

SUMMARY

SUGAR-SWEETENED BEVERAGES MARKETING UNVEILED

VOLUME 1

VOLUME 2

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VOLUME 4

**THE PRODUCT: A VARIED OFFERING TO RESPOND
TO A SEGMENTED MARKET**


coalitionpoids
québécoise sur la problématique du

Une initiative parrainée par l'Association pour la santé publique du Québec

CONSUMPTION

Young people love sugar-sweetened beverages

20 %
daily calorie requirements



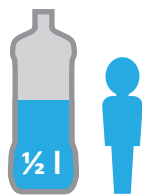
In Canada, the drinks consumed by children and teens account for 20% of their daily calorie requirements¹.

Sugar-sweetened beverages in Canada:

- main source of sugar intake among 9- to 18-year-olds²
- consumption particularly high among 14- to 18-year-olds:



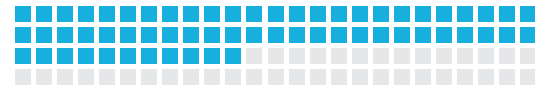
Average about 1/3 litre per day



Average about 1/2 litre per day

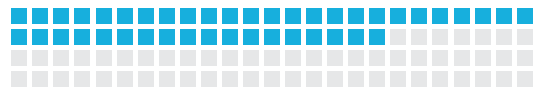
A recent survey of 10,000 teens aged 13-17 by the Réseau du sport étudiant du Québec (RSEQ)³ reported that they regularly consumed:

Fruit-flavoured drinks



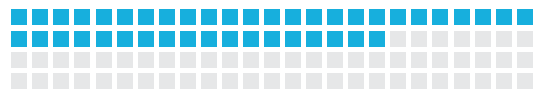
61%

Carbonated drinks



44%

Sports drinks



28%

Energy drinks

(occasionally)



35%

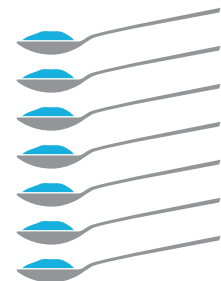
CONTENT

Sugar, sugar and more sugar!

On average, sugar-sweetened beverages contain about 7 teaspoons of sugar per 355 ml can.



1 can



7 teaspoons of sugar

HEALTH

Clearly demonstrated adverse impact

The daily consumption of sugar-sweetened beverages increases the risk of obesity by 60% in children⁴, thereby also increasing the risk of developing associated diseases such as:

- type 2 diabetes
- cardiovascular disease
- certain types of cancer

These drinks are also directly associated with:

- type 2 diabetes⁵
- dental caries (cavities)^{6,7}
- dental erosion⁸
- cardiovascular disease⁹

Consumption of sugar-sweetened beverages is the only eating habit consistently linked to excess weight in children¹⁰.

THE SOLUTION

Limit the impact of marketing

The strategies and financial resources deployed by manufacturers of sugar-sweetened beverages are in large part responsible for this high consumption. To limit the appeal of sugar-sweetened beverages and their impact on health, we must:

REGULATE ALL SUGARY DRINKS CONSISTENTLY AND UNIFORMLY

Currently, some sugar-sweetened beverages, such as vitamin-enriched water (e.g. VitaminWater®) and certain fruit drinks (e.g. Fuze®), are regulated like natural health products. This means that they do not need to display a nutrition value table. Yet they are marketed and consumed like food. Moreover, the industry uses marketing strategies to make them appear healthy due to their added vitamins and minerals. Their objective is to make consumers forget that these are essentially sugary drinks. In order to avoid misleading the consumer:

All drinks currently regulated as natural health products but marketed like foods and consumed as such by Canadians should be subject to the Food and Drug Regulations.

- These drinks should, at minimum, display full and understandable nutritional information.
- The necessary resources should also be deployed to exercise effective oversight of the practices in the industry following this change of category.

ENSURE THAT PACKAGING FOCUSES ON INFORMING BEFORE PERSUADING

Manufacturers use packaging as a communication and advertising tool. Its primary purpose, however, should be to inform all consumers fairly and not misleadingly.

Simplify the nutritional information on sugar-sweetened beverages

Health Canada should set up a working group to determine the best practices in nutritional labelling aimed at developing recommendations to simplify nutritional information and make it accessible and understandable for everyone.

Display clear and unambiguous warnings

Packaging is also an essential vehicle of information about contraindications and potential adverse effects associated with the product. In the case of energy drinks, a warning already appears on the label, regarding consumption by children in particular. However, the concept of “child” is relative.

The front of energy drink cans should clearly state that they are not recommended for people under 18 years of age.

REDUCING THE HEALTH RISKS OF SUGARY DRINKS

Create a working group on sugar

A working group on sugar should be created with a mandate to develop recommendations on the consumption of the various forms of sugar by Canadians and to assess the possibility of limiting sugar content in sugar-sweetened beverages. The recommendations issued by this group must also be rigorously applied.

