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Resolved: That soft drinks with added sugar should be taxed to discourage their consumption.

A Tax on Many Soft Drinks Sets Off a Spirited Debate

The New York Times, December 17, 2008

By [SEWELL CHAN](#)

The Paterson administration's proposal for an 18 percent tax on sugary sodas and juice drinks — an effort that state officials said would reduce obesity while raising more than \$400 million a year for health programs — has already touched off a vigorous debate among New Yorkers, nutrition experts and officials from the beverage industry, which vowed to fight the proposal.

The 18 percent “obesity tax,” as it has been called, is part of a broader budget proposal announced on Tuesday, would be on top of existing sales taxes and would apply to nondiet sodas and fruit drinks containing less than 70 percent natural fruit juice, including “-ades, punches and certain fruit nectars,” as the budget proposal put it. The tax, one of few of its kind in the nation, would not apply to bottled water, diet sodas, coffee, tea or milk.

State officials projected that the tax would raise \$404 million in the fiscal year that starts in April, and \$539 million in the following fiscal year, but said the proposal was primarily a public health measure.

“We are seeing an obesity epidemic: One out of every four New Yorkers is obese, up from about 14 percent in 1995,” Laura L. Anglin, the state budget director, said at a news conference. She cited research linking soft drinks to obesity in children and diabetes in women and predicted that the tax would curb consumption of the affected drinks by 5 percent.

Nutrition experts expressed mixed views on the proposal.

“It’s an interesting experiment and one that’s worth trying,” said [Marion Nestle](#), a professor of nutrition, food studies and public health at [New York University](#). “The theory behind this approach is that it worked for cigarettes, and that soft drinks are demonstrably related to obesity in children.”

[Connie B. Diekman](#), director of university nutrition at [Washington University](#) in St. Louis and a past president of the [American Dietetic Association](#), was skeptical. “Generally, taxing food doesn’t change long-term behaviors with respect to appropriate food choices,” she said. Combating obesity requires a broader approach, with lifestyle changes and better education, she said.

The [American Beverage Association](#), the industry lobby for makers of nonalcoholic beverages, denounced the proposal. “This is purely a money grab that would be paid for by hard-working New York families,” the association said, warning that the move could jeopardize jobs. The group said the beverage industry accounts for 160,000 jobs that generate \$6.7 billion in wages in [New York State](#) each year.

Kevin Keane, the association’s top spokesman, vowed that the group would lobby against the proposal. He questioned the Paterson administration’s rationale for the tax, saying, “If you’re serious about obesity, you’re not going to make a dent in it by singling out one product.”

There is little precedent for the tax Gov. [David A. Paterson](#), a Democrat, has proposed. In Maine, the State Legislature approved new wholesale taxes on sodas and the sugary syrup used to make them, as well as an increase in the excise tax on large beer and wine manufacturers, as part of a measure to raise money for the state health program. Gov. John E. Baldacci, a Democrat, signed the measure into law in April, but last month, voters decisively overturned the tax, using a legislative repeal process. In San Francisco, Mayor [Gavin Newsom](#), a Democrat, floated the idea of charging a new fee on big retailers that sell sugary drinks, but the proposal has not advanced.

Commentary: Why we need an obesity tax

By David Paterson

Special to CNN, December 18, 2008

Editor's note: David Paterson, a Democrat, is governor of New York.

ALBANY, New York (CNN) -- Like many New Yorkers, I remember a time when nearly everyone smoked. In 1950, Collier's reported that more than three-quarters of adult men smoked. This epidemic had a devastating and long-lasting impact on public health.

Today, we find ourselves in the midst of a new public health epidemic: childhood obesity.

What smoking was to my parents' generation, obesity is to my children's generation. Nearly one out of every four New Yorkers under the age of 18 is obese. In many high-poverty areas, the rate is closer to one out of three.

That is why, in the state budget I presented last Tuesday, I proposed a tax on sugared beverages like soda. Research has demonstrated that soft-drink consumption is one of the main drivers of childhood obesity.

For example, a study by Harvard researchers found that each additional 12-ounce soft drink consumed per day increases the risk of a child becoming obese by 60 percent. For adults, the association is similar.

