

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

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

Details of Submitter: Physical Activity & Nutrition Otago

Address for Service: c/o Southern Primary Health Organisation (PHO)
PO Box 218
Dunedin 9054
New Zealand

Contact person:



Date: 24/09/2014

OIA: We do not object to the release of any information from our submission

Thank you for the opportunity to comment on *Proposal P1030: Health Claims – Formulated Supplementary Sports Foods and Electrolyte Drinks*. This submission is presented on behalf of Physical Activity & Nutrition (PAN) Otago. PAN Otago is a network of those working within nutrition and physical activity health promotion in Otago, New Zealand. Members work together to create supportive environments which enable our community to lead healthy lives. Membership includes representation from a variety of organisations including but not limited to the Southern PHO, Southern District Health Board, Heart Foundation, Cancer Society, Sport Otago, Dunedin City Council, and Pacific Trust Otago.

This submission identifies concerns that PAN Otago has with the proposal to extend the ability of manufacturers to make health claims on Formulated Supplementary Sports Foods (FSSFs), electrolyte drinks and electrolyte drink bases (EDs).

Any extended permissions to make health claims on these products should be made with caution and the wording should be considered carefully. Current scientific evidence does not support the use of health claims to market sports foods and beverages.^{1,2} Manufacturers have been found to use health claims to create something called a “health halo”.¹ A “halo” means that consumers extend the claim beyond its intended purpose, and this can cause them to overlook the bigger picture and/or assume that products with no health claims are less healthy. Health claims on sports foods and beverages can cause sports people, children and their family/whānau, and policy makers to believe that these products, which are high in energy, salt and sugar, are a better choice than food, water, and milk.¹ A

recent systematic assessment concluded that the current evidence behind sports performance products is not of sufficient quality to be informing the public of any potential benefits.² Furthermore, in the context of an individual's overall diet many of the vitamins and minerals that are commonly added, and the energy content of these products are not necessary, and are easily obtainable from a New Zealander's standard food-based diet.³

While any health claims put on these products are likely to be directed at a specific population group (sports people), it opens up opportunities for the wider public to misinterpret these claims.⁴ This potential misinformation is highly concerning as two thirds of adult New Zealanders are now classified as overweight or obese.⁵ Therefore, two thirds of New Zealand's population are at very high risk of developing chronic health conditions, such as diabetes, cardiovascular disease and some cancers.⁶ There is an overwhelming body of evidence that sugar-sweetened beverages (including sports drinks) increase the risk of becoming obese and/or developing chronic health conditions.^{7,8,9}

Furthermore, in comparison to the large body of evidence demonstrating the negative effects of sugar-sweetened beverages, the evidence supporting the use of FSSFs and EDs to improve sports performance is controversial. Even among athletes, the overall energy content of their diet and their specific sport situation should be considered before recommending these products.^{10,11,12} Most athletes should be able to obtain all their vitamin, mineral and energy needs from food.^{11,12,13} While the consumption of beverages containing electrolytes and carbohydrates can help athletes sustain fluid and electrolyte balance during exercise,¹⁴ the American College of Sports Medicine's position statement encourages athletes to individualise their hydration protocols whenever possible due to individual variation in sweat rates, body size, the environment and the type of training.¹² Re-hydration products *may* be useful for elite athletes training at a high level during and after a period of intense exercise that lasts for longer than one hour.¹⁵ However, fluid, electrolyte and nutritional needs before and after training are able to be met using standard food and beverages.^{12,13}

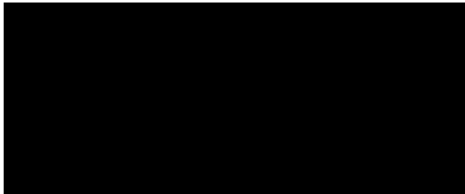
The risks of allowing health claims to be put on these products far outweigh the potential benefits. The European Food Safety Authority allowed health claims to be put on sports drinks. However, research found that the Food Safety Authority's evaluation of evidence behind health claims was insufficient and therefore misinforming the public.¹⁶ Furthermore, a recent study conducted in New Zealand found that children associate these "sports drinks" with the sports they play. The beverages they associated with sports often did not adhere to the national nutritional guidelines for children¹⁷. The authors call for immediate public health action to address the issue, and that such action is "responsible and consistent with New Zealand's obligations under international law"¹⁷. Therefore, due to the potential for further damage to the health of the general public of allowing extended permission of health claims on FSSFs and EDs, PAN Ōtāgo recommends that FSANZ makes their decision with caution.

