



MASSEY UNIVERSITY

COLLEGE OF HEALTH
TE KURA HAUORA TANGATA

Re Proposal P1030 Health Claims- Formulated Supplementary Sports Foods and Electrolyte Drinks

We object to the proposal that would result in Electrolyte Drinks (EDs) becoming eligible to carry health claims without meeting the nutrient profiling score criteria (NPSC). EDs are widely marketed to the general public, in spite of their 'special purpose'. They are also available in wide range of venues, such as vending machines not associated with sporting venues. Thus it is not justified that they be treated differently than other foods in terms of the NPSC.

Most New Zealanders do not carry out the level of sporting activity that could benefit from consumption of EDs. Almost half of adult New Zealanders (46%) do not even meet the recommended 30 minutes/day of moderate intensity physical activity.¹ Thus for most people, EDs are a sugar sweetened beverage that contributes empty calories to the diet and are likely to be contributing to the high rates of chronic disease and obesity that are currently straining the health care system in New Zealand.²³

Allowing health claims on EDs will give the drinks a "healthy halo"; a problem the NPSC was designed to avoid. Healthy halos have been found to blind consumers to empty calories.⁴ Health claims on EDs suggest that they are 'healthy'-- as good a choice as water, if not better. For those not participating in sports, water is definitely the 'healthier choice'. Even for those New Zealanders who do participate in sports, water is generally adequate for hydration and the use of sports drinks may contribute to dental erosion.⁵ Dugas⁶ has questioned the efficacy of sports drinks to prevent hyponatraemia.

We are particularly concerned about the potential of health claims about EDs to influence children to consume these beverages. Currently marketing entices children to consume EDs even without the addition of health claims. Very few children would benefit from drinking EDs over water. The sugar in EDs may increase the risk of obesity.⁷ EDs may displace water or nutrient containing drinks, and they contribute to dental erosion, particularly when consumed after physical activity.^{5,8}

Health claims should not be allowed on EDs unless they meet the NPSC. At the least evidence should be gathered that health claims on these products will not result in increased consumption by the general public, leading to associated impact on health.

Dr Janet Weber, Senior lecturer in Human Nutrition
Dr Jasmine Thomson, Lecturer in Human Nutrition
Dr Jane Coad, Associate Professor in Human Nutrition

References

¹Ministry of Health. *The Health of New Zealand Adults 2011/12: Key findings of the New Zealand Health Survey*. Wellington. Ministry of Health; 2012.

² Malik VS, Popkin BM, Bray GA, Després JP, Hu FB. Sugar-sweetened beverages, obesity, type 2 diabetes mellitus, and cardiovascular disease risk. *Circulation*. 2010;121 (11):1356-64.

³ De Ruyter JC, Olthof MR, Seidell JC, Katan MB. A trial of sugar-free or sugar-sweetened beverages and body weight in children. *New Eng J Med*. 2012;367 (15):1397-1406.

⁴ Chandon P & Wansink B. Does food marketing need to make us fat? A review and solutions. *Nutr Rev*. 2012;70(10):571-593.

⁵ Combes JS. Sports drinks and dental. *Am J Dent*. 2005;18:101-104

⁶ Dugas J. Sodium ingestion and hyponatraemia: sports drinks do not prevent a fall in serum sodium concentration during exercise. *Br J Sports Med*. 2005; 40:372-374.

⁷ Schneider MB & Benjamin HJ. Sports drinks and energy drinks for children and adolescents: Are they appropriate? *Pediatrics*. 2011; 127:1182-1189.

⁸ Linnett V & Seow WK. Dental erosion in children: A literature review. *Pediatr Dent*. 2001;23:37-42.