If we are to succeed in reducing childhood obesity, we must reduce consumption of sugared beverages. That is the purpose of our proposed tax. We estimate that an 18 percent tax will reduce consumption by five percent.

Our tax would apply only to sugared drinks -- including fruit drinks that are less than 70 percent juice -- that are nondiet. The \$404 million this tax would raise next year will go toward funding public health programs, including obesity prevention programs, across New York state.

The surgeon general estimates that obesity was associated with 112,000 deaths in the United States every year. Here in New York state, we spend almost \$6.1 billion on health care related to adult obesity -- the second-highest level of spending in the nation.

Last year, legitimate concerns about links between consumption of fast food and the prevalence of heart disease prompted New York City to ban the use of trans fats in restaurant food.

No one can deny the urgency of reducing the rate of [obesity](#), including childhood obesity. Obesity causes serious health problems like type 2 diabetes, high blood pressure and high cholesterol. It puts children at much greater risk for life-threatening conditions such as cardiovascular disease and cancer.

We must never stigmatize children who are overweight or obese. Yet, for the sake of our children's health, we have an obligation to address this crisis. I believe we can ultimately curb the obesity epidemic the same way we curbed smoking: through smart public policy.

In recent decades, anti-smoking campaigns have raised awareness. [Smoking](#) bans have been enacted and enforced. And, perhaps most importantly, we have raised the price of cigarettes.

In June, New York state raised the state cigarette tax an additional \$1.25. According to the Campaign for Tobacco Free Kids, this increase alone will prevent more than 243,000 kids from smoking, save more than 37,000 lives and produce more than \$5 billion in health care savings. These [taxes](#) may be unpopular, but their benefits are undeniable. Last month, the Centers for Disease Control and Prevention reported that, for the first time in generations, fewer than 20 percent of Americans smoked. Lung cancer rates have finally begun to decline. As a result, we are all healthier.

Just as the cigarette tax has helped reduce the number of smokers and smoking-related deaths, a tax on highly caloric, non-nutritional beverages can help reduce the prevalence of obesity.

To address the obesity crisis, we need more than just a surcharge on soda. We need to take junk food out of our schools. We need to encourage our children to exercise more. And we need to increase the availability of healthy food in underserved communities.

But to make serious progress in this effort, we need to reduce the consumption of high-calorie drinks like nondiet soda among children and adults. I understand that New Yorkers may not like paying a surcharge for their favorite drinks. But surely it's a small price to pay for our children's health.

Obesity Expenses Tax States: U.S. States Pay Billions in Obesity-Related Health-Care Costs

By [Jennifer Warner](#)

WebMD Health News

Reviewed by [Brunilda Nazario, MD](#)

Jan. 21, 2004 -- Obesity not only puts a strain on American's health, it's also taking a toll on our wallets.

A new study shows that obesity-related health-care costs reached an estimated \$75 billion in 2003, and taxpayers foot the bill for about half of those expenses through Medicare and Medicaid.

Researchers found total obesity-related health-care costs varied greatly from state to state, ranging from a low of \$87 million in Wyoming to a high of \$7.7 billion in California.

Taxpayer-funded Medicare and Medicaid expenses attributed to obesity were highest in California and New York, respectively, with a combined price tag of more than \$5 billion.

"Obesity has become a crucial health problem for our nation, and these findings show that the medical costs alone reflect the significance of the challenge," says Health and Human Services Secretary Tommy G. Thompson, in a news release. "Of course the ultimate cost to Americans is measured in chronic disease and early death. We must take responsibility both as individuals and working together to reduce the health toll associated with obesity."

Obesity is known to raise the risk of many chronic diseases, including type 2 diabetes, heart disease, and many types of cancer.

Obesity Taxes State Budgets

The study, published in the January issue of *Obesity Research*, used an economic model that predicted medical expenditures. Researchers say it's the first time obesity-related health-care costs have been examined at the state level and confirms previous studies that found obesity-related medical costs account for a large portion of total health-care spending.

