

Proposal to end the sale of energy drinks to children under 16

Consultation questions

About the RCPCH

The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians. The College has over 19,500 members in the UK and internationally and sets standards for professional and postgraduate education. We work to transform child health through knowledge, research, and expertise, to improve the health and wellbeing of infants, children and young people across the world.

Q.1 Do you agree with the proposal to ban the sale of energy drinks to children under 16?

Yes

RCPCH Wales would welcome the proposal to ban the sale of energy drinks to children under 16. There is no evidence that caffeine and other stimulant substances contained in energy drinks have any benefit or place in the diet of children and adolescents. Children get energy from a good diet, refreshing sleep, exercise, and positive interactions with others. Energy drinks have no clear benefits in terms of providing energy in this concentrated form. There is limited research indicating that there are a range of negative health implications and health risk behaviours related to the consumption of energy drinks. In the absence of evidence that energy drinks are beneficial and safe for consumption by children we believe that a precautionary principle be adopted in order to prevent harm, and that the sale of energy drinks to children should therefore be prohibited.

In particular, RCPCH are concerned that little is known about the safety profile of caffeine in young people. We are aware that concerns exist about the effects of caffeine even at the doses deemed 'safe' in terms of the cardiovascular system. Evidence is emerging that consumption of caffeinated energy drinks among children and young people is associated with anxiety, depression, sensation seeking, poorer executive function, and increased hyperactivity and inattention.^{1 2} These manifest as increased psychological distress, poor behaviour, risky behaviours (such as substance use)³, and poorer academic attainment in maths and English.⁴

Energy drinks often contain a combination of multiple ingredients, including caffeine, sugar and/or sweeteners and amino acids. While there is a lack of evidence for the effects of ending the sale of energy drinks to children and young people, there is a plethora of evidence with regards to the effect of sugar. It is well-known that children and young people in the UK consume more sugar and calories than required, and therefore they do not require the additional metabolic energy provided by the sugar present in caffeinated energy drinks. As with other beverages with a high sugar content, consumption of energy drinks has been shown to be associated with adverse metabolic, dental and renal effects, including obesity, dental decay and kidney disease.⁵

¹ Curran CP, Marczynski CA Taurine, caffeine, and energy drinks: reviewing the risks to the adolescent brain. *Birth Defects Res*2017;109:1640-8. doi:10.1002/bdr2.1177 pmid:2925184

² Dawodu A, Cleaver K Behavioural correlates of energy drink consumption among adolescents: review of the literature. *J Child Health Care*2017;21:446-62

³ Scalese M, Denoth F, Siciliano V, et al. Energy drink and alcohol mixed energy drink use among high school adolescents: association with risk taking behavior, social characteristics. *Addict Behav* 2017;72:93-9.

⁴ Smith AP, Richards G. Energy drinks, caffeine, junk food, breakfast, depression and academic attainment of secondary school students. *J Psychopharmacol*2018;32:893-9

⁵ Al-Shaar, Laila et al. "Health Effects and Public Health Concerns of Energy Drink Consumption in the United States: A MiniReview." *Frontiers in Public Health* 5 (2017): 225. PMC. Web. 3 Apr. 2018.

Proposal to end the sale of energy drinks to children under 16

Consultation questions

Energy drink consumption has major adverse implications for oral health. Recent evidence suggests that Wales has the worst dental/oral health amongst the 4 UK nations⁶. Tooth decay remains the number one reason why children aged 5-9 are admitted to hospital and nearly half of 15-year-olds have some form of tooth decay.⁷ Carbonated drinks, both sugar-free and those containing sugar, lead to enamel erosion, and research has linked the high acidity of these drinks to incidence of dental carries.⁸

RCPCH firmly believe that there is sufficient evidence to act now to protect children. With the twin epidemics of obesity and mental health problems, we cannot afford to allow continued growth in consumption of products shown to worsen obesity and the wellbeing of our children.

