

POLICY BRIEF : Options to reduce Sugar Sweetened Beverage (SSB) consumption in New Zealand

New Zealand Beverage Guidance Panel

PURPOSE

The purpose of this document is to identify key policy recommendations to relevant settings that impact on the availability, marketing, price, and knowledge of SSBs and ultimately the consumption of SSBs in New Zealand, particularly in youth. These recommendations will provide achievable goals to various stakeholders and settings of influence, aiming to reduce SSBs intake. The ideal outcome is that water and milk (unflavoured) become preferred beverage options for New Zealand children and adults. These goals align to the vision articulated by the advocacy group 'FIZZ' to achieve a Sugary Drink Free New Zealand by 2025.^{1,2} This means that SSBs should be only rarely consumed, and comprise less than 5% of total population beverage intake. Addressing SSBs in particular is an important step to addressing New Zealand's obesity epidemic, especially among children.

BACKGROUND

The United States Beverage Guidance Panel (USBGP) was the first of these panels and was established by Barry Popkin, Professor of Nutrition, University of North Carolina in 2006.³ The intention of this panel was to develop guidance to government and community groups to limit the intake of SSBs, which had broad societal support from relevant interest groups. The USBGP panel had the effect of raising the profile of SSB intake to both nutritionists and policymakers. Since then, similar groups have formed in China, Mexico, Spain, the United Kingdom, and this one in New Zealand. These panels are similar to those that were formed in response to the harms of tobacco in the lead-up to the Framework Convention on Tobacco Control.⁴

“The Beverage Guidance Panel was assembled to provide guidance on the relative benefits and risks for health of various categories of drink.”

DEFINITION of SSB:

Any beverage that contains added caloric sweetener usually sugar. The main categories of sugary drinks include soft-drinks/fizzy-drinks, sachet mixes, fruit drinks, cordials, flavoured milks, cold teas/coffees, and energy/sports drinks.

WHAT IS THE ISSUE?

SSBs are very popular in New Zealand like many countries around the world. In New Zealand, SSBs are one of the two leading contributors of sugar to the diets of adults and children.^{5,6} Their consumption is known to cause dental diseases, increase the risk of developing unhealthy weight gain, type-2 diabetes, gout, and non-alcoholic steatohepatitis.⁷⁻¹¹

There is evidence that a reduction in SSB consumption will reduce the likelihood of developing the health conditions identified above and that with policy/regulation, a significant reduction in consumption can be achieved.^{12,13} Furthermore, policy options are known to be highly cost-effective in terms of public health interventions.¹⁴

Studies have shown that energy consumed in SSBs are not well compensated for by a reduction in energy consumed in food, meaning they have an additive effect on energy intake.¹⁵ Furthermore, there is a growing body of evidence to show that sugar and SSBs have addictive like characteristics among high consumers. High sugar intake is known to stimulate the same parts of the brain as 'drugs of abuse', and people coming off high sugar diets describe feelings of withdrawal similar to coming off other addictive substances.¹⁶⁻¹⁹

Health effects of SSB consumption

The association between free sugars and dental caries has also been established beyond reasonable doubt.²⁰ Furthermore the impact on dental caries is experienced in very young and vulnerable children. Dietary sugars have been widely accepted as a cause of weight gain and obesity.^{21,22} In addition, dietary sugar particularly that consumed in SSBs, has been associated with:

- cardiovascular disease^{23,24}
- type-2 diabetes²⁵⁻³⁰
- raised blood pressure³¹
- dyslipidaemia³²
- gout^{8,33}

Since 2006, there have been 5 systematic reviews of observational studies that have found a positive relationship between SSB consumption, unhealthy weight and related health consequences.^{21,22,35-37} Two randomised controlled trials conducted with children and adolescents found that masked substitution of SSBs with their sugar free equivalents, resulted in significantly less weight gain and fat accumulation in the sugar free group.^{12,13}

These SSB-related diseases are major contributors to New Zealand's burden of disease, with cardiovascular disease, for example, accounting for a quarter of New Zealand's disability adjusted life years lost due to illness.³⁸

There is also increasing evidence that demonstrates a likely link between high SSB intake and stroke, cancer, and impaired cognitive development.³⁹⁻⁴¹ The positive relationship between SSB intake and unhealthy weight also indirectly increases the risk of cancer, as adiposity is a significant risk factor for many cancer. In response the increasing evidence that high intake of sugar has on health, the World Health Organisation (WHO) have released a draft guideline that has continued to recommend that free sugars comprise no more than 10% of total energy intake, however, indicated that there are added benefits in achieving a reduction to 5% of total energy intake.⁴²