Alaska and the District of Columbia spent the biggest chunk of their medical expenditures on obesity-related costs, which accounted for 6.7% of their spending. Arizona spent the least at 4% of total medical expenses.

Here's how some of the 50 states fared, based on their 2003 estimated adult obesity-related spending:

	Percent (%) of total medical expenditures devoted to obesity costs:	Total obesity-related expenditures (in millions):
Alabama	6.3	\$1,320
California	5.5	\$7,675
Connecticut	4.3	\$856
Maryland	6.0	\$1,533
Massachusetts	4.7	\$1,822
New Jersey	5.5	\$2,342
New York	5.5	\$6,080
Pennsylvania	6.2	\$4,138
Rhode Island	5.2	\$305
Vermont	5.3	\$141
Total(50 states)	5.7	\$75,051

“These estimates of obesity-attributable medical expenditures present the best available information concerning the economic impact of obesity at the state level,” says researcher Eric A. Finkelstein, an economist at RTI International in Research Triangle Park, N.C., in a news release. The model used to estimate obesity-related health-care costs was based on the 1988 Medical Expenditure Panel Survey and the 1996 and 1997 National Health Interview Surveys.

Miracle cure for obesity? Big tax on soft drinks

By **Nicholas D. Kristof**

New York Times, December 19, 2008

NEW YORK: When the human body was evolving, almost the only things we drank were breast milk for the first few years and then water, water and more water.

It would obviously have been bad if we had evolved to feel full when water was sloshing about our stomachs, because then we wouldn't have eaten our fill the next time we speared a mastodon. Today, the unfortunate result is that if you drink a bottle of 7-Up, you still don't feel full — the body treats the liquid as empty calories, like water — and so you won't eat any less the next time you spear a Big Mac.

That has presented a huge problem in an age of sugary drinks, and some scholars believe they have become a major source of obesity. That's why the new soda tax proposed by Gov. David Paterson of New York is such a breakthrough.

Paterson suggested the tax — an 18 percent sales tax on soft drinks and other nondiet sugary beverages — to help raise \$400 million a year to plug a hole in the state budget. But it's also a landmark effort that, if other states follow, could help make us healthier.

Let's break for a quiz: What was the biggest health-care breakthrough in the last 40 years in the United States? Heart bypasses? CAT scans and MRIs? New cancer treatments?

No, it was the cigarette tax. Every 10 percent price increase on cigarettes reduced sales by about 3 percent overall, and 7 percent among teenagers, according to the 2005 book *Prescription for a Healthy Nation*. Just the 1983 increase in the federal tax on cigarettes saved 40,000 lives per year.

In effect, the most promising cure for lung cancer didn't emerge from a medical research lab but from money-grubbing politicians. Likewise, the best cure for obesity may turn out to be not a pill but a tax.

These days, sugary drinks are to American health roughly what tobacco was a generation ago. A tax would shift some consumers, especially kids, to diet drinks or water.

"Soft drinks are linked to diabetes and obesity in the way that tobacco is to lung cancer," says Barry Popkin, a nutrition specialist at the University of North Carolina and author of the excellent new book, *The World Is Fat*. He warns that the cola industry will spend vast sums fighting the proposed tax.

One of industry's objections is that soft drinks aren't the only problem. That's true, and I'd love to see a "Twinkie tax" as well. But evidence is accumulating that sugary drinks are a major contributor to obesity because of the evolutionary heritage I mentioned at the outset: Except for soups, liquid calories don't register with the body, according to Popkin and other specialists.

If you have a snack, even something unhealthy like potato chips, you'll eat less at your next meal. But have a Coke, and despite all those calories, you'll still eat just as much. Indeed, according to some studies, you'll actually eat more.

"These findings raise the possibility that soft drinks increase hunger, decrease satiety or simply calibrate people to a high level of sweetness that generalizes to preferences in other foods," said a peer-reviewed article last year in the *American Journal of Public Health*.

The average American consumes about 35 gallons of non-diet soda each year, and gets far more added sugar from soda than from desserts.