In our State of Child Health, we welcomed and supported Welsh Government's 'Healthy Weight, Healthy Wales' strategy, to prevent and reduce childhood obesity in Wales. We called for a ban on advertising, sponsorship, and promotion of products high in fat, sugar, and salt (HFSS) products in public spaces including sporting events, family attractions and leisure centres should be implemented by 2030 which would include the sale of energy drinks.⁹

Q.2 Should the ban be widened to consider other drinks typically high in caffeine such as tea and coffee?

Yes

We acknowledge comments that have been made previously with regard to the consumption of similar levels of caffeine in coffee and tea as in many energy drinks therefore we would support clearer labelling of all caffeinated drinks to indicate the amount of caffeine alongside the recommended levels for consumption.

However, we are aware that there is growing consumption of energy drinks among children, and these trends are not replicated in their tea and coffee drinking. Therefore, we would support clearer labelling of all caffeinated drinks to indicate the amount of caffeine alongside the recommended levels for consumption.¹⁰ There are considerable differences between coffee, tea and energy drinks that offer cause for concern regarding children. Energy drinks contain a mixture of multiple ingredients and are usually carbonated; some of these ingredients have a known adverse impact on children's health. Where the impact of ingredients is not known, RCPCH would fully support the Welsh Government in taking a precautionary approach in order to protect children.

Energy drinks contain a large amount of sugar whereas tea and coffee do not, therefore there is not strong enough evidence to ban them. Although we acknowledge that energy drink marketing

⁶ <https://gov.wales/sites/default/files/statistics-and-research/2020-09/nhs-dental-services-april-2019-march-2020-154.pdf>

⁷ NHS Digital. Child Dental Health Survey 2013, England, Wales and Northern Ireland. <https://digital.nhs.uk/data-and-information/publications/statistical/children-s-dental-health-survey/childdental-health-survey-2013-england-wales-and-northern-ireland>

⁸ Morgan, MZ, Broughton, D, Fairchild, RM (2016) A survey of sports drinks consumption amongst adolescents. British Dental Journal. 220, 639 – 643.

⁹ <https://stateofchildhealth.rcpch.ac.uk/evidence/nations/wales/>

¹⁰ https://www.rcpch.ac.uk/sites/default/files/2019-04/rcpch_response_-_dhsc_ban_on_the_sale_of_energy_drinks_consultation_-_final.pdf

Proposal to end the sale of energy drinks to children under 16

Consultation questions

cannot be targeted directly to children, energy drinks are marketed in a way that coffee and tea are not. We know from speaking to almost 200 young people that the imagery and naming used in energy drink branding and advertising is a top reason for their choice in consuming them.¹¹ Given these associations and concerns relating to energy drinks, we fully support the government in taking action to protect children with a ban on their sale.

We would welcome further research into the consumption of caffeinated products by children and would suggest that the Welsh Government remains open and committed to reviewing the evidence base as part of the ongoing impact assessment of a ban on the sale of energy drinks to children.

Q.3 Do you agree that the ban should cover all shops, including through online environments?

Yes

Use of caffeinated energy drinks has grown rapidly since their introduction in the late 1990s. Continued growth in consumption means that the proposed ban on sale will need further reinforcement through additional action on marketing and advertising, education and labelling in order to protect as many children as possible.

In order for a ban to be effective it should apply to all food and drink sales outlets, including online sales and restaurants. In a clear commitment to improving the health of all children, RCPCH would also recommend that the ban on sales of energy drinks to children includes all healthcare premises.

Currently, identification is not legally required but some supermarkets already stop under-16s from buying soft drinks with high-caffeine content - mostly those with more than 150mg of per litre, which carry a warning stating they are not recommended for children.

We would welcome a clear and consistent message for the ban on the sale of energy drinks to those under the age of 16 across all retail settings and online environments. We call on Welsh Government to lay out plans as to how this principle would be enforced across all settings and how this principle would be applied to the online environment and for delivery services.

Q.4 If children are prevented from buying energy drinks from vending machines, how should this be done?

In order for a ban to be effective it should apply to vending machines as this would show a clear commitment to improving the health of all children and young people.

