

Sugar Tax May Sour New York's Thirst for Soda

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Few medical trends in the United States are as alarming as our growing obesity rate. Over the past 20 years, the prevalence of obesity among adults has increased from 12 percent to 34 percent, and among children and adolescents, the rate has nearly tripled, from 7 percent to 19 percent.

This growth tracks with our nation's increased consumption of sugar, much of it in the form of sweetened sodas, juices, sports drinks, flavored waters, and ready-to-go teas and coffees. Research shows that sugary beverages are the only dietary element to be strongly linked to increased rates of obesity among children and adults. Whether the sweetener is sugar or its ubiquitous substitute, high-fructose corn syrup, excessive intake equates with empty calories and reduced consumption of healthy beverages, such as milk.

It is well documented that overweight and obesity set the stage for cardiovascular disease, some cancers, and type 2 diabetes. For children, whose soda intake has increased 75 percent in the past 30 years, this is particularly ominous: each additional 12-ounce soft drink consumed per day more than doubles a child's risk of becoming obese. Alone or together, obesity-related conditions can have great impact on quality of life and life expectancy. A diagnosis of diabetes in middle age can cost an individual about 20 quality-adjusted life years, and obese men with diabetes have a greater than 90 percent risk of developing coronary artery disease over 30 years.

Obesity affects us all. In New York State, obesity-related health problems cost an estimated \$7.6 billion per year, and nationally, annual Medicare disbursements for diabetes and related illnesses top

\$80 billion. Reversing such an entrenched and expensive trend cannot be handled on an individual basis; it must be approached by state and national policies designed to encourage changes in consumption patterns.

A "sugar tax" on all high-sugar foods—including those with high-fructose corn syrup—would be a bold and wise start. The possible impact on overall consumption rates and associated revenues varies across tax models, but it is estimated that in New York State, even a minimal penny-per-ounce tax on sugary beverages alone could exceed \$900 million in one year.

In addition to the potential population health benefits of reduced sugar consumption—an area that requires more rigorous studies—sugar-tax revenues should be channeled into health-promoting initiatives in neighborhoods that need them. Many areas with high rates of obesity have correspondingly low availability of vegetables and fruits. East and Central Harlem, for example, have among the highest rates of obesity in New York

City. In these neighborhoods, leafy green vegetables are available in only 3 percent of bodegas—with bodegas accounting for two-thirds of food stores. Tax funds could be used to support green markets, such as one established by The Mount Sinai Medical Center, and other distribution plans to increase availability of produce in areas that lack them.

Health care reform, no matter how comprehensive, is not enough to fix our nation's obesity epidemic and its related health problems. Greater access to health insurance should help many people receive the care they need to manage conditions that are caused or exacerbated by obesity. But even better would be to slow—and reverse—our nation's weight gain in the first place.

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