

Te Aō Marama

The NZ Māori Dental Association



Position Statement – Sugar Sweetened Beverages

Consumption of sugar sweetened beverages (SSBs) contributes to the risk of obesity, diabetes and tooth decay in children and adults.

Te Aō Marama - The NZ Māori Dental Association supports measures that reduce the promotion, availability and consumption of SSBs, and that inform the public of the health risks associated with SSB consumption.

Te Aō Marama - The NZ Māori Dental Association recommends water and plain milk as the preferred drinks for children.

Sugar sweetened beverages (SSBs), are drinks that contain added sugar.

Drinks that commonly have added sugar are:

Soft drinks, fizzy drinks, sports drinks, energy drinks, fruit drinks, powdered drinks, cordials, flavoured milks, flavoured waters, and iced teas/coffees.

It can be surprising how much sugar may be found in SSBs. For example, a single 355 mL can of fizzy drink may contain approximately nine teaspoons of sugar while a 600 mL bottle may contain 16 teaspoons of sugar. Natural fruit juice, even without added sugar, may have sugar content similar to SSBs.

The World Health Organisation (WHO) guidelines¹ indicate that, ideally, adults should consume less than about six teaspoons of sugar per day, and children less than about three to four teaspoons of sugar per day.

SSB consumption has increased markedly over the past 30 years with approximately 20% of New Zealanders consuming SSBs at least three times a week^{2 3}. SSB consumption is highest among Maori and Pacific populations, and among adolescents and young adults³.

Nearly one in three children and two in three adults in New Zealand are obese or overweight⁴. Regular SSB consumption increases the risk of becoming overweight or obese. SSBs not only contain high quantities of sugar (and so are high in calories) but they typically provide few beneficial nutrients.

People drinking SSBs do not feel as full compared to when consuming the same number of calories from food, and studies show that people drinking SSBs do not eat less food to compensate for the high calorie intake from SSBs. Consequently drinking SSBs can easily result in consuming calories in excess of what is necessary.

Overweight and obesity contribute to the risk of developing type 2 diabetes, high blood pressure, cardiovascular disease and some cancers.

Children who consume one SSB or more per day are 50% - 60% more likely to be overweight or obese compared with children who consume little or none^{5 6}. Having one or two SSBs per day may increase the risk of developing type 2 diabetes by 26%⁷.

SSB consumption also causes tooth decay and dental erosion due to the high sugar content and acidic nature of SSBs. There is a strong association between the amount and frequency of sugar consumed and tooth decay. Tooth decay remains the most common, long-term preventable disease in New Zealand and may result in pain, absences from school or work, social disadvantage, and embarrassment. Dental treatment is expensive and unaffordable for up to half of all adults⁸. Surgery to remove children's decayed teeth is a leading contributor to the number of hospital admissions that can be prevented⁹.



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Te Aō Marama - The NZ Māori Dental Association Supports

1. Promotion of water and plain milk as the preferred drinks for children.
2. Actions that can be taken at a national level, for example:
 - Initiatives that help ensure the public are aware of the sugar content of SSBs and are fully informed of the health risks associated with SSB consumption
 - Developing requirements for compulsory SSB product labelling that informs consumers of the known health risks associated with regular SSB consumption
 - Policy restricting SSB marketing, sponsorship and promotion to children
 - Policy restricting SSB marketing, sponsorship and sales in and around schools
 - Policy regarding SSB placement and availability in supermarkets and stores
 - A tax on SSBs.
3. Actions that can be taken at a local level, for example:
 - Supporting 'water and milk only' policies and practices in schools and pre-schools
 - Development of healthy beverage policies and SSB-free policies for premises, workplaces and events
 - SSB-free branded sponsorship
 - Increased accessibility to safe drinking water in public places, workplaces and schools.
4. Actions that can be led by the food industry and retailers, for example:
 - Restricting the marketing or promotion of SSBs to children
 - Reducing available SSB portion sizes
 - Providing SSB-free children's meals
 - Product reformulation, progressively decreasing sugar quantity in SSBs
 - Labelling of SSB products that uses teaspoon measurements to clearly show total sugar content so that consumers, and especially parents of children, are able to make well-informed purchase decisions.
5. Promotion of the Ministry of Health Nutrition Guidelines.

References and further information

- 1 World Health Organisation (2015). *Guideline: Sugars intake for adults and children*. Geneva: World Health Organisation.
- 2 University of Otago and Ministry of Health (2011). *A Focus on Nutrition: Key Findings of the 2008/09 New Zealand Adult Nutrition Survey*. Wellington: Ministry of Health.
- 3 Kruse, K. (2013). *Consumption of sugary drinks among children and their parents or caregivers*. Wellington: Health Promotion Agency Research and Evaluation Unit.
- 4 Ministry of Health (2014). *Annual Update of Key Results 2013/14: New Zealand Health Survey*. Wellington: Ministry of Health.
- 5 Te Morenga, L., Mallard, S., Mann, J. (2013). Dietary sugars and body weight: systematic review and meta-analyses of randomised controlled trials and cohort studies. *British Medical Journal*, 356:e7492.
- 6 Ludwig, D., Peterson, K., Gortmaker, S. (2001). Relation between consumption of sugar sweetened drinks and childhood obesity: a prospective, observational analysis. *Lancet*, 357:505-8.
- 7 Malik, V., Popkin, B., Bray, G., Despres, J., Willett, W. and Hu, F. (2010). Sugar-sweetened beverages and risk of metabolic syndrome and type 2 diabetes: a meta-analysis. *Diabetes Care*, 33:2477-83.
- 8 Ministry of Health (2010). *Our Oral Health: Key findings of the 2009 New Zealand Oral Health Survey*. Wellington: Ministry of Health.
- 9 Whyman, R., Mahoney, E., Morrison, D., Stanley, J. (2012). *Potentially Preventable Admissions to New Zealand Public Hospitals for Dental Care: A 20-Year Review*. Wellington: Ministry of Health and Hutt Valley District Health Board.