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If soft drink companies can do it, why can't government? Sugary drink sales policies in schools must be tightened

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More than 50% of New Zealand (NZ) children, which equates to more than 135,000 kids, are overdue for their dental checkups. Of these children, 2,157 are awaiting specialist care which is likely to require general anaesthetic.^{1,2} Already, more than 8,400 children require a general anaesthetic for multiple tooth extractions each year, costing our health system over \$32 million for the general anaesthetic costs alone. Our dental system is failing to keep up with ever-increasing demand, and unfortunately, demand is predicted to become worse.

Sugar intake is the primary cause of childhood dental caries,³ and sugary drinks contribute over a quarter of the total dietary sugar that NZ children consume.⁴ Eating behaviours are developed in childhood and negative behaviours can continue through to adulthood.⁵ Limiting sugary drink consumption in children will likely prevent the decay of thousands of children's teeth, reduce the pain and anxiety that children experience, reduce the pressure on oral health waiting lists, and save tens of millions of dollars of taxpayer money.

One initiative used internationally and in many schools in NZ is the policy to restrict the availability of sugary drinks in schools. The beverage industry has voluntarily already introduced a policy consistent with this aim.⁶⁻⁸

In 2006, Coca-Cola Amatil NZ and Frucor Suntory signed an MOU with the Ministries of Education and Health to remove full sugar carbonated beverages and energy drinks from secondary schools by 2009.⁶ In 2017, the NZ Beverage Council, representing the majority of the non-alcoholic beverage

industry in NZ (including Frucor Suntory, Red Bull, Better Drinks Co., Coca-Cola Oceania and Coca-Cola Amatil NZ), introduced an overarching policy committing their members to only sell bottled water to primary and intermediate schools in NZ and to not sell sugar-sweetened carbonated soft drinks or energy drinks to secondary schools.^{7,8}

These policies show that the beverage industry acknowledges that sugary drinks contribute to health problems in NZ children, such as obesity and dental carries. Therefore, the beverage industry wishes to reduce the harm that sugary drinks cause children, by not selling their beverages *directly* to schools.⁹

While this may sound promising, unfortunately, sugary drinks still abound in NZ schools. There are two reasons for this: first, sugary drinks are often made available in schools through businesses that on-sell sugary drinks from manufacturers to schools. In other words, many school canteens are contracted out to private operators. These private operators usually buy drinks directly from supermarkets, thus bypassing beverage wholesalers. Therefore, the policies of the beverage industry have little influence on what drinks are being supplied and sold to children in NZ schools. Second, restrictions to sell sugary beverages to schools fail to include many types of sugary drinks, such as juice, flavoured milk, or sports drinks, which are increasingly popular around the world and in NZ. Importantly, such 'non-carbonated' sugary drinks have contributed to persistently high consumption levels of sugary beverages in NZ.¹⁰

Thus, despite some restrictions, sugary drinks are still available in many NZ schools. A recent survey of NZ schools found that most students (73%) had sugary drinks available to purchase on their grounds. For example, 30% of Primary Schools, 50% of Intermediate Schools, and 100% of High Schools had flavoured milk and/or juice available for purchase.¹¹⁻¹²

Because of the loopholes outlined above and the danger that sugary drinks pose to children, several NZ schools have implemented 'water only' policies, which do not allow sugary drinks to be sold by their canteens.¹³ However, as outlined above, many schools have not implemented the simple 'water only' policy and therefore, the vast

majority of NZ's children are still exposed to a product with devastating long-term consequences for them and for wider society (e.g. the health system, families, communities, tax payers).

But all of these issues can be addressed. Shortly following the election in 2017, our present Government acknowledged that excess dietary sugar is an issue that needed prioritised action¹⁴ since health issues such as obesity, diabetes and dental disease were related to it.¹⁵⁻¹⁷ Unfortunately, four years later, not a single initiative has been implemented to address this priority.

However, the Government did engage with the food and beverage industry, seeking leadership and direction for obesity prevention.¹⁸ As a result of this engagement the Food and Beverage industry formed a taskforce and responded with recommendations addressing industry factors contributing to obesity.⁹ One of the obvious areas where mutual actions already exist and could be strengthened – particularly from the government's standpoint – is: *The promotion of water only policies across our hospitals and schools.*¹⁸

The recommendation relating to this (recommendation 25) prescribes that:

*The Government works with schools to encourage them to adopt a water-only policy that supports the pledge made by New Zealand Beverage Council members to only supply bottled water to primary and intermediate schools.*⁹

Considering:

- the Beverage industry already supports and have policies for *Water Only Primary and Intermediate Schools* and *High Schools* where soft drinks and energy drink are sugar free.
- sugary drinks are harmful for dental and metabolic health, learning and behaviour.¹⁵⁻¹⁷
- that many school canteens still sell sugary drinks to children (despite the industry-led policy).

