



# UNIVERSITY OF HAWAII SYSTEM

## Legislative Testimony

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Written Testimony Presented Before the  
Senate Committee on Health  
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By

Robert Bley-Vroman, Chancellor

and

Jerris Hedges, MD, MS, MMM

Dean, John A. Burns School of Medicine

Interim Director, University of Hawai'i Cancer Center

University of Hawai'i at Mānoa

### SB 1270 – RELATING TO BEVERAGES

Chair Green, Vice Chair Wakai, and Members of the Committee:

The University of Hawai'i Cancer Center and the John A. Burns School of Medicine support this bill.

The UH Cancer Center is one of only 68 institutions in the United States that hold the prestigious National Cancer Institute (NCI) designation, and is the only NCI-designated center in the Pacific. The NCI designation provides greater access to federal funding and research opportunities, and gives the people of Hawai'i and the Pacific region access to innovative and potentially life-saving clinical trials without the necessity of traveling to the mainland. Our passion at the UH Cancer Center is to be a world leader in eliminating cancer through research, education and improved patient care.

Our perspective on Sugar Sweetened Beverages (SSBs) is informed by scientific literature, including research done by the UH Cancer Center Population Sciences faculty and the John A. Burns School of Medicine Departments of Pediatrics and Native Hawaiian Health.

SSBs are the largest source of added sugar (1) and an important contributor of calories in the U.S. diet (2). Sugary drink portion sizes have risen dramatically over the past four decades as children and adults drink more soft drinks and other SSBs than ever before.

Rising consumption of SSBs has been a major contributor to the obesity epidemic (3). Many longitudinal studies have shown an association between SSBs and various measures of increased body fat (4). Systematic reviews indicate that a greater consumption of SSBs is associated with small but significant weight gain and obesity (4). SSB consumption has also been linked to nutritionally inadequate diets, possibly due to displacement of nutrient-rich foods with SSBs (4).

Obesity is clearly associated with increased morbidity and mortality. A significant body of science gives rise to the links between obesity and increased risk of diabetes, coronary heart disease, stroke, and some cancers, including cancers of the esophagus,

breast (postmenopausal), endometrium (the lining of the uterus), colon and rectum, kidney, pancreas, thyroid, gallbladder, and possibly other cancer types (5,6). Specific to SSBs, recent scientific studies support the association between SSBs and diabetes, elevated triglycerides, cardiovascular disease, non-alcoholic fatty liver disease, elevated uric acid levels, gout, and dental caries (4).

Fortunately, we have evidence that reducing sugary drink consumption can lead to better weight control among adults and children (7, 8), however, many people are not aware of the serious health consequences of SSB consumption (9).

Healthcare providers are stepping up efforts to educate parents and children about the risks of SSB overconsumption. Public awareness campaigns have been effective educational tools, however, their penetration is limited and durability short-lived. SSB warning labels would reach all of Hawaii's consumers, informing them about the health risks of drinking sugar sweetened beverages, and leveraging the efforts of Hawaii's public health and health care communities.

Health warnings on packages of tobacco products have been a highly cost-effective means of health communication (10). Like the package warnings used for cigarettes and other tobacco products, package warnings on SSBs would result in increased awareness of the health effects of sugary beverages, and lead to reductions in SSB consumption and improved health for all.

We respectfully urge you to pass this bill.

1. Guthrie JF, Morton JF. Food sources of added sweeteners in the diets of Americans. *J Am Diet Assoc.* 2000;100:43–51.
2. Block G. Foods contributing to energy intake in the US: data from NHANES III and NHANES 1999-2000. *J Food Compos Anal.* 2004;17(3-4):439-447.
3. Institute of Medicine. *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation.* Washington, DC: National Academies Press; 2012.
4. CDC. The CDC Guide to Strategies for Reducing Consumption of Sugar Sweetened Beverages. 2010. Available online at [http://www.cdph.ca.gov/SiteCollectionDocuments/StratstoReduce\\_Sugar\\_Sweetened\\_Bevs.pdf](http://www.cdph.ca.gov/SiteCollectionDocuments/StratstoReduce_Sugar_Sweetened_Bevs.pdf)
5. NIH. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. 1998. Available online at [http://www.nhlbi.nih.gov/files/docs/guidelines/ob\\_gdlns.pdf](http://www.nhlbi.nih.gov/files/docs/guidelines/ob_gdlns.pdf)
6. NCI. Obesity and Cancer Risk. 2012. Available online at: <http://www.cancer.gov/cancertopics/factsheet/Risk/obesity>
7. Ebbeling CB, Feldman HA, Osganian SK, Chomitz VR, Ellenbogen SJ, Ludwig DS. Effects of decreasing sugar-sweetened beverage consumption on body weight in adolescents: a randomized, controlled pilot study. *Pediatrics.* 2006;117:673-80.
8. Tate DF, Turner-McGrievy G, Lyons E, et al. Replacing caloric beverages with water or diet beverages for weight loss in adults: main results of the Choose Healthy Options Consciously Everyday (CHOICE) randomized clinical trial. *Am J Clin Nutr.* 2012;95:555-63.
9. A recent Field Poll in California found that 75 percent of voters see a link between sugary sodas and obesity, while only 26 percent of voters see a link between sugary sports drinks and obesity. Field Research Corporation. *Release #2436: Field—The California Endowment Obesity Prevention Survey.* Survey of 1,184 California registered voters, conducted October 17–24, 2012. <http://field.com/fieldpollonline/subscribers/RIs2436.pdf>
10. Canadian Cancer Society, *Cigarette Package Health Warnings: International Status Report*, Fourth Edition, September 2014.