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SUBMISSION ON PROPOSAL P1030: HEALTH CLAIMS – FORMULATED SUPPLEMENTARY SPORTS FOODS & ELECTROLYTE DRINKS

To:	**Food Standards Australia New Zealand** **PO Box 10559** **The Terrace** **Wellington 6143** **Tel (04) 978 5630**
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Introduction

Southern District Health Board (Southern DHB) presents this submission through its Public Health Service. This Service is the principal source of expert advice within Southern DHB regarding matters concerning Public Health. Southern DHB has responsibility under the New Zealand Public Health and Disability Act 2000 to improve, promote and protect the health of people and communities. Additionally there is a responsibility to promote the reduction of adverse social and environmental effects on the health of people and communities. With 4,500 staff, we are located in the lower South Island (South of the Waitaki River) and deliver health services to a population of 304,000.

Public health services are offered to populations rather than individuals and are considered a "public good". They fall into two broad categories – health protection and health promotion. They aim to create or advocate for healthy social, physical and cultural environments.

This submission provides general and specific comments on the proposal and makes recommendations.

General Comments

Regarding the transfer of the regulation of electrolyte drinks and electrolyte drink bases (EDs) from Standard 2.6.2. – Non-Alcoholic Beverages and Brewed Soft Drinks to Standard 2.9.4 – Formulated Supplementary Sports Foods we see no substantial risk to public health. Therefore the submission solely relates to the proposed change regarding health claims.

Specific Comments

The Public Health Service would like to express concern about the proposal to permit formulated supplementary sports foods (FSSFs), electrolyte drinks and electrolyte drink bases (EDs) to carry a broader range of health claims consistent with their respective intended purpose and in accordance with Standard 1.2.7 – Nutrition, Health and Related Claims. The reasons for the concern are outlined below.

Insufficient evidence to substantiate health claims

There is insufficient quality scientific evidence to support health claims on sports foods and beverages.[1,2] Presently health claims are being made, which are not fully supported by the available evidence, making it difficult for consumers to make informed choices about products.[1,2] There is a need for better quality research before health claims can be made with confidence.[1]

Concerns about obesity

Although sports foods and beverages are intended for athletes they are also marketed to the general population.[3,4,5] Given the high sugar and energy content of many sports foods and beverages, their consumption, especially by those who are sedentary, could result in the intake of excessive dietary energy. This in turn could exacerbate the already high rates of overweight and obesity in New Zealand.[6,7] Currently 65.4% of adults and 32.7% of children are reported to be overweight or obese.[8] Rates of adult obesity are increasing[8] and New Zealand has amongst the highest rates in the Organization for Economic Development (OECD).[9] Rates of overweight and obesity in children are also amongst the highest in the OECD.[9] Obesity is a major risk factor for developing chronic health conditions such as cardiovascular diseases, diabetes and some cancers.[10] These are major causes of mortality in New Zealand.[11]

Concerns about dental health

Allowing broader health claims on labels of FSSDs and EDs also raises concern around oral health. Sugar sweetened foods and beverages, which include sports foods and drinks, have been linked to dental decay.[12] In 2009 there was evidence of active decay in all age groups in New Zealand with 35.3% of

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[2] Crawford, P., & Goldstein, H. (2014). *Examining the Data Behind Health Claims on Fortified Beverages: Implications for Policy*. Atkins Center for Weight and Health, University of California, Berkeley.

[3] Cohen, D. (2012). The truth about sports drinks. *BMJ 345,* e4737. doi:10.1136/bmj.e4737.

[4] Pirotin S., Becker C., & Crawford P. (2014). *Looking beyond the marketing claims of new beverages: Health risks of consuming sports drinks, energy drinks, fortified waters and other flavored beverages*. Atkins Center for Weight and Health, UC Berkeley, Berkeley, CA.

[5] NHS Choices. (2011). *Supplements Who needs them? A Behind the Headlines report.* Available at www.nhs.uk/news/2011/05May/Documents/BtH_supplements.pdf (Accessed 5 September 2014).

[6] Malik, V., Pan, A., Willett, W., & Hu, F. (2013). Sugar-sweetened beverages and weight gain in children and adults: a systematic review and meta-analysis. *Am J Clin Nutr, 98*(4), 1084-1102.

[7] 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.

[8] Ministry of Health (2013). *New Zealand Health Survey: Annual update of key findings 2012/13*. Ministry of Health, Wellington.

[9] Organization for Economic Development (2014). *Obesity Update 2014*. OECD Directorate for Employment, Labour and Social Affairs, OECD.

[10] Guh, D., Zhang, W., Bansback, N., Amarsi, Z., Birmingham, C., & Anis, A. (2009). The incidence of co-morbidities related to obesity and overweight: a systematic review and meta-analysis. *BMC public health, 9*(1), 88.

[11] Ministry of Health (2013). *Mortality and Demographic Data 2010.* Ministry of Health, Wellington.

