Position Statement: Reducing Sugar-Sweetened Beverage Consumption

OBESITY IN ALABAMA
According to the Centers for Disease Control and Prevention (CDC), roughly 70% of Alabama adults are considered overweight/obese and 32% of Alabamians could be classified in the obese category. Alabama children also suffer from overweight, and although recent data are suggesting a decline, overall childhood obesity rates remain high at approximately 17% of children and adolescents aged 2-19 years.\(^1\)\(^,\)\(^2\) Obesity is linked to a variety of harmful effects on children’s health such as diabetes, sleep apnea and asthma, liver disease, high blood pressure and high cholesterol; persistent obesity into adulthood has been associated with serious health conditions such as heart disease and some cancers.\(^3\)

In addition to the human toll obesity has in Alabama and across the U.S., the costs incurred for obesity-related illness are mounting. In 2008, it is estimated that obesity cost the U.S. $147 billion, with yearly medical costs for obese persons $1,429 higher than those of normal weight.\(^4\)

THE ISSUE OF SUGAR-SWEETENED BEVERAGE CONSUMPTION
Sugar-sweetened beverages, commonly referred to as SSBs, include soft drinks, fruit drinks or punch, flavored coffees and tea drinks, sports drinks, vitamin drinks, energy drinks and some flavored waters. Routine consumption of such beverages is a major contributing factor to overweight in children and adults.\(^5\) Data from the National Health and Nutrition Examination Surveys (NHANES) (1999-2000, 2001-2002, 2003-2004, 2005-2006, and 2007-2008) show that heavy total SSB consumption (≥500 kcal/day) increased among children (4% to 5%) but declined among adolescents (22% to 16%) and young adults (29% to 20%), with soda the most heavily consumed SSB in all age groups except for children. Consumption of nontraditional SSBs such as sports/energy drinks and fruit drinks has increased, with higher odds of heavy SSB consumption among Black children and low-income children.\(^6\)

Soft drinks and other SSBs are the primary source of added sugars in the American diet.\(^7\) This fact coupled with emerging data suggesting that high intake of added sugars can exacerbate existing health problems and contribute to essential nutrient shortfalls\(^8\) makes for a troubling health scenario for our state and nation.
OUR POSITION & KEY RECOMMENDATIONS
The Alabama Obesity Task Force supports a comprehensive approach to addressing obesity and overweight in Alabama. We support a reduction in the consumption of sugar-sweetened beverages as a strategy to improve the health of Alabamians. We support full adherence to and implementation of nutrition standards in schools adopted by the Alabama State Board of Education; elimination of sales taxes on healthy foods and preservation of excise tax on sugar-sweetened beverages; adoption of statewide healthy vending policy requirements; and elimination of marketing of unhealthy beverages to children.

The Alabama Obesity Task Force strongly opposes public policy which preempts local governments from adopting laws to address obesity prevention and reduction at the local level. The issue of obesity and overweight is a multi-faceted issue and will take commitment from decision makers at the federal, state and local level.

ABOUT US
The Alabama Obesity Task Force works to address overweight and obesity issues through advocacy, policies, environmental changes, and programs that support healthy lifestyle changes. For more information, visit us at http://adph.org/obesity/.

REFERENCES