Therefore, we urge the government to develop and implement enduring policy to make primary and intermediate schools 'Water Only' and for high schools to become 'Sugary Drink Free' in 2022. Such policies are likely to prevent dental caries and reduce the escalating demand for oral health

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services. Building more dental clinics and training an ever-increasing number of dental therapists and dentists is not a solution to fix our children's alarming dental health status. Solid policy to offer 'Water Only' in primary and intermediate schools and to take sugary drinks out of secondary schools will reduce the pain and suffering experienced by children and save the health system millions of dollars each year. We appeal to the government to take this significant step to prevent further harm to NZ's most vulnerable consumers: its children.

References

1. Preston N. About 50 percent of kiwi kids overdue for dental checkups. *NZ Herald* [Internet]. 2020 [cited 2021 Dec 2] Nov 3;01:51pm. Available from: <https://www.nzherald.co.nz/nz/about-50-per-cent-of-kiwi-kids-overdue-for-dental-checkups/5ZB7SOI25MLGBFLOWB7XNFJEEY/>
2. Quinn R. Auckland children living in pain as dental system struggles to keep up. *Radio New Zealand* [Internet]. 2020 [cited 2021 Dec 2] Nov 17;5:38am. Available from: <https://www.rnz.co.nz/news/national/430765/auckland-children-living-in-pain-as-dental-system-struggles-to-keep-up>
3. Sheiham A, James WP. Diet and dental caries: The pivotal role of free sugars reemphasized. *J Dent Res*. 2015;94(10):1341-7.
4. Ministry of Health. *NZ Food NZ Children: Key Results of the 2002 National Children's Nutrition Survey*. Wellington (NZ): Government of New Zealand; 2003.
5. Birch L, Savage JS, Ventura A. Influences on the development of children's eating behaviours: From infancy to adolescence. *Can J Diet Pract Res*. 2007;68(1):s1-s56.
6. Coca-cola. *Choice and Information* [Internet]. Auckland (NZ): Coca-Cola Amatil (NZ); 2017 [cited 2021 Dec 2]. Available from: <https://www.coca-colajourney.co.nz/transparency/marketplace-actions>
7. NZ Beverage Council. *Fighting Obesity* [Internet]. Auckland (NZ): NZBC; 2021 [cited 2021 Dec 2]. Available from: <https://www.nzbeveragecouncil.org.nz/positions/fighting-obesity/>
8. Collins S. *Industry Adopts Water-only Policy for Primary Schools* [Internet]. Wellington (NZ): Education Central; 2017 [cited 2021 Dec 2]. Available from: <https://educationcentral.co.nz/industry-adopts-water-only-policy-for-primary-schools/>
9. Food Industry Taskforce on Addressing Factors Contributing to Obesity. *Final Report to Ministers of Health and Food Safety* [Internet]. Wellington (NZ): New Zealand Government Ministry of Health; 2018 [cited 2021 Dec 2]. Available from: <https://www.health.govt.nz/system/files/documents/pages/food-industry-taskforce-final-report.pdf>
10. Sundborn G, Thornley S, Merriman TR, Lang B, King C, Lanaspas MA, et al. Are liquid sugars different from solid sugar in their ability to cause metabolic syndrome? *Obesity (Silver Spring)*. 2019;27(6):879-87.
11. King K. *Drinks in Schools Report*. Bay of Plenty (NZ): The Bay of Plenty and Lakes Districts Health Boards Toi Te Ora Public Health Service; 2016.
12. Mansoor OD, Ali R, Richards R. Regional survey supports national initiative for 'water-only' schools in New Zealand. *Aust N Z J Public Health*. 2017;41(5):508-11.
13. New Zealand Beverage Guidance Panel. *Policy Brief: Water Only Schools*. Auckland (NZ): Fighting Sugar in Soft Drinks (FIZZ); 2020.
14. Jones N. Arden warns over sugar and salt level but wants to work with food industry. *NZ Herald*. 2017 Oct 30;6:28am.
15. Ebbeling CB, Feldman HA, Chomitz VR, Antonelli TA, Gortmaker SL, Osganian SK, et al. A randomized trial of sugar-sweetened beverages and adolescent body weight. *N Engl J Med*. 2012;367(15):1407-16.
16. Malik VS, Popkin BM, Bray GA, Despres JP, Willett WC, Hu FB. Sugarsweetened beverages and risk of metabolic syndrome and type 2 diabetes: A meta-analysis. *Diabetes Care*. 2010;33(11):2477-83.
17. Mishra MB, Mishra S. Sugar-sweetened beverages: General and oral health hazards in children and adolescents. *Int J Clin Pediatr Dent*. 2011;4(2):119-23.
18. Clark D Hon. *Food Industry Asked to Step Up Fight Against Obesity* [Internet]. Wellington (NZ): Government of New Zealand; 2019 [cited 2021 Dec 2]. Available from: <https://www.beehive.govt.nz/release/food-industry-asked-step-fight-against-obesity>

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