We are aware vending machines are an alternative method of sale for energy drinks to children. Banning all sales of energy drinks from vending machines provides the easiest method to ensure under 16's are not able to purchase energy drinks from vending machines, however, this approach would restrict supply to all age groups.

¹¹ RCPCH Roadshow Review data. Available on request

Proposal to end the sale of energy drinks to children under 16

Consultation questions

An alternative option is to make sales of energy drinks from vending machines subject to age restrictions, to be enforced by the businesses or organisation on whose property the vending machine is located. If it is not possible for a location to restrict sale from vending machines by age, then energy drinks should not be located in their vending machines.

Q.5 Do you think the proposals in this consultation document might have an effect on the following?

- Those living in rural areas
- Specific socio-economic groups
- Children and young people
- Equality in relation to;
 - Age
 - Sex
 - Race
 - Religion
 - Sexual orientation
 - Pregnancy and maternity
 - Disability
 - Gender reassignment
 - Marriage/civil partnership

Yes

Age: *Due to nature of this consultation, it is natural that there would be an impact in relation to age, given its age-specific nature.*

Sex: *A systematic review concluded that males are more likely to consume higher amounts of energy drinks than girls, while girls who skip breakfast are more likely to then rely on energy drinks later in the day. In addition, if a child is either underweight or obese, they are more likely to consume energy drinks.¹²*

Socio economic groups: *Data consistently shows that poverty and inequality impact a child's whole life affecting their education, housing, and social environment and in turn impacting their health outcomes. Our State of Child Health indicators reveal a widening gap between the health of children from wealthy and deprived backgrounds.*

There is limited evidence to suggest that energy drinks consumption is closely linked to lower socio-economic status and note that obesity levels are higher in more deprived areas¹³. We are concerned that these inequalities are continuing to rise.¹⁴ We also note an association between receiving free-school meals and energy drinks consumption¹⁵

¹² <https://www.bda.uk.com/resource/energy-drinks-and-young-people.html>

¹³ <https://rcpch.sharepoint.com/teams/devolved-nations-wales/Shared%20Documents/Forms/AllItems.aspx?id=%2Fteams%2Fdevolved%2Dnations%2Dwales%2FShare%20Documents%2FConsultation%20responses%2Fsoch%2DWALES%2D02%2E03%2E20%2Epdf&parent=%2Fteams%2Fdevolved%2Dnations%2Dwales%2FShared%20Documents%2FConsultation%20responses>

¹⁴ RCPCH. Child Health in England in 2030: comparisons with other wealthy countries, 2018.

<https://www.rcpch.ac.uk/resources/child-health-england-2030-comparisons-other-wealthy-countries>

¹⁵ Fiona, M Brooks, Ellen Klemra, Josefine Magnusson, Kayleigh Chester. Young People and Energy Drink Consumption in England. Findings from the WHO Health Behaviour in School aged Children (HBSC) Survey 2015. Detailed Analysis on Findings Relating to Consumption of Energy Drinks by Young People. Commissioned

Proposal to end the sale of energy drinks to children under 16

Consultation questions

Among students who reported drinking at least one energy drink per day, 23% receive free-school meals, whereas those who never drink energy drinks just 11% receive free school meals. This disproportionate consumption suggests that the ban may have greater impact and health benefits for children from lower socio-economic backgrounds. We would therefore recommend that potential impact on children from lower socioeconomic backgrounds is closely monitored and reviewed as part of the ongoing impact assessment of the ban.

Q.6 We would like to know your views on the effects the consultation would have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English. What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

Not applicable

Q.7 If there are any further matters that you would like to raise or any further information that you would like to provide in relation to this consultation, please give details here.

We would welcome further research into the consumption of heavily caffeinated products by children and would suggest the government remains open and committed to reviewing the evidence base as part of the ongoing impact assessment of a ban on the sale of energy drinks to children.

We would recommend that the Government monitors for any unintended impacts of the ban, including potential substitution of energy drinks for other highly caffeinated or high sugar products.