New Zealand's SSB consumption

The most recent national nutrition surveys show that SSBs contribute 26% of total sugar intake to the diets of children and 17% of total sugar intake to the diets of adults.^{5,6} Furthermore, 29% of children consumed 4 or more SSBs per week and this was markedly higher for boys (33% as opposed to 24% for girls), and Pacific (49%) and Māori (39%) children.⁴⁴ Scragg et al using the 2002, National Children's Nutrition Survey found a positive relationship between SSB consumption and BMI in children.⁴⁴ Children who drank more than one SSB per day had a significantly higher BMI compared to those children who drank less than one SSB per week (BMI: 19.7 verses 18.8 kg/m²). Findings from the Obesity Prevention in Communities study showed that compared to non-SSB consumers, children who consumed one can of SSB per day had a mean higher weight of 3.3kg, and those who consumed two cans had a higher mean weight of 5.3kg.⁴⁵

Key stakeholders and settings

This document identifies six broad groups of stakeholders and settings that can have a significant influence on SSB consumption. The six stakeholder groups/settings include: i) government, ii) whanau, and community/workplace groups, iii) school and early childhood education (ECE) communities, iv) health professionals, v) industry, vi) advocacy and non-governmental

organisations.

1. Government (Local & National)

Leadership and action from governments, in terms of programs and policies, to promote and create healthier food environments are urgently required. A number of plausible policy options that the government can consider to influence the SSB environment include pricing options, restrictions, regulation and policies that impact on availability and access as well as marketing, sponsorship and the media. Strong Government leadership, both local and national, is vital to foster meaningful change in this area.

NZ specific activity

An example of strong government leadership in this area saw the inclusion of a clause into the National Administration Guidelines by the then Minister of Education. The clause required that 'only healthy foods be sold in schools'.⁴⁶ This clause was introduced in 2007 and saw the elimination of SSBs from school canteens and school premises. This clause was revoked in 2009.⁴⁶

RECOMMENDATIONS: GOVERNMENT

- Introduce a 20% excise tax on SSBs with funding used for health promotion.⁴⁷
- Strengthen the National Administration Guidelines that schools only provide foods and beverages which meet the dietary guidelines.
- Implement effective social marketing campaigns that support healthy beverage choices and discourage unhealthy beverage choices.
- Implement effective restrictions of marketing to children of unhealthy foods and beverages, including SSBs.

2. WHANAU AND COMMUNITY/WORKPLACE GROUPS

Community groups such as sports clubs, churches, social clubs, and community centres/hubs are in positions where they may be able to encourage healthier beverage intake of their respective membership, and develop or adopt healthy beverage policies/guidelines themselves.

NZ Specific activity

Networks of churches in some regions have developed strong relationships with their respective District Health Board (DHB) and are sites for much health promotional activity. Many member churches have adopted nutrition policies that may address SSBs within them, and some have a specific policy on SSBs.⁴⁸⁻⁵⁰

RECOMMENDATIONS: WHANAU AND COMMUNITY/WORKPLACE GROUPS

- Develop/adopt organisational healthy beverage policy, making them SSB free;
- Work with local DHB, Public Health services and NGOs to tailor education and awareness approaches on healthy eating and drinking for organisations eg Marae.
- For organisations which receive sponsorship from a beverage company, ensure that it is only related to a sugar-free product, and that any marketing related to this sponsorship strongly promote the sugar-free aspect of the agreement/deal.

3. SCHOOLS AND ECE COMMUNITIES

Children are the highest consumers of SSBs therefore schools and ECEs are important organisations that can promote healthy beverage consumption. Schools may address SSB consumption in a number of ways including implementing their own SSB policy to restrict what beverages are available on school grounds and providing guidelines on whether vending machines have any place in schools. Schools can educate children and parents on the amount of sugar in SSBs, the health implications and alternative options to SSBs. Schools can actively promote healthier drink options using promotional material on school grounds.

