

WN *Big Food Watch*

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Conferences
Soda Summit. Seriously



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Access December 2013 Fabio Gomes on the IUNS Granada congress here
Access this issue Alejandro Calvillo on the Alliance for Healthy Food here
Access this issue Fabio Gomes on sustainable development here
Access this issue Alejandro Calvillo on global framework on food, health here

Big Food Watch convenor Fabio Gomes writes:

Big Food transnational corporations are brilliant operators. They use world-class marketing and advertising techniques. They hire the most effective brand image makers in the business. They know how to bomb people's minds. They won't be stopped just by good science and nice discussion. For forty years the Centre for Science in the Public Interest has fought fire with fire. Now the war against Big Food and its products is going international and global, with new powerful and persuasive players working collaboratively. One outstanding leader is BFW network member *El Poder Del Consumidor* (Consumer Power) from Mexico, and its founder-director Alejandro Calvillo, who writes here about his participation at the second Soda Summit held by CSPI in Washington DC last month.

Well met in Washington



Here is a reason for a Soda Summit. These are soda containers, ranging from the original 7 ounce bottle in 1955, to 7-11's 128 ounce (close to 4 litre) Team Gulp now, containing 400 grams of sugar

When I told people I was invited to speak at a 'Soda summit', they either chuckled or asked me to repeat the name. I was speaking at a summit? That is to say, at a meeting of prominent leaders and minds? On the topic of soda? Yes, indeed. One should not expect less than a soda summit, from Michael Jacobson and the Center for Science in the Public Interest (CSPI). This is the man and the organisation that invent and promote colourful and provocative terms to warn everybody in the US and the world, about unhealthy food and drink products, such as 'junk food,' 'empty calories' and 'liquid candy.'

Thus it was CSPI that organised the second National Soda Summit in Washington DC on 4-5 June, at the National Press Club, and set out some hard facts of just how much sugar is in different sugary drinks. A total of well over 200 researchers, physicians, nutritionists, foundation executives, consumer interest and health groups, community organisers and public authorities, met to share the latest science and ways of working to lower sugary drink consumption. The goal of the summit? To create policy and action change at local, state and national levels in order to reduce obesity, diabetes and other soda-related diseases. The summit was mostly national, but also some North Americans from Canada and Mexico participated, including me and colleagues from The Alliance for Healthy Food, which is based in Mexico City.

Introduction

The two days of the meeting were packed with presentations, workshops, discussion and networking. The keynote was positive. 'The signs of early victories in this war are that soda consumption, particularly consumption of sugar-sweetened sodas, is down significantly in the United States from a peak in 1998, said opening speaker Jim Kreiger of Seattle and King County in Washington state. 'People are getting the message'. Michael Jacobson agreed, and said 'We're on the right side of history because we're standing on a foundation of strong science'.

The name matters, said summit participants. But whether you call them sugar-sweetened beverages, sugared soft drinks, sugary drinks, liquid sugar, liquid candy, sugar loaded beverages, soda, or even just pop, the evidence remains conclusive. One point that needs stressing is that the manufacturers market their products so as to induce regular soda consumption. Their strategy is to get consumers drinking early in life, and regularly, and build brand loyalty. This has an immediate impact on health, is soon liable to cause overweight, then obesity, then diseases and disability, and eventually even death.

Claire Wang of Columbia University Mailman School of Public Health in New York City, gave many reasons to 'pick on soda'. In the US, sugar-sweetened beverages are the largest single source of added sugar, and according to Kelly Brownell of Duke University may be the single largest driver of the obesity epidemic. While consumption has decreased since 1998 in the US among adults and youth, and some encouraging trends are seen in schools, many rates continue to be of great concern.

The main overall concern is that average national consumption remains very high, as does the average contribution of soda to overall dietary energy. Plus all averages mask ranges of intake. Some people never drink soda. Others – including a high proportion of young people – are heavy soda drinkers. Particularly troubling are rates of child and adult consumption in restaurants, the ever-increasing sizes of soda containers (see graphic above) and average consumption in vulnerable groups, such as adult diabetics, and people in receipt of US government food assistance.

