**SSB Tax Talking Points with a Health-Accountability Focus**

1. **The Sugar Sweetened Beverage (SSB) industry is a leading contributor to the high rates of obesity in New York State.**
* The beverage industry spends billions of dollars each year marketing its products. Half a billion dollars is spent specifically targeting children and adolescents.[[1]](#endnote-1)
* Per capita consumption of SSBs averages 46 gallons a year – the equivalent of 40 pounds of sugar.[[2]](#endnote-2)
* The calories in SSBs are excess calories. Unlike juices and milk, SSBs deliver no nutrition.
* The link between SSBs and obesity is absolutely clear.[[3]](#endnote-3)
1. **While the beverage industry reaps profits from its sales, the health and economic consequences of their products wreak havoc on our communities:**
* 60 percent of adults and one-third of children in New York State now obese or overweight.[[4]](#endnote-4)
* Obesity leads to all these diseases:
	+ high blood pressure, high cholesterol, type 2 diabetes and its complications, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, and respiratory problems, as well as endometrial, breast, prostate, and colon cancers
* These diseases cost New Yorkers $7.6 billion per year in health care expenditures.[[5]](#endnote-5)
* Some of our communities are also paying a high toll of human suffering with disproportionately high rates of obesity-related diseases.
	+ Obesity is especially prevalent among lower-income women.[[6]](#endnote-6)
	+ African-Americans in New York State have the highest rates of death from diabetes, breast cancer, prostate cancer, and colorectal cancer. They also suffer the highest proportion of deaths from stroke and heart disease.[[7]](#endnote-7)
	+ Hispanic New Yorkers have the highest rates of obesity among high school students and children.[[8]](#endnote-8)
	+ Overweight is associated with higher death rates. [[9]](#endnote-9)
1. **This is an unacceptable but completely reversible situation. Raising the price of sugared beverages will encourage people to buy healthier, lower-calorie drinks. [[10]](#endnote-10)**
* Coca Cola sells at least 23 beverages that are zero or low calorie beverages, PepsiCo sells at least 47, and Dr. Pepper-Snapple sells at least 30 zero or low calorie beverages.[[11]](#endnote-11)
* Industry analysts forecast that healthy food and beverage products for children will be among the most active and profitable new product categories for industry.[[12]](#endnote-12)
1. **And in the meantime, while people are making the switch to lower-calorie products, surcharge revenue can fund the prevention, education, and physical activity programs we need.**
* 72% of New Yorkers support a tax with revenue toward prevention.[[13]](#endnote-13)
1. **Pass the SSB Tax.**

**IT’S A WIN FOR HEALTH**

* 1. Between 1976 and 2001 soft drink consumption doubled in children while adolescent obesity tripled during that time period.XIV
	2. Even small taxes on soft drinks are associated with reductions in consumption and weight.xv
	3. Raising taxes on cigarettes and alcohol have proven to be the most effective way to reduce consumption, especially with kids.

**A WIN FOR THE STATE**

1. An excise tax on sugar sweetened beverage will provide the state with critical funds needed to reduce cuts to cost saving prevention efforts and healthcare.
2. The sugar-sweetened beverage tax will raise about $450 million this year and $1 billion when fully annualized in 2011-2012.

**A WIN FOR THE PUBLIC**

1. A December 2008 poll found that 52% of adult New Yorkers support a sugar-sweetened beverage tax.xiii
2. If the tax revenues are used to address the prevention of childhood and adult obesity, support increased to 72%.xIII
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3. Colditz GA, Willett WC, Stampfer MJ, Manson JE, Hennekens CH, Arky RA, Speizer FE. Weight as a risk factor for clinical diabetes in women. *Am.J Epidemiol.* 1990;132(3):501-513. [↑](#endnote-ref-3)
4. Behavioral Risk Factor Surveillance System Survey Data [Data File]. Centers for Disease Control and Prevention (CDC). Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2007. [↑](#endnote-ref-4)
5. Office of the State Comptroller. Preventing and reducing childhood obesity in New York. 2008 Oct. 1-4 p. [↑](#endnote-ref-5)
6. US Department of Health and Human Services. Healthy People 2010: Leading Health Indicators. http://www.healthypeople.gov/Document/HTML/uih/uih\_4.htm [↑](#endnote-ref-6)
7. New York State Department of Health (2007). New York State Minority Health Surveillance Report. http://www.health.state.ny.us/statistics/community/minority/docs/surveillance\_report\_2007.pdf [↑](#endnote-ref-7)
8. New York State Department of Health (2007). New York State Minority Health Surveillance Report. http://www.health.state.ny.us/statistics/community/minority/docs/surveillance\_report\_2007.pdf [↑](#endnote-ref-8)
9. US Department of Health and Human Services. Healthy People 2010: Leading Health Indicators. http://www.healthypeople.gov/Document/HTML/uih/uih\_4.htm [↑](#endnote-ref-9)
10. http://www.nyam.org/initiatives/docs/Sugar-Sweetened\_Beverages\_Toolkit.pdf [↑](#endnote-ref-10)
11. Statement by State Health Commissioner Richard F. Daines on the Proposed Sugared Beverage Tax. (February 5, 2010) http://www.health.state.ny.us/press/releases/2010/2010-02-05\_statement\_no\_job\_loss\_with\_sugar\_bev\_tax.htm [↑](#endnote-ref-11)
12. Institute of Medicine (U.S.), McGinnis, J. M., Gootman, J. A., & Kraak, V. I. (2006). *Food marketing to children and youth: Threat or opportunity?* Washington, D.C.: National Academies Press. [↑](#endnote-ref-12)
13. Citizens’ Committee for Children poll. December 2008.

XIV Nielsen, S. J., & Popkin, B. M. (2004). Changes in beverage intake between 1977 and 2001. *American Journal of Preventive Medicine*, *27*(3), 205-210.

XV Fletcher, J. M., Frisvold, D., & Tefft, N. (2009). Can soft drink taxes reduce population weight? Paper under review. [↑](#endnote-ref-13)