[12] Moynihan, P., & Kelly, S. (2014). Effect on Caries of Restricting Sugars Intake: Systematic Review to Inform WHO Guidelines. *J Dent Res, 93*, 8-18. doi: 10.1177/0022034513508954.

adults and 12.7% of 12-17 year olds having untreated coronal decay.[13] Amongst younger children, one in seven 2-4 year olds and one in six 5-11 year olds had untreated coronal decay in at least one primary tooth.[13] Sports drinks, which are acidic, may also be implicated in the development of dental erosion, a softening of the hard outer covering of the tooth.[14,15] The causes of dental erosion are multi-factorial and include the consumption of acidic foods and beverages.[14,16] Dental erosion results in the enamel of the tooth being worn away, exposing the underlying dentine which can lead to pain and sensitivity. Poor dental health amongst sports people is a particular concern.[14,17] A number of possible causes have been identified, including the use of sports drinks.[17]

Concern about sodium intake

The possibility of further marketing surrounding sports drinks also raises concerns related to sodium consumption. The exposure of the New Zealand population to sodium in the diet is significantly above acceptable levels with several population groups exceeding the upper intake limits, even when discretionary salt intakes are not considered.[18] Given that the sodium content of sports drinks is a substantial proportion of the recommended daily sodium intake, their increased consumption may pose a further risk.[19] High sodium intakes are linked to elevated blood pressure, which is a risk factor for cardiovascular disease.[20]

Marketing promotes inappropriate use of FSSFs and EDs.

Water is the recommended rehydration beverage for everyday activities and for low to moderate intensity exercise less than 60-90 minutes.[21,22] Despite this, sophisticated marketing campaigns use health claims to persuade sports people and the general public that the consumption of sports drinks is a normal, healthy activity.[2,23] In promoting the benefits of sports drinks companies focus on added nutrients normally considered healthy, such as vitamins and minerals, but they fail to inform consumers about health risks associated with other ingredients such as sugar and salt.[2] They also fail to inform consumers that they can generally obtain the nutrients they need from a healthy diet.[2] Marketing influences purchasing behaviour and sports drinks have become a popular beverage amongst children and youth[2,19] despite the fact that they are only recommended for people engaged in vigorous activity for longer than an hour.[21] Even under those conditions individuals vary and it is recommended that sports people get advice to help them develop an individualised rehydration programme.[21,24] Sports foods are also promoted through marketed campaigns. Currently they seem to be targeted largely towards sports people although the intended audience appears to be broadening.[25] Allowing a wider

[13] Ministry of Health (2010). *Our Oral Health: Key findings of the 2009 New Zealand Oral Health Survey*. Ministry of Health, Wellington.

[14] Sports Dietitians Australia. (2010). *Fact Sheet: Dental health for athletes*. Available at www.sportsdietitians.com.au (Accessed 6 September 2014).

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[17] Needleman, I., Ashley, P., Petrie, A., Fortune, F., Turner, W., Jones, J. Niggli, J., Engebretsen, L., Budgett, R., Donos, N., Clough, & T., Porter S. (2013). Oral health and impact on performance of athletes participating in the London 2012 Olympic Games: a cross-sectional study. *Br J Sports Med, 00*, 1–5. doi: 10.1136/bjsports-2013-092891.

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[19] Smith, M., Jenkin, G., Signal, L., & McLean, R. (2014). Consuming calories and creating cavities: beverages NZ children associate with sport. *Appetite, 81*, 209–21. doi.org/10.1016/j.appet.2014.06.015.

[20] World Health Organization. (2012). Guideline: Sodium intake for adults and children. Geneva, World Health Organization (WHO).

[21] Sports, Cardiovascular, and Wellness Nutrition (SCAN). (2009). *Exercise Hydration. Nutrition Fact Sheet. Issue 5*. American Dietetic Association. Available at http://www.scandpg.org/sports-nutrition/sports-nutrition-fact-sheets/ (Downloaded 11 September 2014).

[22] Ministry of Health (2012). *Food and nutrition guidelines for healthy children and young people (aged 2–18 years). A background paper*. Ministry of Health, Wellington. Available at <http://www.health.govt.nz/publication/food-and-nutrition-guidelineshealthy-children-and-young-people-aged-2-18-year-background-paper>.

[23] Meadows-Oliver, M., & Ryan-Krause, P. (2007). Powering Up With Sports and Energy Drinks. *J Pediatr Health Care, 21*, 413-416.

[24] Sawka, M., Burke, L., Eichner, E., Montain, S., & Stachenfeld, N. (2007). College of Sports Medicine Position Stand. Exercise and fluid replacement. *Medicine and Science in Sports and Exercise, 39*(2), 377-390. doi: 10.1249/mss.0b013e31802ca597

[25] Food Standards Australia New Zealand. (2010). *Food Standards Australia New Zealand .Consumer research investigating the use of formulated supplementary sports foods.* Food Standards Australia New Zealand, Wellington.

range of health claims may further increase the consumption of these foods exposing the population to the associated health risks.

Recommendations

- That health claims should not be displayed on FSSDs and EDs.
- That if health claims are to be added to these products then labels be required to carry:
    - a warning about the increased risk of obesity, diabetes and dental problems.
    - front of pack labelling, such as a traffic light labelling system, to show at a glance how healthy a product is.
    - the conditions under which the product should be used.

Summary

The Public Health Service expresses concern about the proposal to permit formulated supplementary sports foods (FSSFs), electrolyte drinks and electrolyte drink bases (EDs) to carry a broader range of health claims.

Due to the lack of quality evidence to substantiate health claims, the health concerns associated with their consumption and the often inappropriate use of the products, the Public Health Service recommends that Food Standards Australia New Zealand does not allow FSSFs and EDs to carry a broader range of health claims.

The Southern DHB do not wish to be heard with respect to this submission.

Yours sincerely

Health Promotion Coordinator – Nutrition and Physical activity