

Food and Drug Administration Obesity Working Group--Public Meeting

Docket No. 2003N-0338

**Comments of the
National Soft Drink Association**

To the U.S. Food and Drug Administration

November 21, 2003

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Introduction

The National Soft Drink Association is pleased to submit comments in response to the U.S Food and Drug Administration (FDA) Obesity Working Group Public Meeting.

The National Soft Drink Association (NSDA) is the national trade organization of the beverage industry. NSDA's member companies produce 95% of all soft drinks consumed annually in the United States. NSDA member companies also produce and distribute purified water, ready-to-drink teas, sports drinks, juice and juice-based beverages and other carbonated and non-carbonated products. In addition, the vast majority of the beverage licensors who manufacture concentrates and/or syrups from which soft drinks and other beverages are made belong to the Association. It is on behalf of these members that we submit these comments.

NSDA Supportive of FDA's Public Meeting

NSDA is supportive of the public meeting that FDA held on October 23, 2003 and the additional comment period that FDA allowed until November 21, 2003. The meeting FDA held was to discuss FDA's role and responsibilities in addressing the public health problem of obesity, to focus on issues relating to promoting better dietary and lifestyle choices that have the potential to improve the health and well-being of Americans and to obtain stakeholder views on how best to build a framework for messages to consumers about reducing obesity and achieving better nutrition. The meeting focused on six questions related to obesity. NSDA has carefully considered these questions and is providing answers from our beverage association perspective to these six questions.

Question #1- What is the available evidence on the effectiveness of various education campaigns to reduce obesity?

At present, data is not available about the effectiveness of education campaigns in reducing obesity. However, this is likely because the time period has not been long enough in ongoing campaigns to evaluate long-term results. NSDA supports nutrition and fitness education campaigns but these programs must have an evaluation component.

Question #2- What are the top priorities for nutrition research to reduce obesity in children?

The top priorities for nutrition research to reduce obesity in children are to have FDA partner with other HHS agencies and the Department of Education and the private sector to develop a nutrition and fitness education approach that resonates with children and is changed appropriately from kindergarten through senior high school. Such messages should be tested and evaluated. They should emphasize, in age appropriate language, that weight gain and weight maintenance depends on energy intake (calories consumed in the total diet) and energy expenditure (calories required for basal metabolism, the thermic effect of food and physical activity). The messages should be based on available scientific evidence and not attempt to demonize any one food. These messages should consider the total diet and emphasize variety, balance and moderation. It is important to teach children how to eat moderately and exercise so they can avoid overweight, obesity and the comorbidities associated with them. It is important that physical activity in schools should not be graded but focus on fun and being physically fit.

Question #3- What is the available evidence that FDA can look to in order to guide rational, effective public efforts to prevent and treat obesity by behavioral and medical interventions, or combinations of both?

The available evidence that FDA can look to in order to guide effective public efforts to prevent and treat obesity is the best available science in the peer reviewed literature. The available science indicates that the cause of overweight and obesity are multifactorial involving genetics, too much energy intake and too little energy expenditure.¹ No single food or beverage causes obesity. The total diet must be considered. Although a recent, small observational study showed an association between sweetened drinks and obesity² this study has been criticized because of its small sample size, the fact that the total incidence of obesity in the study was unchanged and use of self-reported data. Although the study focused on 37 subjects who became obese during the follow-up period it should be remembered that a similar number of subjects who were obese at baseline were not at the end of the study.³ Recent studies that analyzed the U.S. Department of Agriculture's Continuing Survey of Food Intake by Individuals (CSFII) 1994-6, 98 showed that in children 6-19 BMI was not associated with consumption of milk, regular carbonated beverages, regular or diet fruit drinks/ades or non-citrus juices.⁴ Furthermore, an analysis of both CSFII data and Nutritional Examination Survey III (NHANES) data showed no association between added sugars and BMI.⁵ Also, dietary carbohydrates (less added sugars) had a statistically significant inverse relationship to BMI among adolescents.

Finally, the Institutes of Medicine reported that "there is no clear and consistent association between increased intake of added sugars and BMI."⁶

Thus, FDA should emphasize the relationship between energy intake (calories) and energy expenditure (physical activity) as well as the message that all foods and beverages fit in a balanced diet and healthy lifestyle.

Question #4- Are there changes needed to food labeling that could result in the development of healthier, lower calorie foods by industry and the selection of healthier, lower calorie foods by consumers?

Concerning soft drinks and other non-alcoholic beverages changes are not needed on the beverage label. The labels on these beverages display nutrient content, including caloric content per serving of beverage. What may be needed is an effort to educate consumers to utilize the label so that they not only have the information but are also able to process it to make choices about their purchase.

Question #5- What opportunities exist for the development of healthier foods/diets and what research might best support the development of healthier foods?

Opportunities in the beverage industry exist for the development of additional diet drinks, new high intensity sweeteners, the reapproval of the use of cyclamate as a high intensity sweetener, the use of health messages on juices following appropriate scientific documentation and the development of additional additives/vitamins for juices and other beverages.

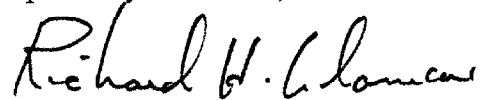
Question #6- Based on the scientific evidence available today, what are the most important things that FDA could do that would make a significant difference in the efforts to address the problem of overweight and obesity?

The most important things FDA can do to make a difference in efforts to address the problem of overweight and obesity is to take a lead in coordinating efforts within the federal government to develop a framework for a nutrition and fitness education program for the U.S. both for the schools and the adult population. Such a program must involve the Department of Education and the President's Council on Physical Fitness because the

message must be, as discussed in the answer to question #2, on energy intake and energy expenditure. The message should emphasize variety, balance and moderation. An increased emphasis should be placed on the importance of physical activity for children, adolescents and adults. There should be an increased emphasis on recess in elementary schools and in physical education grades K1 to 12, with the goal of teaching fun with physical activity. PE should be a non-graded subject and competitiveness in PE should be deemphasized. Parents also need to be involved in encouraging physical activity in their children as well as engaging in physical activity as role models. The above program should also involve the private sector.

Finally, legislation should be considered at the state and federal level to give tax incentives for employees that build and maintain areas and equipment for physical activity or help underwrite expenses for employees to attend health/fitness centers.

Respectfully submitted,

A handwritten signature in cursive script that reads "Richard H. Adamson".

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