NZ Specific activity

The 'Beverage Guidelines Project', led by Waitemata District Health Board (WDHB) in collaboration with a number of organisations including the Auckland Regional Public Health Service, the National Heart Foundation, and more than twenty schools, was launched in 2005. It informed and encouraged schools to replace SSBs with healthier beverage options. In one school alone, this project saw 125kg of sugar per week (or greater than 1 tonne per term) being removed from the school canteen in the form of SSBs.⁵¹ Project Energize is another current example that educates primary school children about nutrition and SSBs in the Waikato region.^{52,53}

RECOMMENDATIONS: SCHOOLS & ECE COMMUNITIES

- ECE centres adopt a policy to ensure SSBs are not consumed in the setting.
- Boards of Trustees ensure that 'healthy food and beverage guidelines' are implemented in their schools whether the guidelines are mandatory or not.
- Professional organisations (i.e. PPTA (Post Primary Teachers' Association), NZEI (New Zealand Educational Institute) support the implementation of 'healthy food and beverage guidelines' in schools.
- Strengthen curriculum and education about SSBs.
- Schools and ECEs ensure that a sufficient number of quality water fountains are available 'at arm's reach' on school grounds and promoted by school to students.

4. HEALTH PROFESSIONALS

In the health sector a number of organisations have an obvious affinity to the vision of eliminating SSB intake. These include but are not limited to the Ministry of Health, DHBs, Hospitals, primary care organisations generally, Public Health Units, and local councils.

NZ specific activity

Some DHBs have provided leadership in working with other sectors including Industry and Education to bring about action on SSBs. These initiatives include Project Energize with Waikato DHB, the Sprite Zero substitution with Counties Manukau DHB, and the 'Beverage Guidelines Project' with Waitemata DHB and local schools.⁵¹⁻⁵⁴

RECOMMENDATIONS: HEALTH PROFESSIONALS

- Identify SSBs as a priority for action by actively asking,

assessing, and advising clients on the issues related of SSB intake and health.

- Ensure SSBs are not be sold on health care premises and display/provide educational resources as to why.
- Provide leadership on this issue and actively facilitate collaboration with other settings (i.e. schools, community and industry) to develop solutions.

5. industry

Relevant industry players that have influence on consumption of SSBs include: the beverage industry (soft-drink and water producers), supermarkets, retailers, and fast food/hospitality. Meaningful engagement with industry may facilitate progress in promoting sugar free beverage choices.

NZ specific activity

In 2006, as part of the 'Let's Beat Diabetes' programme - led by Counties Manukau DHB a trial was undertaken with McDonalds and Coca-Cola would replace the beverage Sprite with its sugar free version Sprite Zero for a 26 week period in all 21 McDonald restaurants in the area. A 17% reduction of SSBs consumption occurred; and importantly, the change did not prompt negative consumer feedback or impact business viability. Such positive outcomes saw Sprite Zero become the default lemonade served in all their respective restaurants throughout New Zealand.⁵⁴

RECOMMENDATIONS: INDUSTRY

- Beverage companies promote the sugar-free beverages as their flagship products with the aim of these sugar-free products being the majority share of beverage sales.
- Supermarkets and retail chains in stocking, placing, and promoting beverages in the store, favour sugar-free beverages over SSBs.
- Fast food chains make the majority of their beverages sugar free and make these the default beverage option, as well as actively promoting their sugar-free beverages over the SSBs.

6. Advocacy and non-government organisations

The harmful consequences SSBs have on health are not well known by many parts of society. A common strategic direction and message issued by advocacy groups that work in this area - is likely to be useful in giving a stronger combined voice with a clear call to action. Advocacy groups that may be sympathetic to this health issue include groups concerned with: obesity, poverty, youth, nutrition, Māori and Pacific health, oral health, cancer, diabetes, youth education, cardiovascular disease risk factors, and gout. Promotion of healthier beverages/alternatives (tap water and milk) need to accompany any messages that restrict options. Many non-government organisations also work in this area including the National Heart Foundation, Diabetes NZ, the NZ Dental Association, Sport NZ, regional sports trusts, Māori and Pacific health providers.

NZ Specific activity

In August 2013 an advocacy organisation solely devoted to SSBs called FIZZ which stands for Fighting Sugar in Soft-drinks was established which is

modelled off another very successful advocacy organisation ASH - Action on Smoking and Health.¹ FIZZ aims to ensure SSBs become a health priority for action by recruiting political support, engaging with community, leading solutions based research, and responding to any threats that are contrary to realising the vision of a sugary drink free New Zealand by 2025. Other advocacy groups are important to this issue including FOE (Fight the Obesity Epidemic), Parents Voice, Public Health Association, Health Promotion Forum, and Child Poverty Action

Group. Furthermore, in 2013, the Health Promotion Agency identified reducing SSB consumption as one of their key programme focus areas to address in their new strategic objectives.⁵⁵

RECOMMENDATIONS: ADVOCACY AND NON-GOVERNMENT ORGANISATIONS

- Support this six point policy brief.
- Champion key aspects of this document.

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ORGANISATION SUPPORT or ENDORSEMENT*



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