Frank Hu of the Harvard School of Public Health and Harvard Medical School, spoke to the current evidence on the impact of soda consumption on weight gain in children and future risk of obesity and chronic diseases. Thus, a meta-analysis of eight prospective cohort studies on risk of diabetes shows that for every additional serving of soda a day, the risk of diabetes is increased by nearly 30 per cent.

In support, Kimber Stanhope of the University of California, Davis, explained how substantial added sugar intake causes fatty liver and thus leads to the multi-organ metabolic syndrome, which shows in terms of diagnoses of various diseases which actually have a common cause.

Goutham Rao of the University of Chicago Pritzker School of Medicine, said that to combat the various conditions of which soda consumption is a cause, which as well as those already mentioned above include dental caries, bone fragility, heart disease and behaviour, it is helpful to refer to the strategies recommended by the US Centers for Disease Control and Prevention. These include easy access to safe drinking water, and enabling health workers to monitor and advise on soda consumption. He said that in the Smart Beverage Choices intervention model, everybody who enrols is given just one goal. This is to eliminate all soda and also all sweetened fruit juice from their diets completely, immediately and forever. This kind of clear, simple and total guidance is what is most helpful to health professionals, care-givers and consumers, and should also work well globally. The 'big five' risks for childhood obesity should be stressed. These are (1) frequent fast food (2) including frequent soda (3) infrequent physical activity (4) infrequent family meals and (5) frequent screen time.

Dariush Mozaffarian, previously of the Harvard School of Public Health, now at Tufts University, stated that dietary factors taken together are now the most important determinants of health and disease. Within these factors, sugar-sweetened beverage consumption is contributing to mortality rates worldwide. As part of the 2010 Global Burden of Diseases Study, intake of sugar-sweetened beverages was linked with 133,000 diabetes deaths, 44,000 deaths from cardiovascular diseases and 6,000 cancer deaths. Of nine world regions, Latin America and the Caribbean had the most diabetes deaths related to the consumption of sugar-sweetened beverages in 2010; Mexico had the highest rate among the world's 15 most populous countries with 318 deaths per million adults; and the US saw 25,000 deaths in 2010 linked with drinking sugar-sweetened beverages.

Michael Jacobson emphasised that what happens in the US affects and is affected by what happens elsewhere. 'We need to keep one eye open, to see what is going on overseas... Just as we need to pay special attention to the way that the corporations are marketing heavily to low income communities and less educated people, we also need to know that they are also aggressive in their marketing overseas'. He mentioned that the United Nations Special Rapporteur on the Right to Food, Olivier de Schutter, has referred to 'Coca-colonisation', and he pointed out that there are already obesity and diabetes epidemics throughout the world.

Concerted policies and actions

Evidence-Based Policy Interventions to Improve Diet

Media and Education	• Sustained, focused media campaigns, especially combined with multi-component strategies, focused on specific foods or drinks.
Labeling and Information	• Mandated nutrition facts, front-of-pack labels/icons, or menu labeling to influence industry behavior and product formulations.
Schools	• Multicomponent diet and activity program including classes, teacher training, supportive policies, environmental changes, family components.
Workplaces	• Comprehensive worksite wellness programs for diet, activity, tobacco. • Increased availability of healthier options and/or strong nutrition standards, combined with on-site prompts, labels, or icons.
Economic Incentives	• Subsidy strategies to lower prices of more healthful foods and beverages. • Tax strategies to increase prices of less healthful foods and beverages. • Long-term changes in agricultural and related policies forinfrastructure to facilitate production, transportation, and marketing of healthier foods.
Bans and Mandates	• Restrictions on ads/marketing of less healthy foods/drinks to children on television, and near schools and public places, and on packages. • Direct bans (e.g., sodium, trans fat) or mandates (e.g., vegetable oils).

Mozaffarian et al, AHA Scientific Statement, Circulation 2012

The right approach to reducing consumption of soda and other sweetened soft drinks is in the context of policies for concerted action to make food supplies and dietary patterns generally much more healthy

How can consumption of soda be once again brought down to the level of the 1950s, when fizzy drinks were just occasional, for treats? Summit participants agreed that a whole range of policies and actions will be needed.

