



Sugar-Sweetened Beverages Fact Sheet: Sports Drinks

The term “sugar-sweetened beverages” is usually associated with traditional carbonated beverages. However, this category of beverages has expanded substantially and now includes, among others, those known as “sports drinks” or “electrolyte drinks.” Recent legislation calling for a tax on sugar-sweetened beverages has included sports drinks in the taxable category, but there is confusion among consumers because these drinks have been marketed so aggressively as being healthful and even necessary for children and adults. This fact sheet gives the rationale for including sports drinks in the sugar-sweetened beverage category.

What are sports drinks?

Sports drinks are sugar-sweetened beverages (SSBs) designed originally for use by athletes to rehydrate and restore electrolytes, carbohydrates, potassium and other nutrients, after a *vigorous* workout. The most common ingredients are water, sugar (mostly in the form of high-fructose corn syrup), sodium, potassium, and flavorings. The most common brands are G, formerly known as Gatorade (made by PepsiCo) and Powerade (made by Coca Cola). In 2009, a new line of sports drinks called Crayons was launched as the first all-natural sports drink marketed specifically for “today’s youth.”ⁱ

What does the research say about sports drinks?

- According to the American College of Sports Medicine, sports drinks are recommended for hydration only after *intense* exercise lasting for more than 60 minutes; for shorter exercise periods, sports drinks are unnecessary and water is the best hydrator.ⁱⁱ
 - In a national survey, fewer than one in five (18%) high school students participated in at least 60 minutes per day of physical activity on each of the 7 days before the survey.ⁱⁱⁱ
- Sports drinks should be consumed sparingly, except by endurance athletes.^{iv}
- Unnecessary sports drink consumption is linked to excess weight gain in both adults and children.^v
- Among adolescents, consumption of sports drinks is associated with healthy dietary and physical activity practices.^{vi} It is possible that sports drinks contribute to a healthy lifestyle but more plausible is that marketing has been effective at convincing people who exercise that they need such drinks.
- Americans consume too much sodium, a key ingredient in sports drinks. High sodium consumption raises blood pressure, which is a risk factor for stroke and heart disease.^{vii}
- Sports drinks erode dental enamel.^{viii}

Position statements and advice

- The American Dietetic Association, Dietitians of Canada, and American College of Sports Medicine:
 - Sports drinks are recommended for exercise events lasting longer than 1 hour.^{ix}
- The American Academy of Pediatrics:
 - Children should drink water before, during and after exercise. Small amounts of sports drinks may be given to children exercising in hot, humid conditions for more than one hour.^x

Consumption trends

- Between 1988–1994 and 1999–2004 the share of SSB consumption attributable to sports drinks increased threefold among adolescents (1%–3% of all total SSB calories).^{xi}
- Between 2000–2004, the purchase of traditional carbonated soft drinks in schools decreased by 24%, while at the same time the purchase of sports drinks increased by 70%. The percentage of sports drinks in the product mix in high schools increased from 6.8% in 2002 to 14.3% in 2005.^{xii}

Talking points for use in campaigns to reduce SSB consumption

- Sports drinks add unnecessary calories to the diet.
- Sports drinks are for athletes engaged in high-intensity workouts lasting 60 minutes or more—not for routine consumption.
- Water is adequate for most hydration needs.
- Most school children do not have high-intensity physical education classes or participate in endurance sports at school, so it is not necessary to sell sports drinks there.
- Sports drinks add unnecessary sodium to the diet.
- Sports drinks erode dental enamel.

ⁱ Crayons, Inc. Retrieved 9/7/2010, from <http://www.drinkcrayons.com/>

ⁱⁱ American College of Sports Medicine. (2007). American College of Sports Medicine position stand: Exercise and fluid replacement. *Medicine & Science in Sports & Exercise*, 39, 377-390; McArdle, W. D. et al. *Sports & Exercise Nutrition* (3rd ed.). Philadelphia, PA: Lippincott, Williams, & Wilkins; Centers for Disease Control and Prevention. Body and Mind, “Keeping Your Cool” fact sheet. Retrieved 9/7/2010, from http://www.bam.gov/sub_yoursafety/yoursafety_keepingyourcool.html

ⁱⁱⁱ Centers for Disease Control and Prevention. (2010). Youth Risk Behavior Surveillance—United States, 2009. *MMWR*, 59.S5-5, 1-142.

^{iv} Popkin, B.M. et al. (2006). A new proposed guidance system for beverage consumption in the United States 1–3 Commentary. *Amer J Clin Nutr*, 83, 529.

^v Welsh, J.A. et al. (2005) Overweight among low-income preschool children associated with the consumption of sweet drinks: Missouri, 1999–2002. *Pediatrics*, 115.2, e223-e229; James, J. et al. (2004). Preventing childhood obesity by reducing consumption of carbonated drinks: Cluster randomised controlled trial [published correction appears in (2004). *BMJ*, 328.7450, 1236]. *BMJ*, 328.7450, 1237; Ludwig, D.S. et al. (2001). Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis. *Lancet*, 357.9255, 505–508; Malik, V.S. et al. (2006). Intake of sugar-sweetened beverages and weight gain: a systematic review. *Am J Clin Nutr*, 84.2, 274–288.

^{vi} Ranjit, N. et al. (2010). Dietary and activity correlates of sugar-sweetened beverage consumption among adolescents. *Pediatrics*, 126.4, e754 – e761.

^{vii} Institute of Medicine. (2004). Dietary reference intakes for water, potassium, sodium chloride, and sulfate. Washington, DC: National Academies Press.

^{viii} Van Fraunhofer, J. & Rogers, M. (2005). Effects of sports drinks and other beverages on dental enamel. *General Dentistry*, 53, 28-31; Rees, J. et al. (2005). The acidic and erosive potential of five sports drinks. *Euro J Prosthodontics & Restorative Dentistry*, 13, 186-190.

^{ix} Position of the American Dietetic Association, Dietitians of Canada, and the American College of Sports Medicine: Nutrition and Athletic Performance. (2009). *J Am Diet Assn*, 109.3, 509-527.

^x (August 2008). *AAP News*, 29.8, 29. Retrieved 9/7/2010, from <http://aapnews.aappublications.org/cgi/content/full/29/8/29-c>

^{xi} Wang, Y.C. et al. (2008). Increasing caloric contribution from sugar-sweetened beverages and 100% fruit juices among US children and adolescents, 1988-2004. *Pediatrics*, 121.6, e1604-e1614.

^{xii} Wescott, R.F. (November 28, 2005). Measuring the purchases of soft drinks by students in US schools. An analysis for the American Beverage Association. Retrieved 9/7/2010, from http://www.ameribev.org/files/240_soft_drink_purchases.pdf

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