Limit caffeine content

The maximum recommended intake of caffeine is¹¹:

- 45 mg for children ages 4 to 6
- 62.5 mg for children ages 7 to 9
- 85 mg for children ages 10 to 12
- 2.5 mg/kg of body weight for teens ages 13 and over

According to the new approach for managing energy drinks developed by Health Canada, the total caffeine content of these products will be limited to 180 mg, which is already a higher dose than the recommended maximum for young people.

The maximum allowed caffeine content should be reduced.

DISCOVER WHAT LIES BEHIND THE MARKETING OF SUGAR-SWEETENED BEVERAGES!

See the **full report** in the “**Sugar-sweetened beverages/Marketing**” section on www.cqpp.gc.ca.

Discover the actual content of sugar-sweetened beverages:

- Calories
- Added sugars
- Caffeine
- Other substances...

Understand the product marketing strategies:

- Proliferation and diversification of products
- Creation of “added value” products
- Use of an evocative name associating the product with values or a lifestyle
- Use of attractive colours and shapes loaded with symbolism
- Development of formats that adapt to all types of customers
- And much more...



This report is a central component of the project entitled “A Multidimensional Approach to Reducing the Appeal of Sugar-Sweetened Beverages” launched by the Association pour la santé publique du Québec (AS PQ) and the Coalition québécoise sur la problématique du poids (the Quebec Coalition on Weight-Related Problems, “Weight Coalition”) as part of the 2010 Innovation Strategy of the Public Health Agency of Canada.

This project is based on a major pan-Canadian partnership involving:

- the Réseau du sport étudiant du Québec
- the Fédération du sport francophone de l'Alberta
- the Social Research and Demonstration Corporation
- the Université Laval
- the Public Health Association of British Columbia
- the Ontario Public Health Association

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BIBLIOGRAPHY

1. Gariguët, D. (2008). *Beverage consumption of children and teens*. Statistics Canada. Consulted on September 14th, 2011 at <http://www.statcan.gc.ca/pub/82-003-x/2008004/article/6500820-eng.pdf>
2. Gariguët, D. & Langlois, K. (2011). *Sugar consumption among Canadians of all ages*. Statistics Canada. Consulted on September 14th, 2011 at <http://www.statcan.gc.ca/pub/82-003-x/2011003/article/11540-eng.pdf>
3. Réseau du sport étudiant du Québec. (2011). *Enquête québécoise sur le marketing de la malbouffe : 10 000 jeunes se prononcent*
4. Ludwig, D. S., Peterson, K. E., Gortmaker, S. L. (2001). Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis. *Lancet*. 2001; 357: 505-508
5. Malik, V. S., Popkin, B. M., Bray, G. A., Després, J. P., Willett, W. C., & Hu, F. B. (2010). Sugar-Sweetened Beverages and Risk of Metabolic Syndrome and Type 2 Diabetes: A meta-analysis. *Diabetes Care*. Consulted on October 3rd, 2011 at <http://care.diabetesjournals.org/content/early/2010/08/03/dc10-1079.short>
6. Marshall, T. A., Levy, S. M., Broffitt, B., Warren, J. J., Eichenberger-Gilmore, J. M., Burns, T. L., Stumbo, P. J. (2003). Dental caries and beverage consumption in young children. *Pediatrics*, 112(3 Pt 1), e184-e191.
7. Sohn, W., Burt, B. A., Sowers, M. R. (2006). Carbonated soft drinks and dental caries in the primary dentition. *J Dent. Res*, 85(3), 262-266.
8. Ordre des hygiénistes dentaires du Québec. (2010). *Adverse Effects of Energy Drinks on Your Oral Health*. Consulted on August 23rd, 2011 at http://www.ohdq.com/Ressources/Documents/19360-DEP_ANG.pdf
9. Brown, I. J., Stamler, J., Van Horn, L., Robertson, C. E., Chan, Q., Dyer, A. R. (...) and the International Study of Macro/Micronutrients and Blood Pressure Research Group. (2011). Sugar-Sweetened Beverage, Sugar Intake of Individuals, and Their Blood Pressure: International Study of Macro/Micronutrients and Blood Pressure. *Hypertension*. Consulted on September 4th, 2011 at <http://hyper.ahajournals.org/cgi/content/abstract/HYPERTENSIONAHA.110.165456v1>
10. Crawford, P. B., Woodward-Lopez, G., Ritchie, L., Webb, K. (2008). How discretionary can we be with sweetened beverages for children? *J Am. Diet. Assoc.*, 108(9), 1440-1444.
11. Health Canada (2010). *It's Your Health – Caffeine*. Consulted on December 18th, 2011 at <http://www.hc-sc.gc.ca/hl-vs/iyh-vsv/food-aliment/caffeine-eng.php>