Barack Obama has pledged to move toward a system of universal health coverage, and Democrats mostly see health-care reform as a matter of providing access to doctors. Access and universal coverage are indeed essential, but there's only so much doctors can do in this environment.

One priority must be a public health campaign to change the environments and social behavior. A starting point is to recognize that risky teen behavior these days can involve not just alcohol, drugs or sex but also extra-large Cokes.

One new study estimates that 24 million Americans now have diabetes, more than four times the number in 1980. The total direct and indirect cost to Americans is \$218 billion each year — an average of \$1,900 per American household. Each year, diabetes contributes to the deaths of more than 200,000 Americans.

Part of the solution must come from reforming agriculture so that we stop subsidizing corn that ends up as high fructose corn syrup inside soft drinks. Unfortunately, Obama on Wednesday selected former Iowa Gov. Tom Vilsack, who has longstanding ties to agribusiness interests, as agriculture secretary — his weakest appointment so far.

The soft-drink industry will throw enormous resources into defeating the proposed New York tax on sugary drinks. We should stand behind Paterson's bold gesture. He is blazing a path that other states should follow.

Losing weight is never easy, but one of the most effective diets would start with a soft-drink tax.

Studies Weigh in on Logic Behind 'Obesity' Tax

Fox News, Wednesday, December 17, 2008

By Marrecca Fiore

You drink diet soda, so you must be healthier. Right?

That's what New York Gov. David Paterson is talking about with his proposal for an "obesity tax" — a 15 percent slap on non-diet sugary soft drinks. Think \$1 for a Diet Coke, \$1.15 for a Coke.

There's just one problem: Studies have found links between drinking diet sodas and obesity and diabetes.

A [2005 study](#) at the University of Texas Health Science Center, San Antonio, and [separate studies](#) released in 2007 at the University of Alberta in Canada and the University of Massachusetts found that diet soda drinkers were more likely than regular soda drinkers to be obese.

Also, several studies by U.S. and European researchers have tied the artificial sweetener aspartame (NutraSweet), which is used to sweeten many diet sodas, to cancer, headaches and organ damage -- though both the U.S. Food and Drug Administration and the European Union maintain that the studies they've reviewed show that the product is safe.

According to Paterson's proposal, the obesity tax would net an extra \$404 million a year for the state and help close its projected \$15 billion deficit.

In addition to soda, sugary drinks containing less than 70 percent fruit juice would be subject to the tax, a spokeswoman for the governor told FOXNews.com.

Milk, juice, diet soda and bottled water would not be subjected to the tax. The governor's plan is on par with the so-called fat tax movement that has been touted by some health experts, but has failed to gain favor with political officials thus far.

Much like the cigarette taxes that have taken shape in some states in recent years, a fat tax would capitalize on — some would say punish — people's unhealthy lifestyle choices.

"It should be taxed, in fact there should be a federal tax on it," said Dr. Carla Wolper, a nutritionist and registered dietitian with St. Luke's Hospital Obesity Research Center in New York City.

"Obesity is such a serious health problem and it's something that can be controlled. So I say, absolutely, tax it."

In addition, Paterson spokeswoman Erin Duggan said in an e-mail to FOXNews.com, the "revenue collected from this tax will be directed to health care initiatives."

State Comptroller Thomas P. DiNapoli estimates that obesity costs New York \$242 million a year in public and private medical expenses. Across the state, 1 in 4 children is obese.

But others say the tax is misguided.

In a statement e-mailed to FOXNews.com, the American Beverage Association, the trade group that represents the soft drink industry, called Paterson's proposal a "money grab" and said the governor is unfairly singling soda out as the main culprit for obesity.

"The governor's rationale for the tax is flawed," the beverage association said in its statement. "It makes no sense to single out one food product as the cause for obesity. There is no science or logic that justifies it. Rather, we need to focus on promoting balanced eating habits and more physical activity. Until we get our kids exercising more the scales will be tipped against our next generation."

A spokeswoman for Pepsi Cola referred inquiries to the beverage association, which is speaking on its behalf; Coca-Cola did not return calls from FOXNews.com.

Wolper said she disagrees with the diet soda research, but she warned that drinking juice is just as bad for the belly and the thighs and the hips as drinking soda.

