



Consensus Statement Sugary Drinks

Sugary drinks are no longer a looming public health crisis, but a very real one. By working together, and acting now, we can prevent not only oral health damage, but obesity – a leading risk factor for diabetes, cardiovascular disease and some cancers.

The NZDA and its partner organisations support and endorse the following actions to inform the public about the negative health impacts of sugary drinks and to advocate for population-wide strategies to reduce sugary drink consumption.

- 1/ Joint advocacy campaign aimed at Government and the beverage industry to introduce a sugar icon on the packaging of all sugary drinks to indicate the amount of sugar in each product in teaspoons.
- 2/ Introduction of mandatory regulation of marketing of sugary drinks to children through independent monitoring and evaluation of food marketing, especially at times and places frequented by children such as children's sports and events.
- 3/ Introduction of daily allowance for the intake of free sugars for New Zealanders, in line with the recommendations from the WHO.
- 4/ Encourage the public to switch their sugary drinks to water by;
 - a/ introduction of warning labels linking overconsumption of sugary drinks to poor health.
 - b/ expansion of successful nation-wide social marketing campaigns such as 'Switch to Water'.
- 5/ Encourage schools and early learning services to adopt 'water-only' policies
- 6/ Development of policies by local government to introduce 'water-only' policies at council venues, events and limit the sale of sugary drinks in and around schools.
- 7/ Joint advocacy campaign, aimed at government, to introduce an excise tax on sugary drinks consistent with the WHO guidelines.



Te Aō Marama
The New Zealand Maori Dental Association



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Sugary drinks, also known as sugar-sweetened beverages, are the major source of sugars consumed by children and young people in New Zealand.^{1,2} These include any beverage that has added sugar such as carbonated or fizzy drinks, energy drinks, sports drinks, fruit drinks and juices, powdered drinks, cordial and flavoured waters. The consumption of sugary drinks is associated with dental caries, weight gain and obesity. Obesity is a leading risk factor for diabetes, cardiovascular disease and some cancers. Nearly two thirds of adults and one third of children are either overweight or obese in New Zealand.³ Dental caries is a significant health problem in New Zealand. Good oral health is not only a vital component of general health but also a basic human right.⁴ It is not uncommon for children as young as 18 months old to be admitted to hospital in need of a general anaesthetic to have their teeth restored or removed due to decay or infection. In 2009, 5050 children aged 8 years or younger underwent these procedures in New Zealand hospitals, making dental treatment the number one reason for admission to hospital for this age group.⁵ The 2014/15 annual New Zealand Health Survey, reported that 29,000 children under the age of 14 years have had teeth removed due to decay, an abscess, infection or gum disease in the preceding 12 months.⁶ The shocking rate of dental caries and tooth extractions among young New Zealanders needs immediate attention.

There is insufficient focus on reducing the dietary cause of dental caries. Free sugars are the main dietary factor responsible for dental caries.⁷ The dental caries process initiated by demineralisation of enamel and dentin is caused by the presence of high levels of sugar that are metabolised by the cariogenic bacteria in the mouth. Other factors such as oral hygiene habits and use of fluorides can influence this process but these are not true aetiological factors.⁷ Consumption of sugary drinks significantly increases the risk of dental caries due to their high sugar content. The sugar in these drinks also increases their energy content without any useful nutrients. Consumption of one can of soft drink per day can result in weight gain of more than 5 kilograms per year, if the excess energy gained from the soft drink is not burnt off.⁸ A 600ml bottle of soft drink contains approximately 16 teaspoons of sugar and a regular 375ml can of soft drink contains about 10 teaspoons of sugar.⁹ Sugary drinks are cheap, readily available and accessible, and are one of the most widely advertised products. Research shows that the majority (76%) of beverages that children identified with sports were sugary drinks.¹⁰ Only 17 percent of beverages were from categories classified as 'everyday' drinks (water and plain milk) in the New Zealand Nutrition Guidelines. Parents and children interviewed in the study agreed that a sport-related food environment influenced children's eating habits and acted as a barrier towards promoting positive eating habits among children. Research suggests that a ban on advertising targeted at children is effective in lowering consumption.¹¹

The World Health Organisation (WHO) strongly recommends that the intake of free sugars should be reduced to less than 10 percent of total energy intake approximately 12 teaspoons per day per adult. Further reduction to less than 5 percent of total energy intake (approximately 6 teaspoons per day per adult), is recommended to help prevent dental caries in particular.¹² About 33 teaspoons of sugar per person per day is imported into New Zealand; the equivalent of 48kgs of sugar per person per year.¹³ The Eating and Activity Guidelines for New Zealand adults recommend that adults replace high-sugar drinks such as fizzy and sports drinks with plain water.¹⁴ The guidelines also recommend that adults choose foods with the lowest amount of added sugar by comparing food labels of similar foods.

Sugary drinks are unique in that they have no nutritional value, they contribute empty calories and replace healthier beverage options. They are also extremely acidic. The New Zealand Dental Association (NZDA) recommends that adults and children switch sugary drinks to water. To reduce the intake of sugary drinks, a range of actions by government, beverage industry, schools, non-government organisations and others is urgently needed.

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