**Customizable Talking Points on Pouring Rights Contracts for Student Advocates**

**What is a pouring rights contract?**

“Pouring rights” contracts give a beverage company—primarily The Coca-Cola Company (Coca-Cola) or PepsiCo—exclusive rights to sell and market beverages on a university’s campus. [OUR SCHOOL] has a contract with [PEPSI/COKE] that expires in [YEAR].

**[OUR SCHOOL]’s pouring rights contract [list all that apply]…**

* Gives Coca-Cola or Pepsi the exclusive rights to sell and market beverages on campus​;
* Includes annual payments from the company to the university;​
* Incentivizes the university to maximize sales through commissions, rebates, volume incentives, and volume minimums;
* Establishes marketing and co-branding opportunities;
* Donates athletics, dining, and recycling equipment (branded with company logo)​;
* Makes Coke or Pepsi the “Official Soft Drink” of the university​ and/or university athletics;
* Establishes campus brand ambassadors​;
* Includes a company commitment to spend a minimum amount towards on-campus advertising​; and/or
* Includes university commitments to provide free event tickets, TV/radio/print advertising spots, etc.

**Why should I care?**

Students are paying for a high-quality, public education—it should be free from corporate influence. The pouring rights contract effectively makes the university a corporate partner in the sale of sugary drinks and of beverages in single-use containers, despite their negative health and environmental impacts. Instead of making the healthy choice the easy choice, [OUR SCHOOL] is creating a campus food environment that puts our health at risk and interferes with waste reduction efforts.

Contracts are typically arranged through campus procurement, corporate relations, athletics, and dining departments, without consulting health or sustainability experts, students, or faculty—in other words, without transparency and shared governance. Those who are directly impacted should get a say in major campus food and beverage procurement decisions.

**College students are adults. Shouldn’t they be responsible for their own food and beverage choices?**

For many of us, college represents the first time we are regularly making food and beverage choices for ourselves. The habits we develop now can either promote health or put us at risk for chronic diseases. Universities play a significant role in shaping our eating habits, as they provide most of the food and beverages students consume while living on campus. University food venues are often the most convenient options for faculty and staff on campus, as well. We can only choose from what’s available. With a pouring rights contract, what’s available is limited to [COKE/PEPSI] products, which are marketed everywhere on campus to reinforce that brand loyalty.

**What are the health impacts of sugary drinks?**

Sugary drinks are the leading source of added sugars in the U.S. diet[[1]](#endnote-2) and consuming them is linked to an increased risk of type 2 diabetes[[2]](#endnote-3) and cardiovascular disease[[3]](#endnote-4),[[4]](#endnote-5)—in part by leading to weight gain[[5]](#endnote-6),[[6]](#endnote-7)—as well asdental cavities.[[7]](#endnote-8) College-aged young adults generally consume more calories from sugar-sweetened beverages than other age groups,[[8]](#endnote-9) and about two thirds of college-aged adults exceed the recommended daily limit for added sugars.[[9]](#endnote-10) Replacing sugary drinks with healthier beverages such as tap water, sparkling water, or unsweetened tea or coffee is an easy way to cut back on added sugars and possibly lower the risk of chronic health problems.[[10]](#endnote-11),[[11]](#endnote-12),[[12]](#endnote-13) For more information, see [Sugar-Sweetened Beverages and Health on Campus](https://www.cspinet.org/resource/sugar-sweetened-beverages-and-health-campus).

**Why does our university have a pouring rights contract?**

Pouring rights contracts offer a convenient way to sponsor athletics, clubs, scholarships, and other programs. In exchange, universities sell exclusive access to their own campus community, allowing Coca-Cola or PepsiCo exclusive rights to sell and promote their beverages on campus and in association with the university brand.

[COKE/PEPSI] pays [OUR SCHOOL] [DOLLAR AMOUNT] annually to sell and market beverages at our college/university. This is a small fraction of the university’s budget of [$XXX]. The university collects revenue from the contract at the expense of student, faculty and staff health as well as the well-being of the campus, as a whole. No amount of money is worth compromising our health and our university’s integrity.