PAN Ōtāgo's recommendations:

1. That health claims are not displayed on any FSSFs or EDs.

2. If health claims are to be added to these products, they must be accompanied by warning statements on the labels. There must be minimum size requirements for these warning statements (for example, 30% of the label). Examples of statements to include alongside the “health claim”:
- This product increases your risk of dental caries and of becoming obese, which may increase the risk of developing diabetes and/or cardiovascular disease.
 - Any benefits this product may bring, is subject to individual variation.
 - This product is only recommended for those who participate in regular, sustained, strenuous exercise. The particular circumstances and a **definition** of what sustained, strenuous exercise is **must** be included to allow consumers to make an informed decision. For example, drinking 150ml of this product may enhance hydration after 1.5 hours of marathon-intensity running.

PAN Otāgo wishes to be heard in regards to this submission.



On behalf of PAN Otāgo

References

- ¹Crawford, P., Goldstein, H. *Examining the Data Behind Health Claims on Fortified Beverages: Implications for Policy*. Atkins Center for Weight and Health, University of California, Berkeley, 2014.
- ²Heneghan, 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.
- ³University of Otago and Ministry of Health. (2011). *A Focus on Nutrition: Key findings of the 2008/09 New Zealand Adult Nutrition Survey*. Wellington: Ministry of Health.
- ⁴Cohen, D. (2012). The truth about sports drinks. *BMJ*;345:e4737 doi: 10.1136/bmj.e4737.
- ⁵Ng, M., Fleming, T., Robinson, M., Thomson, B., Graetz, N., Margono, C., ... & Gupta, R. (2014). Global, regional, and national prevalence of overweight and obesity in children and adults during 1980–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet*.
- ⁶Guh, D. P., Zhang, W., Bansback, N., Amarsi, Z., Birmingham, C. L., & Anis, A. H. (2009). The incidence of co-morbidities related to obesity and overweight: a systematic review and meta-analysis. *BMC public health*, 9(1), 88.
- ⁷Malik, 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.
- ⁸Te Morenga, L.A., Howatson, A.J., Jones, R.M., Mann, J. (2014). Dietary sugars and cardiometabolic risk: systematic review and meta-analyses of randomized controlled trials of the effects on blood pressure and lipids. *American Journal of Clinical Nutrition*. doi: 10.3945/ajcn.113.081521.
- ⁹Te 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.
- ¹⁰American College of Sports Medicine, & American Dietetic Association. (2000). Joint Position Statement: nutrition and athletic performance. American College of Sports Medicine, American Dietetic Association, and Dietitians of Canada. *Medicine and Science in Sports and Exercise*, 32(12), 2130.
- ¹¹Burke, L. M., & Read, R. S. (1993). Dietary supplements in sport. *Sports Medicine*, 15(1), 43-65.
- ¹²The American College of Sports Medicine, American Dietetic Association, and Dietitians of Canada. (2009). Nutrition and Athletic Performance: Joint Position Statement. *Medicine & Science in Sports and Exercise*, DOI: 10.1249/MSS.0b013e318190eb86.
- ¹³Maughan, R.J., and Shirreffs, S.M. (2012). 70th Anniversary Conference on 'From plough through practice to policy'. Plenary Lecture 2. Nutrition for sports performance: issues and opportunities. *Proceedings of the Nutrition Society*, 71, 112–119.
- ¹⁴Jeukendrup, A. (2014). A Step Towards Personalized Sports Nutrition: Carbohydrate Intake During Exercise. *Sports Med*; 44 (Suppl 1):S25–S33.
- ¹⁵Colombani, P.C., Mannhart, C., & Mettler, S. (2013). Carbohydrates and exercise performance in non-fasted athletes: A systematic review of studies mimicking real-life. *Nutrition Journal* 2013, 12:16 doi:10.1186/1475-2891-12-16.
- ¹⁶Thompson, M., Heneghan, C., & Cohen, D. (2012). How valid is the European Food Safety Authority's assessment of sports drinks? *BMJ*;345:e4753 doi: 10.1136/bmj.e4753.

¹⁷Smith, M., Jenkin, G., Signal, L., and McLean, R. (2014). Consuming calories and creating cavities: beverages NZ children associate with sport. *Appetite* 81 (2014) 209–217.