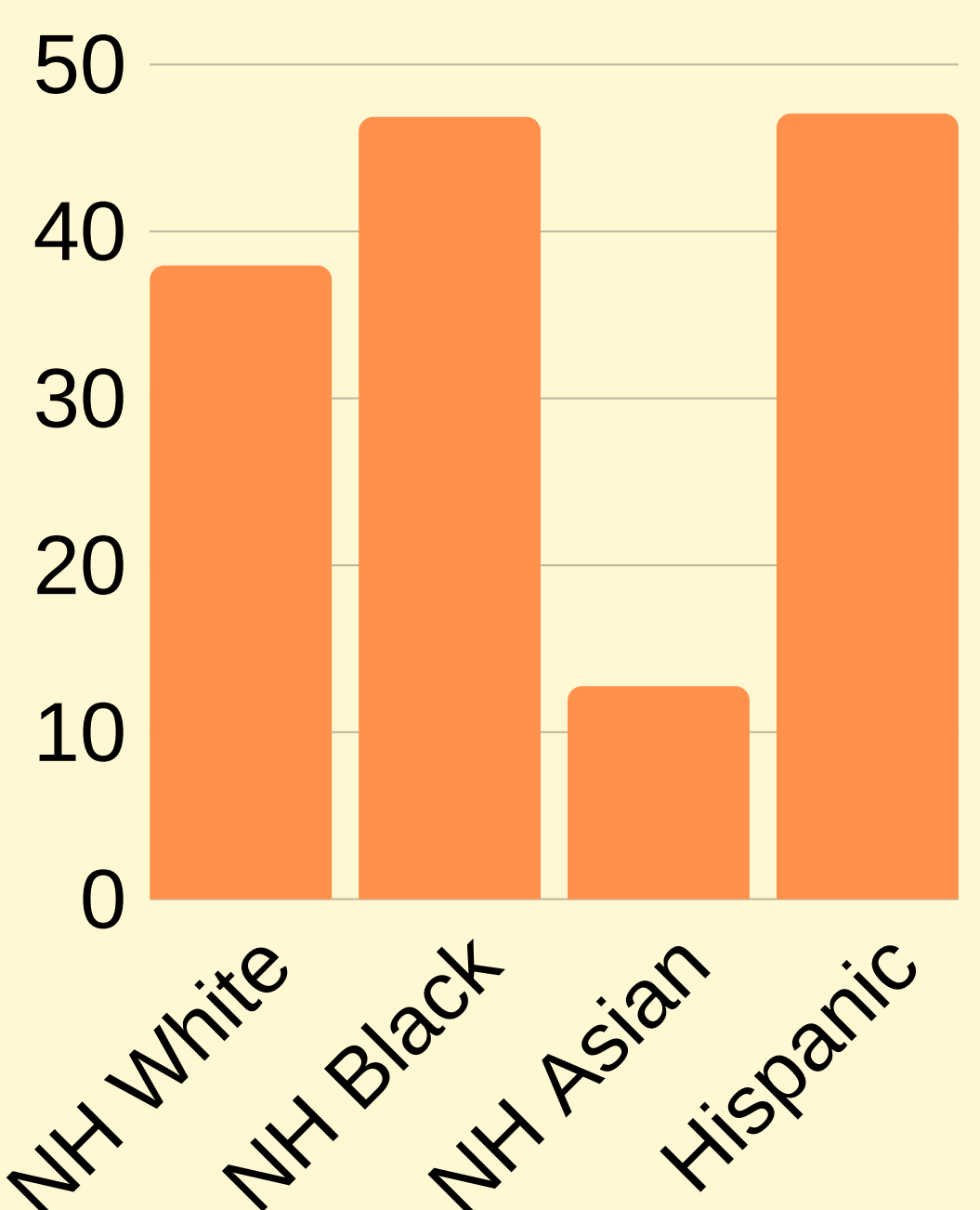
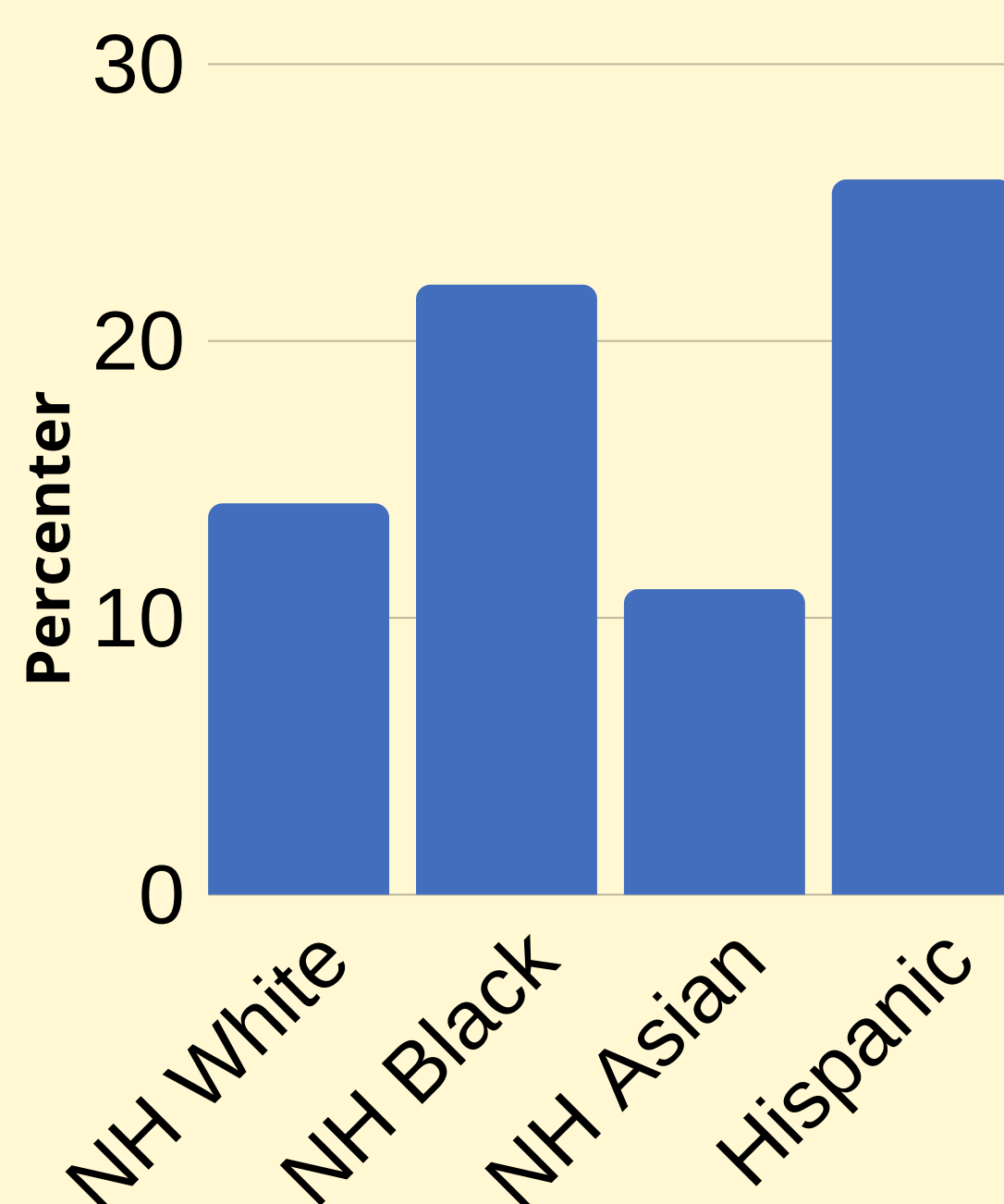
9.1% OF TOTAL US<sup>9</sup>  
HEALTHCARE COSTS

