Sugar-sweetened beverages consumption in Australia
The problem and what needs to be done

Recommendations

Cancer Council Australia, Diabetes Australia and the National Heart Foundation of Australia recommend that adults and children limit their consumption of sugar-sweetened beverages\(^a\) and instead drink water or reduced-fat milk. Australian governments should support this call and encourage consumers to limit their sugar-sweetened beverages consumption in line with Australia’s dietary guidelines.

Comprehensive action should be taken by governments, schools, non-government organisations and others to inform the public about the health impacts of sugar-sweetened beverages and to influence the public to limit their consumption. A comprehensive approach should include:

1. A social marketing campaign, supported by Australian governments, to highlight the health impacts of sugar-sweetened beverages consumption and that encourages people to reduce their consumption levels.
2. An investigation by the federal Department of Treasury and Finance into tax options to increase the price of sugar-sweetened beverages or sugar-sweetened soft drinks\(^b\), with the aim of changing purchasing habits and achieving healthier diets.
3. Comprehensive restrictions by Australian governments to reduce children’s exposure to sugar-sweetened beverages marketing, including through schools and children’s sports, events and activities.
4. Comprehensive restrictions by state governments on the sale of sugar-sweetened beverages in all schools (primary and secondary), places frequented by children, such as activity centres and at children’s sports and events (with adequate resources to ensure effective implementation, monitoring and evaluation).
5. An investigation by state and local governments into the steps that may be taken to reduce the availability of sugar-sweetened beverages in workplaces, government institutions, health care settings and other public places.

Background

Australia’s draft dietary guidelines recommend limiting the intake of food and beverages containing added sugars and in particular, limiting sugar-sweetened drinks.\(^1\) However young Australians remain very high consumers of sugar-sweetened beverages, and sugar-sweetened soft drinks in particular:

- The 2007 Australian National Children’s Nutrition and Physical Activity Survey found that 47% of children (2 to 16 years of age) consumed sugar-sweetened beverages (including energy drinks) daily, with 25% consuming sugar-sweetened soft drinks daily.\(^2,4\) The mean daily intake among these children was approximately 1.2 cans (between 436mL and 448mL per day).\(^2,4\) Mean daily intake was found to be even higher for consumers of sports drinks (approximately 620mL per day), most likely due to their large standard bottle size. The highest consumers of sugar-sweetened beverages among children are male adolescents aged 12 to 18 years.\(^2,6\)
- Among adults, young males (19 to 24 years of age) are the highest consumers of all types of sugar-sweetened beverages.\(^2,5,7\) The last National Nutrition Survey found that 58% of this group of consumers drank an average of 2.1 cans per day (800mL).\(^5,7\)

\(^a\) “Sugar-sweetened beverages” refer to all non-alcoholic water based beverages with added sugar, including sugar-sweetened soft drinks, energy drinks, fruit drinks, sports drinks and cordial.

\(^b\) “Sugar-sweetened soft drinks” refer to all non-alcoholic carbonated drinks, excluding non-sugar-sweetened varieties and energy drinks.
• People from socially disadvantaged groups (across all age groups) are significantly higher consumers of sugar-sweetened beverages than those from higher socio-economic groups. 

While sugar-sweetened beverages can be helpful for people with type 1 diabetes in the case of acute hypoglycaemia, they provide little (if any) other nutrition or health benefit. Rather, the consumption of sugar-sweetened beverages is associated with increased energy intake and in turn, weight gain and obesity. 1, 8-10

• Among children (2 to 16 years of age) that consume sugar-sweetened soft drinks, these drinks contribute 26% of their total sugar intake and 7% of their total energy intake. 3

• In the US, it has been estimated that consuming one can of soft drink per day could lead to a 6.75kg weight gain in one year (if these calories are added to a typical US diet and not offset by reduction in other energy sources). 11

• There is evidence that people do not compensate for the energy they consume from sugar-sweetened soft drinks by reducing their energy intake from other foods. There is also evidence that sugar-sweetened soft drinks may stimulate appetite or suppress satiety, leading people to consume more energy from other sources. 1, 8-12, 13

• Obesity is a leading risk factor for diabetes, cardiovascular disease and some cancers (including endometrial, oesophageal, renal, gallbladder, bowel and postmenopausal breast cancers). 14, 15 It has been estimated that the risk of type-2 diabetes is 26% greater among the highest consumers of sugar sweetened beverages (most often 1–2 servings/day), compared to those with the lowest levels of intake (none or <1 serving/month). 16

• As well as considering the association with increased energy consumption and weight gain, the total economic costs of obesity that have been estimated at $58.2 billion need to be noted as a reason for action. These costs are expected to rise significantly, driven largely by a projected rise in diabetes. 17

A range of factors influence the consumption of sugar-sweetened beverages, including taste, availability, role modelling by significant others, advertising and marketing, and price. 5, 18-20

• Among adults, social settings are key triggers for consumption, particularly where alcohol is consumed. The purchase of fast food and the availability of soft drinks in the home, workplace and other social settings are also leading factors relating to their consumption. 21

• Among children, taste preferences and the availability of sugar-sweetened beverages in the home and at school are key drivers of consumption. 18-20

• Soft drinks are heavily promoted through media advertising, a wide variety of entertainment and sporting venues, children’s sports and events, targeting of schools and movie tie-ins. 5 There is evidence that food and beverage advertising influences children’s food choices. 22

• Price influences sugar-sweetened beverages consumption. 23, 24 After food purchased away from home, soft drinks are the category of food or beverage products most responsive to price changes. 23 It has been estimated that a 10% increase in soft drink prices could reduce consumption by 8-10%. 23 It has also been estimated that a 20% tax on sugar-sweetened beverages could reduce body weight by 0.7 to 1.2kg per capita per year. 25

Some steps have been taken by governments and others to address the influences on sugar-sweetened beverages consumption; however these steps have been insufficient to meaningfully reduce consumption.

• Schools have adopted government policies and guidelines to reduce the availability of sugar-sweetened beverages in school canteens; however these initiatives are being undermined by poor implementation and monitoring, 26 and the promotion and ready availability of these drinks outside of school grounds.

• While there are some restrictions on unhealthy food and beverage advertising to children, these restrictions (mostly in self-regulatory codes) are inadequate to protect children as they do not restrict the volume of advertising that children are exposed to, or adequately restrict the techniques most commonly used to target children, such as the sponsorship of children’s sports, events and activities. 27

• In the US, some state governments have introduced small sales taxes on sugar-sweetened soft drinks, at a mean tax rate of 5.4%. 28 However, researchers and health experts agree that a tax capable of reducing consumption and weight would need to be substantially higher, with suggestions that retail prices would need to increase by about 20%. 29, 30

Cancer Council, Diabetes Australia and the National Heart Foundation of Australia agree that comprehensive action is required by governments and others to address the problems of sugar-sweetened beverages consumption. A failure to act now will contribute to our growing public health crisis and escalating costs for individuals, families, communities and governments.
References