Dariush Mozaffarian highlighted the importance of promoting healthy food patterns to prevent chronic diseases in general. He advised those with a special interest in sugared soft drinks to remember that these are just one of the unhealthy foods and products that need to be restricted and limited. Others include refined sugars, starches and grains; meat products; industrial *trans* fats and salt; and alcoholic drinks. See his overall recommendations, above. He emphasised the value of price subsidies and other strategies whose purpose is to make healthy foods and drinks cheaper and more available. As an example, the Diné Community Advocacy Alliance of the Navajo Nation in Arizona, New Mexico and Utah has succeeded of eliminating a 5% sales tax on fresh fruits and vegetables, nuts, seeds and water.

Work and success in progress



Two vivid US campaigns. Left, children and parents are encouraged 'Want to make your mornings easier… Try them unsweetened'. Right is a manual to reduce soda consumption at community level

Other summit panels and working groups shared examples of a whole number of feasible, innovative and exciting policies and programmes in the US, designed to fit soda manufacturers in all ways. Our example in Mexico is shown below in Box 1. US examples include:

- Aggressive public service mass communications campaigns.
- School food and nutrition standards. Thus, the National Alliance for Nutrition and Activity is leading a nationwide programme with Model School Wellness Policies to improve the nutritional quality of school food, snacks and drinks.
- Warning labels on sugared drinks, such as proposed in the Sugar Sweetened Beverages Safety Warning Act that recently fell short in the California Assembly but broke global ground on labelling.
- Healthy food procurement for public institutions such as office buildings, parks, hospitals and prisons. Nutrition standards for products sold in vending machine. Thus, King County (Washington) and many others have worked successfully with authorities to create healthier work environments.
- Portion sizes: During the summit, New York City recently lost on appeal, an injunction against the city's 16 ounce cap on restaurants' soda servings. Good news though is that the cap initiative has received global attention, creating awareness and identifying another policy option.

Box 1

The Mexican victory

We in Mexico are glad that our national 1 peso per litre sugar-sweetened drink excise tax in Mexico, effective as from January this year, is inspiring soda tax proponents in the US and the world over. For all of us in Mexico, this is a victory still in progress. On the one hand, although initial reports say sales volume of soda has already fallen by 5 per cent, I the soda corporations are using high-powered strategies to sustain sales and preserve its market. For example, we have received initial reports from rural areas with highly vulnerable indigenous populations indicating that sales prices are stable from last year, meaning that manufacturers and bottlers are absorbing the cost of the tax and inhibiting its purpose of being a price deterrent to consumption. So economic and industry monitoring is critical. On the other, the advocacy battle continues. This includes

- Raising the tax to 2 pesos a litre, as proposed by national and international experts.
- Requiring all tax revenue be earmarked for obesity and diabetes prevention and treatment.
- Achieving enforcement of the new law that makes installation of drinking water fountains mandatory in all schools across the country by 2017.
- Attaining an effective national strategy for prevention and control of obesity and diabetes based on objective science and free from conflicts of interest.

On a special panel, several champions of soda taxes – seen by many as central and crucial to stigmatise sugared drinks and to reduce their consumption – spoke to the needs to link revenue to prevention, focusing on children, health and science, to get the message right, to engage whole communities, and to seize fortuitous political circumstances. See Box 1 on our experience so far in Mexico.

In the US, defeats in Richmond, California, in Telluride, Colorado, and for theNavajo Nation, have not discouraged tax advocates. US tax advocates spoke enthusiastically of upcoming ballot measures in Berkeley and San Francisco, California, and state-wide initiatives in Hawaii and Illinois, all of which propose revenue allocations to obesity prevention and or to improved health care. In a video address, the Democratic representative from Connecticut Rosa DeLauro affirmed that the introduction of national legislation to levy an excise tax on sugary drinks in the US is just weeks away.

Fighting for equity

Shavon Arline-Bradley, newly promoted to chief of staff for the National Association for the Advancement of Colored People (NAACP), promised that she would shake up

the room, which is what she did. She is a former director of the NAACP health programmes, a qualified public health advocate, and a former athlete. So many of us were expecting her to speak about the NAACP health program's approach to improving the health and well being of African American families and families of color, starting with childhood obesity, or about Shavon's work to protect the heart health of African American women, or policy and action to battle Big Soda's pervasive marketing to communities of colour.

