

30 September 2014

Submission on Proposal P1030: Health Claims – Formulated Supplementary Sports Foods and Electrolyte Drinks

1. Auckland Regional Public Health Service welcomes the opportunity to submit on the *Proposal P1030: Health Claims – Formulated Supplementary Sports Foods and Electrolyte Drinks*.
2. The following submission represents the views of ARPHS and does not necessarily reflect the views of the three District Health Boards it serves. Please refer to Appendix 1 for more information on ARPHS.
3. The primary contact point for this submission is:

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Yours sincerely,

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Medical Officer of Health
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General Comments

1. Thank you for the opportunity to submit on *Proposal P1030: Health Claims – Formulated Supplementary Sports Foods and Electrolyte Drinks*.
2. Auckland Regional Public Health Service (ARPHS) is Auckland's regulatory public health agency serving Auckland's diverse populations through health protection, prevention and promotion.
3. We do **not support** that electrolyte drinks (EDs) be able to make health claims due to the negative population health outcomes that currently result from the consumption of EDs.

EDs have negative health outcomes

4. The consumption of EDs, because of the sugar content, contributes to the rising rate of overweight and obesity, increased sodium intake and dental caries. We are particularly concerned about the use of EDs among children and adolescents.
5. EDs currently contain a high rate of additional sugar, up to 100 g per litre of fluid. While these drinks can be safely consumed by those requiring rapid rehydration due to extreme athletic exertion or due to diarrheal illness, the average market consumer of EDs does not fit into these categories.
6. The general population of Auckland tends to have a sedentary pattern of energy use. Adults, teenagers and children generally fall below the guidelines for recommended activity levels¹. High calorie consumption, combined with low physical activity levels, poses a risk of increased obesity.
7. We are experiencing a global obesity epidemic. In New Zealand, one third of the population are obese or overweight, including one third of children. Obesity and overweight is linked to type 2 diabetes. Typically diagnosed in adults, type 2 diabetes is becoming increasingly prevalent in children, and rates are significantly worse for Māori and Pacific children. Obesity is also linked with coronary heart disease, cancer and strokes.
8. In addition, EDs contain high levels of sodium. The relationship between high sodium intake and elevated blood pressure in both adults and children has been acknowledged.²
9. Finally, EDs are linked to increased dental caries.³ Many of the sports drink products are based on acidic fruits that contribute to tooth erosion. Children's teeth are particularly vulnerable as enamel on newly erupted teeth is not mature enough to resist the acidity. Tooth decay is one of the top reasons New Zealand children are hospitalised.⁴
10. The combined health costs are significant, obesity related illnesses alone is estimated to be 4.4 percent of the New Zealand healthcare expenditure. The health sector is struggling to deal with the burden of obesity related illnesses and is well aware of the increased costs and pressures that will arise as overweight and obese children enter adulthood.

Misconception of EDs as 'healthy' overall

11. The consumption of sugary drinks contributes to the obesity epidemic, particularly the prevalence and marketing of sugary drinks to children and adolescents. While we have all

¹The New Zealand Physical Activity and Sedentary Behaviour Report Card for Children and Youth: 2014 Inaugural Report Card Accessed from: <http://nihi.auckland.ac.nz/PhysicalActivityReportCard>

² Smith, Moira, Gabrielle Jenkin, Louise Signal, Rachael McLean (2014), *Consuming Calories and Creating Cavities: beverages NZ children associate with Sport*. *Appetite* 81: 209-217.

³ Ministry of Health (2012), *Food and Nutrition Guidelines for Halthy Children and Young People (Aged 2-18 years): a background paper*, Ministry of Health, Wellington.

⁴ Smith, Moira et al (2014).

recognised that fizzy drinks are not good for our health, consumers are less savvy about electrolyte (sports) drinks.

12. Benefits of EDs are minimal. EDs contain electrolyte and sugar replacement that assist with energy replacement during prolonged and intense exercise of 90 minutes or more. For most adults and children undertaking regular exercise, water is the best form of fluid replacement.⁵ For most children and adults, electrolytes are fully provided in an average healthy diet. In addition, even for athletes undertaking short training or competition, electrolytes have no extra benefits.⁶
13. Overall, the composition of EDs does not contribute to good health. EDs have a high sugar content, similar to fizzy drinks. ED drinks hold 15 teaspoons of sugar per 700ml bottle versus 17 teaspoons for a 600ml bottle of fizzy drink.⁷ A recent study found that teenagers gain *more* weight drinking EDs than fizzy drinks.⁸
14. Consumption of EDs is already widespread and increasing among children and adolescents. Already research cites that children, adolescents and their parents are unaware of the sugar content, and misuse EDs. Research that studied 78 adolescents found that 56 percent used EDs in the past 2 weeks.⁹
15. Note that two of the major ED brands that would fit the FANZ definition are widely available from dairies, supermarkets and schools throughout New Zealand. These products rely on mass marketing.
16. The food and beverage industry has highlighted that the health benefits will be identified as only for those undertaking prolonged and strenuous exercise. But such marketing relies on the ability of the public to define and apply such criteria.