"Fruit juice has exactly the same number of calories as soda, so if you give up soda and start drinking fruit juice in its place, you'll lose no weight," she said. "I hear it from patients all the time. They'll say, 'I gave up soda, but I'm not losing weight.' And when I ask what they've replaced it with, it's usually fruit juice."

Wolper also agreed that junk food like potato chips, cookies and candy also contribute to the obesity epidemic, but she said taxing food could be difficult due to the food industry's powerful lobbying groups.

“But then again, the cigarette lobby is very powerful too, and they were eventually able to tax them,” she said. “And by taxing cigarettes, we’re preventing young people from starting smoking.”

As for the argument that the sugar found in regular soda is somehow better for people than the artificial sweeteners found in diet drinks, Wolper said there is no scientific evidence that points to that.

“Soda offers no nutritional value,” she added. “It’s empty calories. There’s nothing in it that you need to stay healthy.”

Fat Taxes Are the Wrong Prescription

The Tax Foundation, November 11, 2006

by [Andrew Chamberlain](#) and [Patrick Fleenor](#)

At the American Medical Association’s meeting in Las Vegas this weekend, there’s one item on the agenda Americans should reject: “fat taxes” aimed at slimming down the nation’s waistlines.

Abandoning common-sense advice like dieting and exercise to curb obesity, the famous doctors’ group is now aiming to pressure federal, state and local lawmakers to pass new taxes on sweetened beverages, including regular carbonated soda like Coke, sports drinks like Gatorade, and most sugar-sweetened juices.

The AMA’s tax targets are sucrose, fructose, dextrose, glucose and of course, the menace of old-fashioned table sugar. To wage this battle, the group is assembling a coalition of the willing-to-tax—most notably the nanny group Center for Science in the Public Interest, famous for its war against movie theater popcorn.

Lousy Politics

Everywhere these so-called fat taxes, soda taxes or snack taxes have been tried, voters have rejected them. As you might expect, California pioneered them, but its 1992 snack tax lasted less than a year. Not only did the citizens repeal it in a referendum, they even barred the state legislature from enacting similar taxes in the future.

Since 1990, soda taxes in six other states and three cities have met a similar fate thanks to widespread voter opposition. And every state that has ever imposed a broadly defined “fat tax” on snack foods has repealed it. The message is clear: Voters don’t want a tax code that micromanages eating habits.

And it’s not just voters. According to a 2003 Harvard University survey, 59 percent of U.S. adults oppose special taxes on junk food like soda, chips and candy.

The AMA tries to downplay its new taxing approach by promising that it’s not really trying to tell Americans what to drink. It’s just trying to “raise money for much-needed obesity prevention efforts,” according to the group’s officials.

But don’t be fooled. The nation has seen this bait-and-switch before from those who favor more expansive government programs but aren’t willing to be honest and raise real taxes to do it.

Almost forgotten today is that the federal income tax began this way. Initially sold to the public as a small surtax on the very wealthy, it quickly enveloped all Americans. Today, more than 130 million Americans file federal income tax returns. And still the federal government spends every dime and more, regularly running deficits.

In the 1950s, the federal government created the Highway Trust Fund and promised that its 3-cent per gallon gas tax would be devoted entirely to road construction and maintenance. Today, the tax is more than six times higher, and funds everything from museums to graffiti removal, and even the notorious recent Alaskan boondoggle, the so-called “Bridge to Nowhere.”

The AMA's soda tax would start out small. But at a nickel per beverage, its programs would undoubtedly soon be described as "underfunded." And once the soda obesity tax has burrowed its way into law, there's no limit to how high cash-hungry lawmakers will push the tax rate.

Poor Policy

Soda taxes are also bad policy for the simple reason that soda by itself isn't making us fat. According to the U.S. Department of Agriculture, regular soda consumption has been falling every year since 1998, while at the same time Americans have been getting fatter.

In 2004, we actually drank less soda per person than in 1995, long before obesity was making headlines.

