Policy Statement

Reducing the consumption of energy from sugary drinks in children

Summary

"We are eating too much sugar" [1]

Reports published by The Scientific Advisory Committee on Nutrition (SACN) and Public Health England in 2014 [2] [3], make a consistent and compelling case for a reduction in the nation's sugar intake. Free sugars are of particular concern – this includes sugars that are added to foods and drinks, or found in honey, syrups and fruit juice, but does not include sugars in milk or whole fruit [4].

Free sugar consumption amongst children is particularly high, and soft drinks are the largest contributor to childhood free sugar intake, according to the most recent National Diet and Nutrition Survey (NDNS) [5]. The government has taken steps to address this through their soft drinks industry levy and sugar reduction programme.

The BDA:

- Supports, and advocates for, a range of public policies and initiatives to reduce the frequency and amount of sugary drinks consumed by children and adolescents.
- Supports the UK government's Soft Drinks Industry Levy as part of a range of measures that will be essential to reduce obesity and improve diet, and believes it should be kept under review to ensure its ongoing effectiveness.
- Reducing consumption of sugary foods and drinks should be a key component of a whole-systems approach to tackling obesity and supporting children and adolescents to lead healthy lifestyles.
- Recommends school-based education programmes as examples of interventions to reduce sugar sweetened beverage consumption. These may offer health care professionals the best opportunities for implementing economical, sustainable interventions which are effective in children and adolescents.

Background

SACN recommends that free sugars should provide no more than 5% of total daily energy intake[2]. This advice aims to reduce the risk of obesity and associated adverse health outcomes. The National Institute for Health and Care Excellence (NICE, 2014)[4] recommends a reduction in the frequency and amount of sugary foods and drinks to protect oral health of children and adults. Children and young people aged between four and 18 years eat the most free-sugar which accounts for around 13-14% of their daily energy intake [5].

Sugar sweetened beverages (SSBs) usually contain high levels of added sugar and include energy drinks, squash, fizzy and carbonated 'non-diet' soft drinks. 'Diet' soft drinks are not termed SSBs as they contain little or no added sugar; however, most are still acidic enough to harm the teeth if consumed too often. The latest NDNS found that soft drinks (not including fruit juice) contribute 22% of 11-18-year-olds' intake of free sugars, the highest of any source [5].

Pure fruit juices contain natural sugar, together with some vitamins and minerals, and it is recommended that consumption is limited to one small 150ml glass daily at mealtime [4]. Fruit juices should be diluted for young children (1 part juice and one part water).

Soft Drinks Industry Levy and sugar reformulation efforts

In April 2018, the UK government implemented a national Soft Drinks Industry Levy, which placed a tax on soft drinks, not including milk-based drinks or fruit juice-based drinks. The Levy is set at 24p per litre for drinks containing up to 8 grams of sugar per 100 millilitres, and 18p per litre for drinks containing 5 – 8 grams of sugar per 100 millilitres. So far, over 50% of all soft drinks manufacturers have reformulated their drinks [6]. It is notable, however, that top selling manufacturers such as Coca Cola and Pepsi have not done so. It will remain to be seen what impact this has on total intake of free sugars by children from SSBs.

Milk-based drinks and fruit juice-based drinks (but not pure fruit juices) have been included in Public Health England's wider voluntary sugar reduction/reformulation efforts, alongside a range of food categories. Industry are working with PHE to reduce total sugar (measured as a sales weighted average) by 20% for milk and 5% for juices by 2021 [7].

While the levy and reformulation work are very welcome, a broader multi factorial approach is needed to translate the evidence base into action to reduce the consumption of sugary drinks. This will include product reformulation, individual interventions, food supply chains, marketing and taxation, all within the broader context of improving overall diet quality [8] [9].

A whole system approach

While the levy and reformulation are important parts of efforts to reduce children's consumption of SSBs, a truly whole systems approach, encompassing a range of other interventions is needed.

Action by NHS England to reduce sales of sugary drinks in hospital premises went further, with a specific target of reducing SSB sales to 10 percent or less of drinks sales in any given NHS outlet. Although the scheme is voluntary, trusts and retailers are required to take part in the scheme in order to meet 2018/19 CQUIN requirements. Participants in the scheme reduced the proportion of total drinks sales accounted for by SSBs from 15.6 per cent to 8.7 per cent between July 2017 and March 2018 [10].

A systematic review looking at interventions to reduce consumption of sugar sweetened beverages (SSBs) in children by Avery et al (2014) [11] suggests that school-based education programmes may offer health professionals the best opportunities for implementing cost effective and sustainable interventions which are effective in children and adolescents. Changing the school environment to support such programmes could also improve the effectiveness of these interventions.

The Dutch Obesity Intervention in Teenagers (DOIT) multi-component health promotion intervention is one example of the sort of school-based programme described above. This led to a significant reduction in SSB consumption amongst participants and had beneficial effects on body composition in girls [12]. However, James et al (2007) found that the positive impact of a year long intervention was not sustained after three years, highlighting the need for ongoing interventions across childhood [13].

Suggested Examples of successful interventions

- Use of computer or web-based nutrition education delivered via school and home may also offer an effective contemporary educational route and these interventions could be an effective tool in helping to reduce SSB consumption.
- Interventions which encourage alternative drinks to SSBs for children) are largely effective in reducing consumption of SSBs upon completion of the intervention and can offer some effective and practical ideas for future practice.
- A consistent strand running through the available evidence is the suggestion that maintenance sessions are necessary to remind children to maintain any change in SSB consumption over time.

References

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