Soft Drinks (Prohibition From Selling at Schools) Bill 2005

Explanatory Notes

General Outline

Policy Objectives of the Bill

The objective of the bill is to improve the health & wellbeing of our children – both now and into the future – by legislating to withdraw soft drinks from the school environment subject to the exemption as listed. Over the last twenty years the intake of soft drinks by children and adolescents has increased significantly, displacing healthier drinks such as milk and water. This trend has contributed to an epidemic of medical and dental problems. The most serious of these is obesity and related complications. While the obesity crisis is a complex problem, reducing access to soft drinks in the school environment is a relatively simple intervention with potentially enormous benefit. The proposed legislation is consistent with the advice of medical, dental and nutritional bodies around the world including the World Health Organisation.

Reasons for the Bill

Obesity

Obesity is one of the most serious health challenges we face both globally and locally. Our population is getting fatter and fatter. However the most worrying factor is that we are getting fatter, faster and faster. The prevalence of obesity has more than doubled in the past 20 years. Almost 60% of adult Australians are overweight or obese. One in four Australian children are affected – more than at any other time in our recorded history – and it has been predicted that this figure will increase to 50% by the year 2020. (Murdock Children’s Research Institute, 2002.)

Overweight and obesity increase the risks of Type 2 diabetes, heart disease, high blood pressure, high cholesterol, sleep apnoea, musculoskeletal problems (including osteoarthritis), asthma and some cancers. The increasing prevalence and severity of obesity in children has created an epidemic of type 2 diabetes – previously considered to be a disease of ageing. This has raised the spectre of heart attacks becoming a paediatric disease. Overweight children are at increased risk of becoming overweight or obese adults. There are also psychosocial complications. Overweight children and adolescents commonly experience negative and rejecting social interactions, including lower self-esteem, increased rates of sadness, loneliness and nervousness.

The treatment of obesity is difficult, expensive and often unsuccessful. New treatments will not fix the underlying problems of an “obesogenic” environment.

Prevention is the only answer.
While genetics plays a role, it is the change in our environment that has caused the dramatic increase in obesity. Weight gain and obesity develop when the energy intake from food and drink exceeds the energy expenditure from physical activity and other metabolic processes.

**Evidence shows that soft drinks can increase the risk of weight gain and obesity.** One can of soft drink contains 10 teaspoons of sugar and each can of soft drink consumed per day increases the risk of being obese by 60%. Unlike foods, drinks do not create a feeling of fullness, so despite consuming a lot of kilojoules, the person is still hungry. In fact there is evidence that soft drinks may increase appetite leading to a further increase in energy intake. Soft drinks provide empty kilojoules and no nutritional benefits. Reducing the consumption of soft drinks will reduce energy intake and contribute to prevention of weight gain and obesity with no negative impact. (WHO)

**Dental disease**


Soft drinks contain water, sugar and food acids so drinking soft drinks is the equivalent of washing your teeth with sugar and acid. Dentists are reporting a recent epidemic of erosion – when enamel is eroded from teeth - in parallel with the increasing consumption of soft drinks. Erosion cannot be fixed and enamel cannot be replaced, so we are condemning these children to a lifetime of expensive dental procedures that will never solve the problem. There are now more kids being affected and at a younger age. Children as young as 6 years old are presenting with erosion. This is particularly a problem in Queensland, as most of our kids do not have the benefit of fluoride to help protect their teeth. This epidemic can be directly linked to the more frequent consumption of acidic drinks.

**Osteoporosis**

Osteoporosis or thin bones is a disabling and costly disease with a high mortality rate. 50% of peak bone mass is accumulated in puberty.

This is the first generation of children to drink soft drinks in preference to milk or water. Milk consumption decreases as soft drink consumption increases. There is emerging evidence that the reduction in calcium intake in our children may lead to increased fractures and a potential epidemic of osteoporosis in early adulthood.
Questions

Why soft drinks rather than sports drinks and juices?

Sports drinks and juice drinks may also contribute to medical and dental problems, but they are not consumed to the same degree as soft drinks and have not been advertised as aggressively.

Soft drinks are among the most heavily marketed products especially on TV. Children and young adults are a common target for these marketing campaigns and this age group is particularly vulnerable to peer pressure.

Why include artificially sweetened soft drinks?