This is no surprise. Soda isn't the only drink with calories. As reported in a "CBS HealthWatch" story last year, fruit juice routinely has more calories than soda: A 12-ounce bottle of grape soda has 159 calories, while the same bottle of unsweetened grape juice weighs in at 228. Why single out sweetened beverages or soda?

Taxes are an important part of society. They raise revenue for essential government services. Gimmicks like the AMA's soda "fat tax" make a mockery of that system, turning the tax code into a playground for lawmakers' and doctors' paternalistic lifestyle views rather than a tool for funding programs.

The doctor's adage of "first do no harm" should apply to taxpayers' wallets as well. Tell the AMA's doctors to stick to medicine, and leave the tax system to our legislators.

The Obesity Challenge in Connecticut

The Connecticut Department of Public Health, undated

THE BURDEN

Prevalence

- In 2004, 56.2% of Connecticut's adult population was either overweight (36.5%) or obese (19.7%).
- From 1990 to 2004, the prevalence of obesity among Connecticut adults increased 68% from 11.7% to 19.7%.
- Of the 1,759 high school students who responded to the Connecticut School Health Survey in 2003, 11.6% were overweight.
- In 2000, 13% of kindergartners and 24% of sixth graders in Hartford were overweight.
- In 2004, 15% of kindergarten and 21% of six grade students in Norwalk were overweight and an additional 17% of kindergarten and 19% of sixth grade students were at risk for being overweight.

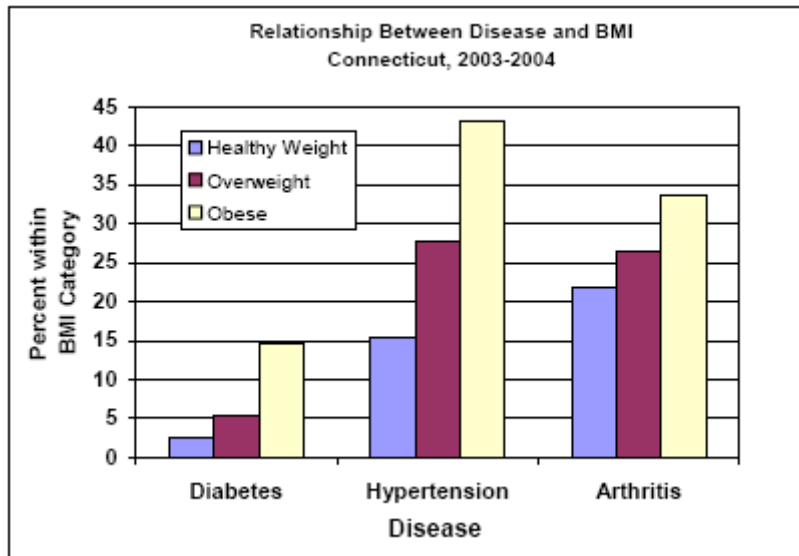
Comorbidity

- Obesity is a contributing risk factor for asthma and other respiratory problems, hypertension, dyslipidemia (high cholesterol or high levels of triglycerides, type 2 diabetes, coronary heart disease, depression, gallbladder disease, osteoarthritis, sleep apnea, stroke, and some cancers (endometrial, breast, and colon).
- Nearly 9 out of 10 newly diagnosed type 2 diabetics are overweight.
- Being overweight decreases the average age of first heart attack by 3.6 years, and obesity decreases the average age of first heart attack by 8.2 years.
- Arthritis, diabetes, and hypertension among adults in Connecticut are positively correlated with Body Mass Index (BMI).
- The prevalence of diabetes among Connecticut adults who are obese is nearly 6 times greater than that among those of healthy weight (14.7% and 2.5%, respectively).
- Compared to those of healthy weight, the prevalence of hypertension among Connecticut adults who are obese is nearly 3 times greater (15.4% and 43.2%, respectively).
- The prevalence of arthritis among Connecticut adults who are obese is nearly 1.6 times greater than that among those of healthy weight (33.7% and 21.7%, respectively).

- An estimated 20-35% of cancer deaths are attributed to diet alone.

