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About the New Zealand Nurses Organisation

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 46,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse*.

EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to provide feedback on Proposal P1030.
2. NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand, representing over 46,000 nurses, midwives and allied health workers.
3. We have consulted with members and staff, in particular, members of NZNO's colleges and sections, including the College of Primary Health Care Nurses, Nurses for Children and Young People Aotearoa, Aotearoa Diabetes Nurse Specialist College, and NZNO's nursing, policy, and research advisers.
4. This submission is also informed by considerable discussion within the health sector on the need to improve the healthiness of food environments as per Objective 3 of the World Health

Organization's Global Action Plan for the Prevention and Control of Non-communicable Diseases (NCDs)¹. We note, in particular, recent workshops conducted by the University of Auckland coordinating expert assessment and recommendations of policy actions to improve the healthiness of food environments as part of an international review for INFORMAS².

5. NZNO supports the submissions of the Physical Activity and Nutrition (PAN) Otago network and the Auckland Regional Public Health Service.
6. NZNO does not support the proposal, and advocates for more rigorous labelling and advertising of these products..

DISCUSSION

7. While FSANZ identifies consultation as a key part of its development strategy and provides for public comment, it has not provided a meaningful public context for this proposal.
8. There is significant tension, for example, between the interests of industry and public health with, on the one hand, industry's response to the niche market of high performance athletes and others who would benefit from replacement of substances such as electrolytes, and, on the other, the health sector's justifiable concerns about the long term health impact of the exponential rise in the consumption of "high carb" (i.e. sugar-filled) beverages marketed as 'sports drinks' associated with 'healthy' exercise^{3 4}.
9. As the regulator, we believe FSANZ should ensure the public is aware of, and informed about, the implications of the proposal

¹ Global action plan for the prevention and control of non-communicable diseases 2013-2020.(2013)

² International Network for Food and Obesity / non-communicable Diseases Research, Monitoring and Action Support

³ Malik, V. S., Schulze, M. B., & Hu, F. B. (2006). Intake of sugar-sweetened beverages and weight gain: a systematic review. *The American journal of clinical nutrition*, 84(2), 274-288

⁴ Heneghan, C., Howick, J., O'Neill, B., et al. (2002). The evidence underpinning sports performance products: a systematic assessment. *BMJ Open*;2:e001702. doi:10.1136/bmjopen-2012-001702.

within the wider policy context, including a rigorous and transparent cost benefit analysis (CBA). Without explicit consideration and expert assessment of the health costs associated with these products eg the contribution diabetes and cardiovascular disease (CVD) etc, the conclusion that the "benefits outweigh the costs to the community, government and industry" is open to challenge.

10. Strong and consistent feedback from nurses and midwives who directly deal with consumers, including those most at risk from inappropriate consumption of these products, is that they are already perceived as "healthy" and that there is virtually no understanding of the amount of sugar they contain. There is unequivocal evidence that sugar, including the hidden sugar in sports drinks, increases health risks⁵.
11. Allowing health claims for these products would simply validate existing misconceptions and exacerbate the health burden they contribute to. NZNO shares the view of the World Health Organisation's Director General that the failure of regulation to ensure healthy food environments is a major obstacle to reversing the rapid growth in obesity that is a significant factor contributing to the exponential increase in NCDs⁶ such as diabetes and CVD.
12. Accordingly NZNO does not support a draft variation to the Code to permit formulated supplementary sports foods (FSSFs), electrolyte drinks (EDs), and electrolyte drink bases to carry self-substantiated health claims as per Standard 1.27.
13. With regard the proposal to transfer regulation of EDs from Standard 2.6.2 to Standard 2.9.4 to recognise the purpose of

⁵ Te Morenga, L. Mallard, S., & Mann, J. (2013). Dietary sugars and body weight: systematic review and meta-analyses of randomised controlled trials and cohort studies. *BMJ* ;345:e7492 doi: 10.1136/bmj.e7492.

⁶ "Let me remind you. Not one single country has managed to turn around its obesity epidemic in all age groups. This is not a failure of individual will power. This is a failure of political will to take on big business." Dr Margaret Chan, Director General, World Health Organization, June 2013. Opening address at the 8th Global Conference on Health Promotion
http://www.who.int/dg/speeches/2013/health_promotion_20130610/en/

EDs as foods formulated for strenuous physical activity, we note that there is considerable confusion between EDs with 'energy' drinks, which do not have the same function⁷, so there is a rationale for this change.

14. Again, in practice, however, nurses report that both are often used by adolescents as substitutes for food, particularly breakfasts; we doubt whether the distinction will do anything other than give a temporary market advantage to EDs.
15. Moreover, though there is there is a valid place for EDs in certain circumstances and for some groups (though there is little scientific evidence supporting health benefits^{8 9}), for most people, and especially children and young people, they are unnecessary and can be harmful.
16. Without rigorous restrictions around labelling and advertising, this proposal may increase rather than reduce inappropriate use of EDs as lifestyle products, since it 'justifies' the current marketing strategy.
17. On balance we feel that reinforcing the 'special purpose' of EDs is unlikely to reduce, and may reinforce, the misconceptions which have led to the widespread misuse of EDs which, because of their high sugar content, may lead to obesity which is a contributing factor to NCDs.
18. Accordingly we do not support the proposal to transfer regulation of EDs from Standard 2.6.2. to Standard 2.9.4.

CONCLUSION

19. In conclusion NZNO **does not support** Proposal P1030.
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⁷ American Academy of Pediatrics: Clinical Report: Sports Drinks and Energy Drinks for Children and Adolescents: Are They Appropriate? Committee on Nutrition and the Council on Sports Medicine and Fitness *Pediatrics* 2011; 127:6 1182-1189; doi:10.1542/peds.2011-0965

⁸ Heneghan, C., Howick, J., O'Neill, B., et al. (2002). The evidence underpinning sports performance products: a systematic assessment. *BMJ Open*;2:e001702. doi:10.1136/bmjopen-2012-001702

⁹ http://www.nzherald.co.nz/lifestyle/news/article.cfm?c_id=6&objectid=11330602

20. We **recommend** that the proposal does not proceed and advocate appropriate labelling and warning statements for these products identifying the :

- sugar content shown pictorially as equivalent teaspoons;
- increased risks of increased dental disease, obesity, diabetes, and CVD;
- recommended use - only with strenuous exercise e.g. 150ml may enhance hydration after 1.5 hours of marathon-intensity running; and
- that it is not recommended for under 18, during pregnancy without health professional advice.

Nāku noa, nā



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