

# Sports Drinks in Schools: Game Over

Sports drinks are little more than sugar water with added salt, which few children can fit into their diets given excessive sodium and calorie intakes in the United States.

Water is the indispensable beverage and is adequate for meeting the hydration needs of most people. For athletes engaged in continuous, high-intensity aerobic workouts that last for 60 minutes or more, sports drinks can help to enhance athletic performance. However, since most students do not participate in 60-minute high-intensity workouts during school hours, sports drinks should not be sold or served in schools.



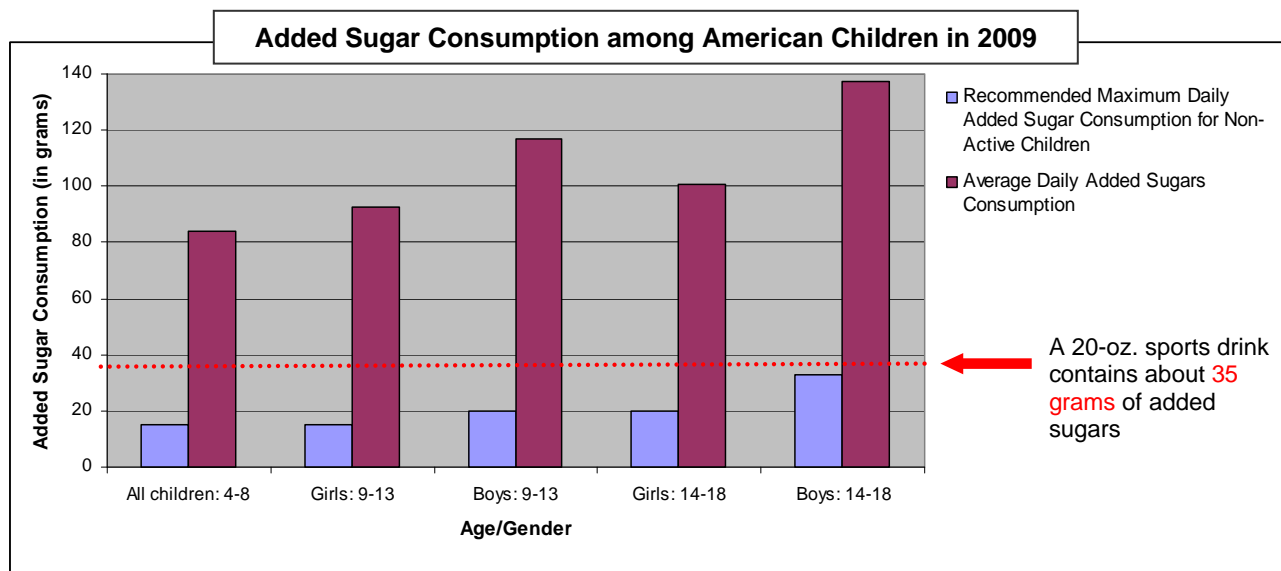
The American College of Sports Medicine’s position on “Exercise and Fluid Replacement” states that “During exercise lasting less than one hour, there is little evidence of physiological or physical performance differences between consuming a carbohydrate-electrolyte drink and plain water.”<sup>1</sup> The National Academies’ Institute of Medicine and the American Academy of Pediatrics both conclude that sports drinks are unnecessary for students engaged in routine physical activity.<sup>2,3</sup> Even so, sports drinks are marketed heavily to non-athletes, for whom the beverages confer no nutritional (or performance) advantages.

## Kids of All Ages Buy and Consume Sports Drinks at School

- Sugary sports drinks make up the second largest beverage category in high schools and the third largest beverage category in middle and elementary schools.<sup>4</sup> Nearly one in five of all the drinks sold in high schools are sports drinks.<sup>4</sup>
- In the 2010-11 school year, 55 percent of middle school students and 80 percent of high school students could buy sports drinks at school.<sup>5</sup>

## Sports Drinks Contribute to Excess Intake of Added Sugars

- According to the 2010 *Dietary Guidelines for Americans*, sports drinks, soda, energy drinks, and other sugary beverages are the top source of added sugars in Americans’ diets.<sup>6</sup> Most children today consume **four to six times** more added sugars than the maximum recommended daily amount.
- The American Heart Association recommends that most children and adolescent girls consume no more than 20 grams of added sugars per day, and adolescent boys consume no more than 33 grams of added sugars per day.<sup>7</sup> With 35 grams of added sugar, a 20-ounce sports drink exceeds daily recommended amounts for all children.



