

26 September 2014

submissions@foodstandards.gov.au

Submission proposal P1030

Health Claims Formulated Supplementary Sports Foods & Electrolyte Drinks

Summary of this submission

I oppose health claims being permitted on sports and electrolyte drinks for the following reasons:

1. The Australian Dietary Guidelines specifically include sports (electrolyte) drinks with other sugar-sweetened beverages as products to be limited.
2. There is no evidence that these drinks are required by anyone doing less than two hours endurance activity. Those who engage in endurance activities where these products are required are routinely given advice for their chosen activity.
3. For the vast majority of the population (who do not need these products), health claims would be misleading and potentially harmful as they can damage tooth enamel and contribute to obesity.
4. Evidence confirms that consumers perceive foods and beverages bearing health claims as 'healthier' products. This is false.
5. Permitting health claims is likely to further expand the current increase in sales of sports drinks. This may benefit sellers of these products, but not the public. FSANZ's role is to protect public health and safety. If FSANZ agrees to permit health claims on these products, the credibility of FSANZ will be damaged in the eyes of public health advocates and the general public.

Submission P1030

Thank you for the opportunity to make a submission about health claims on sports foods and electrolyte drinks.

My reasons for opposing the proposal are detailed below.

Fitting with official guidelines

The Australian Dietary Guidelines specifically include sports drinks among sugar-sweetened beverages that should be limited¹. Authorities have also listed specific problems with sports drinks. For example, the Committee on Nutrition and the Council on Sports Medicine and Fitness states that "excessive caloric intake can result from routine dietary intake of carbohydrate-containing beverages such as sports drinks, energy drinks, or soft drinks. This

excessive caloric intake can substantially increase the risk for overweight and obesity in children and adolescents and should be avoided².

Who needs them?

Few Australians need sports and electrolyte drinks. The only proven benefits are for those involved in endurance sports where the events and training are greater than 2 hours. Endurance athletes get specific instructions about any special needs associated with their events and training, including when sports drinks and sports gels may be useful. They do not need health claims.

The general population does little exercise. Indeed, 62% of do not meet the recommended physical activity guidelines and just 13% engage in (self-described) vigorous exercise³. Even among the small percentage of those who claim to do vigorous exercise, it is unlikely that much of this is extensive enough to require sports drinks and products⁴.

The majority of those who use sports drinks are not endurance athletes. Users include many young people⁵ for whom dental decay is particularly pertinent. There is no evidence of any advantage for use by recreational sportspeople⁶. In spite of this, the products are principally promoted to those who do not need them^{7,8}. Such promotions have contributed to persistent growth in the market for sports drinks⁹. For the majority of the population, sports drinks are commonly consumed as a sweet beverage for hydration or to quench thirst, with no expectation of other health benefits¹⁰.

Potential for harm

Since few people need sports drinks, it makes sense to check their potential for harm. Two major areas are relevant.

- (a) Very real problems relate to their adverse effects on dental health due to their acidic and sugary natures¹¹.
- (b) As the Dietary Guidelines established, there is also good evidence that sugar-sweetened beverages contribute to the problem of obesity. Subsequent studies and reviews since the most recent Dietary Guidelines further support the obesity-related problems of sugar-sweetened beverages¹².

Although those marketing sports drinks may claim benefits for their products, two problems are inherent. The first concerns the accuracy of claims made by those with a conflict of interest. A systematic review reported that where there is a no conflict of interest, 83% of studies find a significant risk that sugar-sweetened beverages are a risk for weight gain whereas where there *is* a conflict of interest, 83% of studies report insufficient evidence that sugar-sweetened beverages are a risk for weight gain¹³.

A second problem is that some experts claim that promotion of products such as sports drinks may even work against real success in sport, giving some people the idea that merely using these products will confer some advantage that may make training seem less important¹⁴.

Healthier products?

Health claims are likely to add to greater use as the public perceives foods and beverages labelled with nutrient and health claims as 'healthier' than foods without such claims¹⁵.

Both health and nutrition content claims have been used by food companies as marketing tools to increase sales and market share¹⁶.

Setting a bad precedent

FSANZ has already established nutrient profiling guidelines for health claims. Because of their sugar content, sports drinks are not permitted to carry health claims. This proposal seeks to make an exception to the system. This creates at least two problems:

- (a) other products are also likely to request exemption from the established guidelines;
- (b) FSANZ would be seen to be putting the interests of industry above those of public health. This would undermine FSANZ's integrity and reputation.

References

1. www.eatforhealth.gov.au.
2. Committee on Nutrition and the Council on Sports Medicine and Fitness. Sports drinks and energy drinks for children and adolescents: are they appropriate? *Pediatrics* 2011;127:1182–9.
3. ABS (2007-08) Physical Activity in Australia: A Snapshot:
<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4835.0.55.001main+features32007-08>.
4. AIS Supplement Framework (2014) Sports Drinks (carbohydrate-electrolyte drinks
http://www.ausport.gov.au/data/assets/pdf_file/0008/594170/CORP_33413_SSF_Sports_drinks_FS.pdf
5. Schneider MB, Benjamin HJ. Sports drinks and energy drinks for children and adolescents: are they appropriate? *Pediatrics*, 2011;127(6):1182–9.
6. Heneghan C, Howick J, O'Neill B et al. The evidence underpinning sports performance products: a systematic assessment. *BMJ* 2012;2:e001702.
7. Kelly B, Baur LA, Bauman AE et al. Restricting unhealthy food sponsorship: attitudes of the sporting community. *Health Policy* 2012;104:288–95.
8. NK, Voges KE. The impact of sport sponsorship activities, corporate image and prior use on consumer purchase intention. *Sport Mark Q* 2000; 9(2):96–102.
9. Levy, G. S. and Shrapnel, W. S. (2014), Quenching Australia's thirst: A trend analysis of water-based beverage sales from 1997 to 2011. *Nutr & Diet*; 71:193–200.
12. Food Standards Australia New Zealand. Consumer research investigating the use of formulated supplementary sports foods. Project Number 41258.42. available at http://www.foodstandards.gov.au/publications/Documents/Sports_foods_final_report.pdf.
11. Cochrane NJ et al. Erosive potential of sports beverages. *Australian Dental Journal*. 2012; 57: 1–6.
12. Hu FB. Resolved: there is sufficient evidence that decreasing sugar-sweetened beverage consumption will reduce the prevalence of obesity and obesity-related diseases. *Obes Rev*. 2013;14(8):606-19.
13. Bes-Rastrollol M et al. Financial Conflicts of Interest and Reporting Bias Regarding the Association between Sugar-Sweetened Beverages and Weight Gain: A Systematic Review of Systematic Reviews. *PLoS Med*. 2013; 10(12) :e1001578.

14. Slack T, Amis J. Money for nothing and your cheques for free? A critical perspective on sports sponsorship. In: Slack T. ed. The commercialisation of sport. New York: Routledge, 2004:259–76, quoted in Outram SM, Stewart B. Should nutritional supplements and sports drinks companies sponsor sport? A short review of the ethical concerns. *Journal of Medical Ethics*, 2014; DOI: 10.1136/medethics-2014-102147.
15. Williams P. Consumer understanding and use of health claims for foods. *Nutr Rev* 2005;63:256-264.
16. Hughes C et al. Regulating health claims on food labels using nutrient profiling: what will the proposed standard mean in the Australian supermarket? *Public Health Nutrition* 2013; 16 (12):2154-61.