Adding health claim adds to misconception of healthiness of EDs

17. Among child and adolescent consumers there is limited knowledge of the purpose and composition of EDs. Adding a health claim to the sports drink, regardless how specific the claim is, would further validate the misconception of the health benefits of EDs. In a recent survey, adolescents did not articulate a potential problem with drinking EDs and these consumers used EDs regardless of the amount of physical exercise that was undertaken.¹⁰
18. Making a health claim on a product is a marketing tool. Manufacturers use health claims to create a “health halo”. A “halo” means that consumers extend the claim beyond its intended purpose. This can have two effects:
 - consumers do not look at the overall healthiness of the food, in this case underestimate the calorie intake and the high sugar and sodium content
 - assume that products with no health claims are less healthy. Health claims can encourage families to choose EDs, which are high in salt and sugar over healthier choices such as food, water and milk.¹¹

⁵ Ministry of Health (2012).

⁶ <http://pediatrics.aappublications.org/content/127/6/1182.full#sec-16>

⁷ Ministry of Health (2012), *Food and Nutrition Guidelines for Healthy Children and Young People (Aged 2-18 years): a background paper*.

⁸ <http://www.medscape.com/viewarticle/791326>

⁹ Smith, Moira, Gabrielle Jenkin, Louise Signal, Rachael McLean (2014), *Consuming Calories and Creating Cavities: beverages NZ children associate with Sport*. *Appetite* 81: 209-217.

¹⁰ <http://pediatrics.aappublications.org/content/127/6/1182.full#sec-16>

¹¹ Ministry of Health (2012), sugary drinks have displaced milk in the diet of many children.

19. Displaying a health claim on a food product is a marketing tool that is aimed at the total population rather than the small sub-group that may benefit from the consumption of EDs. For example, most New Zealanders have sedentary lifestyles¹² for whom the regular consumption of calorific drinks (such as EDs) present a serious health risk.
20. Given the high sodium content and the fruit acid levels of EDs, our concern of the 'health halo' would apply to EDs with lower sugar content or artificial sweeteners.

Conclusion and recommendations

21. Overall we believe that EDs are detrimental to the health of most children and adults. Already, adolescents hold a misconception of the health benefits of EDs, and we believe adding a health claim will further exacerbate this misconception.
22. ARPHS **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, that health claims can be made for EDs. To do so would be contrary to general public health.
23. ARPHS **does not support** any further liberalisation of the FSANZ standards, and we recommends that standard 2.9.4 be removed on the grounds that it presents a serious public health risk.
24. **ARPHS recommends** that should a limited health claim be made in direct relation to EDs being an energy replacement when strenuous and prolonged exercise (of 90 minutes) is undertaken, that this is accompanied with a warning label identifying:
 - sugar content shown pictorially as equivalent teaspoons
 - increased risks of increased dental disease, obesity and diabetes
 - EDs as not recommended for those under 18, or during pregnancy without health professional advice.

¹² The Health of New Zealand Survey 2011/12 found that just over half of NZ adults were active for 30 minutes for five days a week (Ministry of Health, Wellington). This is a much lower benchmark than the ED guideline of 90 minutes strenuous and prolonged exercise.

Appendix 1 - Auckland Regional Public Health Service

25. Auckland Regional Public Health Service (ARPHS) provides public health services for the three district health boards (DHBs) in the Auckland region (Auckland, Counties Manukau and Waitemata District Health Boards), with the primary governance mechanism for the Service resting with Auckland District Health Board.
26. ARPHS has a statutory obligation under the New Zealand Public Health and Disability Act 2000 to improve, promote and protect the health of people and communities in the Auckland region. The Medical Officer of Health has an enforcement and regulatory role under the Health Act 1956 and other legislative designations to protect the health of the community.
27. ARPHS' primary role is to improve population health. It actively seeks to influence any initiatives or proposals that may affect population health in the Auckland region to maximise their positive impact and minimise possible negative effects on population health.
28. The Auckland region faces a number of public health challenges through changing demographics, increasingly diverse communities, increasing incidence of lifestyle-related health conditions such as obesity and type 2 diabetes, outstanding infrastructure needs, the balancing of transport needs, and the reconciliation of urban design and urban intensification issues.