But Shavon didn't want to talk much about obesity and soda. She had a much bigger and more serious issue to share. She reminded everybody present that homicide is by far the leading cause of death among young black men in the US. She challenged us. She asked whether the best efforts of engaged citizens and professionals should focus on the pervasive effects of soda on communities of colour, when surely the great urgent crisis is one of life and unnecessary, preventable and tragic deaths of people whose adult lives should be just beginning.

She fraternally but emphatically asked 'Who is welcome at your table?, challenging all of us to think about how we engage with people of colour and all impoverished and disenfranchised populations in the communities we serve, and in our states and countries.

I believe that many of us felt, after this salutary and sobering address, that human context is all-important. The issue of sugary drinks specifically, and nutrition in general, is all part of the story of families and communities from all ethnic groups, including whites, that suffer the consequences of poor education and health services, unemployment, discrimination, and general inequity and disadvantage. Indeed, it is part of the story of many whole nations.

What Shavon Arline-Bradley reminded us of, is that we may be expert and wise on some important issues, but at the same time we need to be conscious of the day to day realities and priorities of the people we speak for, represent and work with. Shavon offered a four-point guide for all public health advocates seeking equity. First, identify likely and unlikely leaders in the community. Second, assess the needs of people based on what they state as their needs, Three, agree to disagree. Four, remember that arrogance has no place at the table.

She was not asking participants to take down the banner of the fight on soda. She was calling for equity, to be 'neither assuming, nor unprepared,' to get out of comfort zones and to engage in difficult issues, to go where the battle is most important in each of our countries, within whole communities.

Children and youth

Marlene Schwartz (Yale University Rudd Center for Food Policy and Obesity) painted a picture of the soda marketing landscape, demonstrating how the top ten brands are using both traditional media (television, radio, newspapers, magazines, posters, point of sale, product placement using in movies) and new media (websites, social media, mobile media), together with the use of celebrities, characters, fundraising efforts and philanthropic ploys to market to children and teenagers, to get them to consume more and more soft drinks and to generate brand loyalty for life-time consumption.

With almost 25 per cent of youth aged 12-19 living with pre-diabetes and almost 50 per cent of African-American and Latino youth and 25 per cent of white youth destined to get diabetes over their lifetimes, direct engagement with young people is essential This is now happening. The Bigger Picture, of Youth Speaks, and the University of California at San Francisco Center for Vulnerable Populations, is working directly with youth on diabetes prevention through writing workshops, edgy video public service announcements, school visits, live performances, social and media platforms, and an educators' set of suggestions for action. All this helps students to get the whole message; after a Bigger Picture school visit, 83 per cent of students said that environmental forces have an impact on diabetes risk compared with only 34 per cent before.

'Our country wasn't enough. They are colonising our bodies, our taste buds. It isn't a coincidence that both the military and the beverage companies call us their target audience. Our black and brown bodies are marching into the centre of their cross-hairs'. This was youth poet Gabriel Cortez declaiming to us all in his poem and song 'Perfect Soldiers in which he connects Panama, growing up Panamanian-American, and the 'arsenal of ways to self-destruct' that unite the intergenerational effects of diabetes. This too was a positive response to Shavon Arline-Bradley's challenge.

While sharing the successes and challenges of the community-wide strategy in Howard County (Maryland), one of the summit's final speakers, Glenn Schneider of The Horizon Foundation, surprised participants. He asked all present who had participated to date in the Howard Country campaign to stand up. Over 30 people from all over the country raised hands or stood, so it was evident that the message had spread. This showed the results of being a networker and a knowledge broker, of bringing the science and the know-how from all over the US to one locality, in his case of just under 300,000 people.

A long war

In his closing statement Michael Jacobson appealed to us to stay steady against the soda corporations. 'We've got to work as hard as they work. They have thousands of people working full time to maximise the sale of their products. We've got to match that with our energy, our spirit, our perseverance. We've got to be in it for the long haul. You can bet that they are in it for the long haul. We're not going to drive them out of business, we're not going to eliminate sugar drinks from the market place. But we can drive them back to where they were 50 years ago.'

The Soda Summit style has lessons for advocates everywhere, whether for healthy eating, good health and well being, children, consumers, communities and nations. A message is, always start with the science, learn by constant action and review, and grow by networking and network building. Many thanks to Michael Jacobson and the Centre for Science in the Public Interest. We believe we will win.

Status

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