**\$14 bil**

IN CHILD OBESITY COSTS  
ALONE<sup>12</sup>

 = CHILDREN (2-19)  
 = ADULTS (20+)

OBESITY PREVALENCE BY ETHNICITY (2015-2016)<sup>6</sup>



# WHAT TO DO?

## TAXATION

### Berkeley

Berkeley was the first US district to pass its 2015 \$0.01/oz excise tax on SSBs.<sup>5</sup>

- Cost was largely passed to consumers.
- In at-risk minority and low-income<sup>5</sup> neighborhoods, SSB consumption decreased by 21%, while comparable areas increased consumption by 4%.<sup>5</sup>

### Mexico

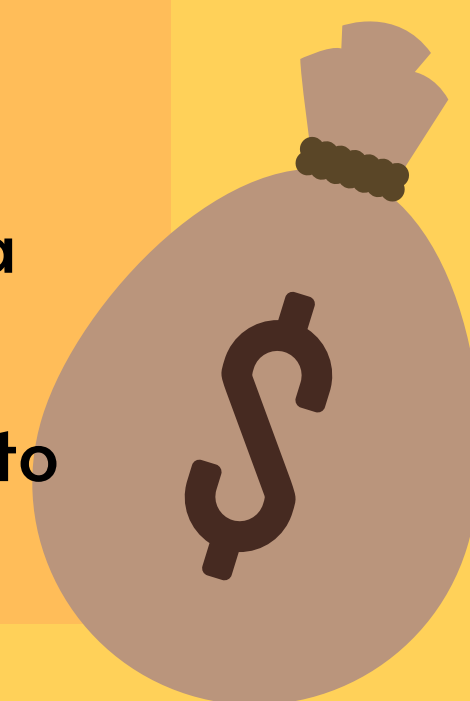
Mexico enacted a national SSB excise tax of 1 peso/liter o in 2014<sup>2</sup>

- Reduced consumption by 6.1% in one year<sup>2</sup>
- Estimated to reduce obesity prevalence by 2.54% in 10 years.<sup>2</sup>
- Targeted benefits for youth and low-income individuals.<sup>2</sup>

### Model

A \$0.01/oz US national excise tax is modeled to:

- Earn 12.5 billion a year.<sup>8</sup>
- Reduce SSB consumption by 20% and reduce BMI.<sup>8</sup>
- Substantially improve quality of life (gain 871,000 QALYs).<sup>8</sup>
- Save 23.6 billion in healthcare costs over a 10-year period.<sup>8</sup>
- Concern- substitution to other sugary goods<sup>1</sup>



## LIMIT CHILDREN'S ACCESS

- Children are of particular interest, because childhood obesity often leads to subsequent adult health problems.<sup>9</sup>
- Banning SSBs and SSB marketing in schools limits exposure.
- Has been adopted at state and local levels.<sup>10, 14</sup>

- Both banning unhealthy food advertising and SSB sales on campus have small but significant effects on overall consumption.<sup>10, 14</sup>

### Objections

- There are concerns about substitution effects, where students not consuming SSBs at school will make up for the SSBs not consumed at school at home.<sup>1</sup>



## REMOVE FROM SNAP

- Low-income groups at higher risk of SSB consumption and of obesity development.<sup>3</sup>
- Removing SSBs from SNAP eligibility is one proposed way to reduce socioeconomic disparities.<sup>11</sup>

### Objections

- No significant difference in consumption for SNAP recipients vs eligible non-recipients.<sup>11</sup>
- This policy could disincentivize stores from accepting SNAP.<sup>11</sup>
- Could be perceived as paternalistic.



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