Economics

- In Connecticut, an estimated 4.3% of adult medical expenditures or \$856 million are attributable to obesity.
- Medicare and Medicaid finance approximately 78% of the obesity-related medical expenditures in Connecticut (\$665 million - \$246 million by Medicare and \$419 million Medicaid)



Obesity cost US \$75bn, says study

By Jannat Jalil ,BBC correspondent in Washington
BBC News, January 21, 2004

A new study says that obesity cost the United States \$75bn (£40bn) last year.

The study by the Centre for Disease Control and Prevention found that more than half that amount - nearly \$40bn (£21bn) - came out of public taxes.

The researchers say these figures show that urgent action needs to be taken to reduce the number of dangerously overweight people.

The US recently blocked international efforts, led by the World Health Organisation, to combat obesity.

The researchers who carried out the study say they are alarmed by the growing costs of obesity - both to America's economy and to the health of its people.

A third of Americans are overweight, and another third are obese. This means that they are far more likely to suffer heart problems, diabetes and a host of other chronic diseases.

As the study shows, Americans' expanding waistslines are also putting a huge strain on America's health care system.

This problem is not unique to the United States. Obesity is increasing rapidly around the world.

But a global plan to reduce it - put forward by the World Health Organisation (WHO) earlier this week - was delayed because of objections from the United States.

The WHO plan calls for governments to force food companies to reduce the amount of sugar and fat they put in their products.

But the US opposes this. It says it does not accept that heavy marketing of high-calorie processed foods is causing obesity.

But critics say the United States is acting in the interests of its powerful food industry, rather than its overweight population.

Banning Soft Drinks in Schools Has Small Impact

By Randy Dotinga

HealthDay Reporter, from MedicineNet.com, September 12, 2008

FRIDAY, Sept. 12 (HealthDay News) -- Banning soft drinks in elementary schools may not make a huge difference in kids' overall consumption of the beverages, a new study suggests.

A researcher found that fifth-graders whose elementary schools didn't allow the sale of soft drinks consumed just 4 percent less overall than those children in other schools.

"It's a pessimistic picture I'm painting here," said study author Meenakshi M. Fernandes, a doctoral fellow at the RAND Corporation in Santa Monica, Calif.

The availability of soft drinks on grade-school campuses has been a hot topic in recent years, with California becoming the first state to ban their sale at elementary schools -- in 2003. Critics of the sale of soft drinks say they contribute to [obesity](#) among young people.

"Some foods provide calories along with valuable nutrients and are an important part of the diet," said Dr. David Katz, director of the Yale University School of Medicine Prevention Research Center. "Then there are foods that provide calories and essentially nothing of value. Soda tops the list."

It's difficult, however, to figure out just how responsible soft drinks are for childhood obesity, Katz said. "Trying to define 'the' cause of childhood obesity is like trying to decide which snowflake in a lethal avalanche is guilty," he said. "No single snowflake kills, but they can't all be innocent either, because all together, they do lethal damage. The obesity epidemic is like that, too."

In the new study, published in the September issue of the *Journal of the American Dietetic Association*, Fernandes analyzed a survey of 10,215 fifth-grade students in 2,303 schools across 40 states.

Almost 40 percent of the schools offered soft drinks for sale, mostly through vending machines. Private schools were more likely than public schools to offer the drinks.

One-quarter of students who attended schools that sold soft drinks reported buying at least one a week. African-Americans and poor students were most likely to buy soft drinks. The survey didn't distinguish between students who drank diet soft drinks and those who drank the sugary kind.

Fernandes said she was surprised that students who attended schools without soft drink sales consumed just 4 percent fewer soft drinks than other students. The 4 percent difference was "statistically significant, but I would have expected the magnitude to be greater."

So, what's the next step in trying to fight the epidemic of childhood obesity? Fernandes suggested that limiting availability of soft drinks at schools "doesn't seem to be the answer."

"We need to take a more comprehensive look at environments around schools, what (students) are doing at home and after school," she said. "Perhaps we can have a greater impact through interventions this way."

Katz agreed. "If there were no soda in school, less soda would be consumed," he said. "But to reduce intake much more, families need to get into the act, too."