## Dispelling Myths

- Sports drinks are often marketed as healthier alternatives to soda and other soft drinks. Though sports drinks (20-ounce, 125 calories) are lower in calories than soda (20-ounce, 250 calories), **both are primarily sugar water.**
- Sports drinks also contain added sodium, which most children over consume. The Dietary Reference Intake for sodium is no more than 1,500 mg to 2,300 mg per day for children (depending on age).<sup>8</sup> However, more than 75 percent of children consume more than 2,300 mg of sodium a day.<sup>9</sup> A 20-ounce bottle of Gatorade contains approximately 275 mg of sodium.
- Frequent consumption of sugary drinks can cause tooth decay. In addition, the acid in sports drinks can erode tooth enamel.<sup>10,11</sup>

### Sports Drinks Ingredients

water  
sucrose syrup  
glucose-fructose syrup  
citric acid  
natural and artificial flavors  
salt  
sodium citrate  
monopotassium phosphate  
ester gum  
sucrose acetate  
Isobutrate  
color

### Cola Ingredients

carbonated water  
high fructose corn syrup  
caramel color  
phosphoric acid  
natural flavors  
caffeine



**While sports drinks may be appropriate for marathon runners, triathletes, and other elite athletes engaged in sustained, vigorous physical activity, they are not appropriate for children in schools. Water is the best “sports drink” for schoolchildren.**

## References

- <sup>1</sup> American College of Sports Medicine (ACSM). *Exercise and Fluid Replacement*. Indianapolis, IN: ACSM, 1996.
- <sup>2</sup> Institute of Medicine (IOM). *Nutrition Standards for Foods in Schools: Leading the Way toward Healthier Youth*. Washington, DC: IOM, 2007.
- <sup>3</sup> American Academy of Pediatrics. “Clinical Report: Sports Drinks and Energy Drinks for Children and Adolescents: Are They Appropriate?” *Pediatrics* 2011, vol. 127(6), pp. 1182-1189.
- <sup>4</sup> American Beverage Association (ABA). *Alliance School Beverage Guidelines Final Progress Report*. Washington, DC: ABA, 2010.
- <sup>5</sup> Bridging the Gap. *Trends in Student Access to Competitive Venue Beverages: Findings from U.S. Secondary Schools*. In progress. <[www.bridgingthegapresearch.org](http://www.bridgingthegapresearch.org)>.
- <sup>6</sup> U.S. Department of Agriculture and U.S. Department of Health and Human Services. *Dietary Guidelines for Americans, 2010*. 7<sup>th</sup> Edition, Washington, DC: U.S. Government Printing Office, December 2010.
- <sup>7</sup> Johnson R, et al. “Dietary Sugars Intake and Cardiovascular Health: A Scientific Statement from the American Heart Association.” *Journal of the American Heart Association* 2009, vol. 120, pp. 1011-1020.
- <sup>8</sup> The National Academies. *Dietary Reference Intakes for Water, Potassium, Sodium, Chloride, and Sulfate*. Washington, D.C.: National Academies, 2004.
- <sup>9</sup> Briefel R and Johnson C. “Secular Trends in Dietary Intake in the United States.” *Annual Review of Nutrition* 2004, vol. 24, pp. 401-431.
- <sup>10</sup> Van Fraunhofer J, Rogers M. “Effects of Sports Drinks and Other Beverages on Dental Enamel.” *General Dentistry* 2005, vol. 53, pp. 28-31.
- <sup>11</sup> Rees J, Loyn T, McAndrew R. “The Acidic and Erosive Potential of Five Sports Drinks.” *The European Journal of Prothodontics and Restorative Dentistry* 2005, vol. 13, pp. 186-190.

For more information, contact the National Alliance for Nutrition and Activity at [nana@cspinet.org](mailto:nana@cspinet.org) or 202-777-8387 or visit [www.nanacoalition.org](http://www.nanacoalition.org).