**What are the solutions?**

By ending or amending the pouring rights contract, the university could require that most or all beverages offered on campus are healthy and low in added sugar. We could phase out the sales of single-use beverage containers over time. We could shift to purchasing less from Big Soda and more from local companies that share our values.

Tap water is the healthiest, most environmentally friendly beverage choice. The university should be making every effort to make it the easiest choice as well by, for example, installing and updating filling stations for reusable water bottles.

**Have other universities ended pouring rights?**

Yes! University of Vermont and Humboldt State University ended their contracts. University of British Columbia improved its contract to implement a healthy beverage initiative on campus.

**How can I help?**

Our campaign needs help with [X,Y,Z]. Email us at [ADDRESS] to get involved.

***For more information, please contact the Center for Science in the Public Interest at*** [***policy@cspinet.org***](mailto:policy@cspinet.org)***.***

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1. U.S. Department of Agriculture and U.S. Department of Health and Human Services. (2020). Dietary Guidelines for Americans, 2020-2025. 9th edition. (figure 1-10, p 43) [↑](#endnote-ref-2)
2. Neuenschwander M, et al. (2019). Role of diet in type 2 diabetes incidence: umbrella review of meta-analyses of prospective observational studies. *BMJ.* [↑](#endnote-ref-3)
3. Malik VS, Hu FB. (2019). Sugar-sweetened beverages and cardiometabolic health: An update of the evidence. Nutrients. 11(8):1840. [↑](#endnote-ref-4)
4. Narain A, et al. (2016). Soft drinks and sweetened beverages and the risk of cardiovascular disease and mortality: a systematic review and meta-analysis. Int J Clin Prac. 70(10):791-805. [↑](#endnote-ref-5)
5. Malik VS, et al. (2013). Sugar-sweetened beverages and weight gain in children and adults: a systematic review and meta-analysis. *Am J Clin Nutr*. 98:1084-1102. [↑](#endnote-ref-6)
6. de Ruyter, JC, Olthof MR, Seidell JC, and Katan MB. (2012). A Trial of Sugar-Free or Sugar-Sweetened Beverages and Body Weight in Children. *New England Journal of Medicine*367(15): 1397–1406. https://doi.org/10.1056/nejmoa1203034. [↑](#endnote-ref-7)
7. Valenzuela MJ, et al. (2020). Effect of sugar-sweetened beverages on oral health: a systematic review and meta-analysis. *Eur J Public Health.* 31(1):122-129. [↑](#endnote-ref-8)
8. Dai J. (2021). Trends and patterns in sugar-sweetened beverage consumption among children and adults by race and/or ethnicity, 2003-2018. Public Health Nutrition, 24(9):2405–2410. https://doi.org/10.1017/S136898002100158 [↑](#endnote-ref-9)
9. U.S. Department of Agriculture and U.S. Department of Health and Human Services. (2020). Dietary Guidelines for Americans, 2020-2025. 9th edition. (figure 1-10, p 43) [↑](#endnote-ref-10)
10. de Ruyter JC, et al. A Trial of Sugar-Free or Sugar-Sweetened Beverages and Body Weight in Children. N Engl J Med. 2012;367(15):1397–406 [↑](#endnote-ref-11)
11. Drouin-Chartier JP, et al. (2019). Changes in Consumption of Sugary Beverages and Artificially Sweetened Beverages and Subsequent Risk of Type 2 Diabetes: Results from Three Large Prospective U.S. Cohorts of Women and Men. *Diabetes Care.*  [↑](#endnote-ref-12)
12. Narain A, et al. (2016). Soft drinks and sweetened beverages and the risk of cardiovascular disease and mortality: a systematic review and meta-analysis. Int J Clin Prac. 70(10):791-805. [↑](#endnote-ref-13)