



Testimony

of

**Assistant Commissioner Christine Johnson Curtis, MBA
New York City Department of Health and Mental Hygiene**

before the

New York State Assembly Standing Committee on Consumer Affairs and Protection

jointly with the

Standing Committee on Health

regarding

A2320-A: Requiring Sugar-Sweetened Beverages to be Labeled with a Safety Warning

April 13, 2015

250 Broadway
New York City

Good morning, Chairman Dinowitz, Chairman Gottfried, and members of the New York State Assembly Committees on Health and Consumer Affairs and Protection. I am Christine Johnson, Assistant Commissioner of the Bureau of Chronic Disease Prevention and Tobacco Control at the New York City Department of Health and Mental Hygiene. Thank you for the opportunity to comment on Assembly bill 2320-A, which would require placement of a safety warning on containers of sugary drinks and in places where such beverages are served.

Sugary drinks are a leading driver of the twin epidemics of diabetes and obesity. Numerous studies have shown that these beverages are linked to weight gain,¹ type 2 diabetes,² heart disease,³ and dental caries.⁴ Sugary drinks are the largest single source of added sugar in the American diet,⁵ contain almost no nutritional value, and are less satiating than solid food, which can make overconsumption of empty calories all too easy.⁶ In New York City, 56% of adults are overweight or obese and over 10% have diagnosed diabetes.⁷ Rates are even higher in New York City's poorest communities, which also bear a greater burden of chronic disease. These conditions take a human toll by reducing New Yorkers' quality of life, productivity, and earning potential. In 2011, there were over 2,700 hospitalizations for lower-extremity amputation among adults with diabetes in New York City, and nearly 5,500 New York City adults were on dialysis due to diabetes.⁸ Overweight and obesity are leading risk factors for preventable death in New York City, killing more than 5,000 New York City residents annually from 2005 to 2007.⁹ Obesity and diet-related disease also take an economic toll on society by increasing health care costs for the State and City. In New York City, obesity-related health care expenditures total an estimated \$4.7 billion per year; more than half is paid by Medicaid and Medicare.¹⁰

Sugary drinks have been a focus of the Department's chronic disease prevention work for nearly a decade. In New York City, nearly a quarter (23.3%) of adults drink at least one sugary drink per day, and consumption rates are nearly double in New York City's lowest-income communities compared to the highest-income communities (28.8% vs. 16.8%).¹¹ Among youth, consumption rates are even higher. Over 40% of New York City public high school students report drinking one or more sugary drinks daily.¹² This proportion reaches nearly 50% among youth who attend school in one of New York City's priority neighborhoods, like North and Central Brooklyn.¹³ The proportion of New Yorkers regularly consuming sugary drinks has declined in recent years; however, these rates are still too high. A single 20 ounce bottle of regular cola contains approximately 240 calories and 16 teaspoons of sugar, 1.5 to 2.5 times the daily limit recommended by the American Heart Association.¹⁴

Corporate practices employed by beverage companies ensure that consumers are never far from sugary drinks or advertisements promoting them. Sugary drinks are ubiquitous in our communities – sold not only in food service establishments and food retail settings, but also in non-food stores like pharmacies, hardware stores, and even clothing stores. Sugary drinks are not only easily accessible, they also are heavily promoted. In 2013, beverage companies spent more than \$860 million marketing sugary drinks to consumers.¹⁵ A 2012 study conducted by the Health Department in one area of the Bronx found that sugary drink retail advertising accounted for 85% of all advertisements for food and non-alcoholic drinks; only 8% of ads were for healthy products.¹⁶ Child-friendly marketing strategies, including using cartoons, celebrity endorsements, and social media to reach young audiences, build affinity for these beverages and brand loyalty from a young age.

Beverage companies have mastered the art of influencing consumer behavior, but the public deserves clear information about the impact of sugary drinks on health to make informed decisions. A warning label like the one proposed by Assembly bill 2320-A offers an opportunity to provide consumers with important health information at the point of purchase. Policies that support environments where healthy choices are the default choices are a central tenet of a comprehensive strategy to improve the health of New Yorkers. In addition to the critical educational efforts included in this bill, population- and environmental-level strategies are needed to improve the food environment and make healthy choices more accessible and appealing for individuals. Meaningful, population-wide changes in dietary behaviors will not be realized until the food environment is aligned to support and sustain health.

-
- ¹ Malik VS, Schulze MB, Hu FB. Intake of sugar-sweetened beverages and weight gain: A systematic review. *AJCN* 2006;84(2):274-88.
- ² Schulze MB, et al. Sugar-sweetened beverages, weight gain, and incidence of type 2 diabetes in young and middle-aged women. *JAMA* 2004;292(8):927-34.
- ³ Malik VS, Popkin BM, Bray GA, Despres J-P, Hu FB. Sugar-sweetened beverages, obesity, type 2 diabetes mellitus, and cardiovascular disease risk. *Circulation* 2010;121(11):1356-64.
- ⁴ Sohn W, Burt BA, Sowers MR. Carbonated soft drinks and dental caries in the primary dentition. *J Dent Res*. 2006 Mar;85(3):262-6.
- ⁵ Drewnowski A, Rohm CD. Consumption of added sugar among US children and adults by food purchase location and food source. *AJCN* 2014;100:901-7.
- ⁶ Pan A, Hu FB. Effects of carbohydrates on satiety: differences between liquid and solid food. *Curr Opin Clin Nutr Metab Care* 2011;14(4):385-90.
- ⁷ New York City Department of Health and Mental Hygiene. Epiquery: NYC Interactive Health Data System Community Health Survey 2013. Viewed April 7, 2015. <http://nyc.gov/health/epiquery>
- ⁸ Chamany S, Wu W, Parton H. Diabetes and its complications. New York City Department of Health and Mental Hygiene: Epi Data Brief (36); Nov 2013.
- ⁹ NYC DOHMH Bureau of Epidemiology Services and Bureau of Vital Statistics 2012
- ¹⁰ Calculated based on: Trogdon JG, Finkelstein EA, Feagan CW, Cohen JW. State- and Payer-Specific Estimates of Annual Medical Expenditures Attributable to Obesity. *Obesity* 2012;20(1):214-20.
- ¹¹ New York City Department of Health and Mental Hygiene. Epiquery: NYC Interactive Health Data System Community Health Survey 2013. Viewed April 7, 2015. <http://nyc.gov/health/epiquery>
- ¹² New York City Department of Health and Mental Hygiene. Internal analysis based on the New York City Youth Risk Behavior Survey 2013.
- ¹³ New York City Department of Health and Mental Hygiene. Internal analysis based on the New York City Youth Risk Behavior Survey 2013.
- ¹⁴ Johnson RK, Appel LJ, Brands M, Howard BV, Lefevre M, Lustig RH, Sacks F, Steffen LM, Wylie-Rosett J; American Heart Association Nutrition Committee of the Council on Nutrition, Physical Activity, and Metabolism and the Council on Epidemiology and Prevention. Dietary sugars intake and cardiovascular health: a scientific statement from the American Heart Association. *Circulation*. 2009 Sep 15;120(11):1011-20.
- ¹⁵ Rudd Center for Food Policy and Obesity. Sugary Drink FACTS. 2014. Available at: <http://www.sugarydrinkfacts.org/>.
- ¹⁶ Shop Healthy NYC Year 1 Evaluation Report – West Farms and Fordham, Bronx. New York City Department of Health and Mental Hygiene. Available at: <http://www.nyc.gov/html/doh/downloads/pdf/pan/shop-sealthy-report.pdf>.