

## Sugary drink overload: AAP-AHA suggest excise tax to reduce consumption

March 25, 2019

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Article type: [AAP Policy](#)

Topics: [Nutrition](#), [Obesity](#)

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For the first time, the Academy and the American Heart Association (AHA) are calling for public policies such as an excise tax — combined with education — to decrease the consumption of sugary drinks by children and adolescents.

Pediatricians routinely counsel children and families to cut back on sugar-sweetened beverages, the leading source of added sugars in the U.S. diet. While these individual-level efforts are critical, the AAP and AHA acknowledge that policy-level changes also are needed. They have outlined recommendations in *Public Policy to Reduce Sugary Drink Consumption in Children and Adolescents*. The statement, from the AAP Section on Obesity, Committee on Nutrition and the AHA, is available at <https://pediatrics.aappublications.org/content/early/2019/03/21/peds.2019-0282> and will be published in the April issue of *Pediatrics*.

### **Bombarded by sugary options**

A.G. is a typical 12-year-old. She hydrates with a sports drink after a 40-minute basketball game, believing it will make her a better athlete. Out to dinner with her family, she orders a kid's meal, which includes a sugary drink. Her favorite singer pushes soda on a commercial while she watches TV. She then sees several ads promoting sugar-laden "thirst-quenching" beverages while watching her favorite YouTube channel. At the grocery store, she is greeted by a creative soda display. In the lobby of her pediatrician's office building, A.G. passes a vending machine filled with sugary drinks. At the movies, sporting events and parties, sugar-sweetened beverages are easily accessible, inexpensive and heavily promoted.

Children and adolescents are bombarded with prompts, advertisements and nudges to drink sugary beverages. The strategy "works." The highest quintile of child and adolescent consumers guzzle 300 calories from sugary drinks per day, one study showed.

### **Cutting consumption**

Excess sugar consumption contributes to childhood and adolescent obesity, dental decay, cardiovascular disease, hypertension, dyslipidemia, insulin resistance, type 2 diabetes mellitus, fatty liver disease and all-cause mortality.

The 2015-2020 Dietary Guidelines for Americans and the World Health Organization warn of the dangers of added sugars and recommend that no more than 10% of daily calories come from added sugar.

The AHA advises that children and adolescents aim for less than 25 grams (6 teaspoons) of added sugars per day and no more than 8 ounces of sugary drinks per week. (It recommends no added sugars for children younger than 2 years.) Yet studies show, 17% of the average child and adolescent's calories come from added sugars, of which nearly half are from sugary drinks.

### **Public policy recommendations**

- Local, state and/or national policies to reduce added sugar consumption should include policies that raise the price of sugary drinks, such as an excise tax. The taxes should be accompanied by an education campaign on the risks of sugary drinks and the rationale and benefits of the tax. The tax also should be supported by stakeholders. Tax revenues should be allocated, at least in part, to reducing health and socioeconomic disparities. Metrics should be established to evaluate the impact of such a tax.
- Federal and state governments should support efforts to decrease sugary drink marketing to children and adolescents. One way to do this is by eliminating the corporate tax benefit, which subsidizes advertising expenses, for sugary drinks.
- Federal nutrition assistance programs should ensure access to healthy food and beverages and discourage consumption of sugary drinks.
- Children, adolescents and their families should have ready access to credible nutrition information, including on the nutrition facts panel, restaurant menus and advertisements.
- Policies that make healthy beverages the default choice should be widely adopted and followed. This includes making water and milk the default choices in children's meals.
- Hospitals should serve as a model and implement policies to limit or disincentivize the purchase of sugary drinks. A well-publicized effort to reduce sugary drink consumption among hospital patients, visitors and staff could help build public awareness of the health harms of sugary drinks.

While the recommendations in the policy target federal, state and local policymakers, pediatricians are encouraged to advocate for changes to reduce sugary drink intake such as through involvement in local school boards and school health councils, hospital and medical group boards and committees, public comment opportunities, and outreach to elected representatives.

*Dr. Muth, a lead author of the policy statement, is a member of the AAP Section on Obesity Executive Committee.*

### **Resources**

- [AAP book "Pediatric Nutrition," 8th Edition \(available in October\)](#)
- [AAP policy "Fruit Juice in Infants, Children, and Adolescents: Current Recommendations"](#)
- [Information for parents from HealthyChildren.org](#)
- [Sugar 101, American Heart Association](#)
- [Sugar-sweetened beverages, Public Health Law Center](#)
- [CDC: Get the Facts: Sugar-Sweetened Beverages and Consumption](#)
- [Healthy Food America](#)