While artificially sweetened drinks have not been associated with the obesity epidemic, they are just as acidic as normal soft drinks and contribute equally to dental erosion. They also have no nutritional benefit and displace other drinks that are healthier such as milk and water.

Why target kids?

Children need to be the major focus of any obesity prevention strategy for two reasons:
Firstly – the best treatment is prevention – it is easier, less expensive and potentially more effective. Children are learning eating behaviours, skills, knowledge and attitudes relating to food which will influence their nutrition and health throughout their lives. What they experience in childhood becomes “normal” for them and is likely to continue into their adult years. If we want to win the obesity war, we cannot afford for the next generation to think that drinking soft drink twice daily or more frequently is “normal”.
Secondly, a high proportion of overweight or obese children will become obese adults. Studies have shown that childhood obesity persisting into adulthood results in a more severe form of obesity with higher morbidity or mortality, than when obesity starts in later life. Childhood is a period where prevention efforts have a higher chance of success.

Why school tuckshops/canteens?

A high proportion of schools operate a canteen or tuckshop, making them the largest takeaway food network in Australia. (NSW School Canteen Association 2002).

Australian school children may consume around 37% of total energy in foods eaten at school during a school day.

Obesity prevention efforts work best if they focus on the environment – including the school environment – rather than on the child. Education alone is not sufficient to change weight-related behaviours. Environmental and societal intervention is also
required to support behaviour change. All parts of the community must be reached – not just the motivated healthy. (Gill et al, 1995, Best options for promoting healthy weight and preventing weight gain).

By removing soft drinks from school tuckshops, we are
- providing a healthier environment for all kids,
- helping to prevent the development of obesity
- helping families whose kids are at risk without making them feel stigmatised.

Studies have shown that restricting or banning the sale of soft drinks in schools has the potential for high gain and is simple to achieve. Many school have already achieved this by choice and report that the level of support from parents is very high.

**Why legislation?**

The promotion of healthy weight and the prevention of inappropriate weight gain are national and state health priorities. We need to reduce the burden than chronic disease places on the Queensland population and our health system. Prevention is vital.

What we are doing now is not working and we cannot afford to wait – we need to act now. Some will argue that guidelines for tuckshops are currently being drafted. However guidelines are just that – guidelines - pieces of paper that can be overlooked or ignored. Reducing the intake of sugary drinks with no nutritional value is recommended by every medical, dental and nutritional body on the planet. Removing soft drinks from schools has been shown to be a simple intervention which achieves this goal in an equitable way. It is currently being done by individual school all over Queensland. Let’s make it fair and protect every child in our state.

Remember that the United Nations Convention on the Rights of the Child states that “children, including all developmental stages from conception to age 18, have the right to enjoyment of the highest attainable standard of health and to a safe environment.”

This is a simple easy and safe way to improve the health environment for our kids.

**Administrative Cost to Government of Implementation**

No additional funds would be required for the implementation of the proposed legislation.

**Consistency with Fundamental Legislative Principles**

The Bill is consistent with fundamental legislative principles

**Consultation**

The proposed legislation has required the consideration of many groups throughout Queensland.

Medical:
Australian Medical Association (Qld Branch)
Royal Australian College of General Practitioners
Royal Australian College of Physicians – paediatric speciality – no answer to email to date.

Dental:
Australian Dental Association (Qld branch)
Dental School University of Qld

Nutritionists:
Nutrition Australia
Individual practicing nutritionists

Teachers:
Individual teachers
Qld Catholic Education Commission contacted. Email acknowledged but no answer to date.
Qld Independent Education Union
Australian Council for Educational Research.
The Association of Independent Schools In Queensland

School Nurses:
Queensland Nurses Union – message left via phone call received but no answer to date.

Tuckshops:
Individual tuckshop conveners.
Qld Association of School Tuckshops

Parents:
Individual parents
Qld Council for Parents and Citizens Associations.
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State of Food & Nutrition in NSW Series.

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Jensen et al

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Ludwig et al,
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Pediatrics 2004; 113; 152 – 154.

“Prevention of Pediatric Overweight & Obesity”
Committee on Nutrition

“Global strategy on diet, physical activity & health”
57th World Health Assembly, 22/5/2004

“Diet, Nutrition & the Prevention of Chronic Disease”
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WHO Geneva 2003

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www.nutritionaustralia.org

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Strategic Inter-Governmental Nutrition Alliance

EatWell Queensland.
Qld Public Health Forum June 2002