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## **AMA submission to Food Standards Australia and New Zealand consultation on P1030 – Composition and labelling of electrolyte drinks**

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### **Summary**

The Australian Medical Association (AMA) is pleased to make a submission to this Inquiry on proposed changes to the composition and labelling of electrolyte drinks. As outlined in the consultation paper, electrolyte drinks are often consumed outside of their suggested use for exercise and high-intensity physical activity. Like other sugar-sweetened beverages, electrolyte drinks contribute to the consumption of unnecessary sugars, which is strongly associated with weight gain and obesity.

The AMA supports the proposed changes to electrolyte drinks consumption, on the grounds that they will encourage drink manufacturers to reduce the amount of sugar present in their products. The AMA also supports restrictions on the kinds of health claims that electrolyte drinks products can make, including clarifying that rehydration benefits only apply in the case of intense and sustained physical activity. The AMA remains concerned that Australians perceive electrolyte drinks to be ‘healthy’ compared to other sugar-sweetened beverages and that this encourages unnecessary consumption.

### **Health impacts of sugar-sweetened beverages**

The AMA’s recently released research paper, [\*A tax on sugar-sweetened beverages: Modelled impacts on sugar consumption and government revenue\*](#), outlines the health impacts of the high levels of consumption of these products in Australia. Sugar-sweetened beverages, including sport drinks, contain ‘free sugars’ which are easily digested but provide no nutritional benefit. One quarter of all free sugars consumed by Australians in 2019-20 came from sugary drinks. There is a clear positive association between higher intake of dietary sugars, including from sugar-sweetened beverages, and body fatness in adults, as well as an increased risk of dental caries. Given that overweight and obesity is associated with a range of long-term health complications, its cost to the Australian health system is significant – estimated to be up to \$8.6 billion annually. It is clear that reduced consumption of sugary drinks is needed as one part of a comprehensive plan to tackle obesity and diet-related chronic disease in Australia.

The [\*Australian Dietary Guidelines\*](#) explicitly recommend against the consumption of drinks with added sugars, including “energy and sports drinks” because they “can increase risk of excessive

weight gain in both children and adults”, instead recommending that water should be the default option for hydration. The AMA supports this guidance and encourages the Australian Government to invest in public awareness campaigns about the harms of sugary drinks, alongside regulatory changes.

### **Composition of electrolyte drinks**

As per the consultation paper, electrolyte drink products in Australia generally contain 5-6 grams of total sugars per 100mL, compared to 3-10g per 100mL for sugar-sweetened beverages. The AMA considers electrolyte drinks to be comparable to sugar-sweetened beverages in terms of health risks related to obesity, diet-related chronic disease, and dental caries. The AMA is therefore highly concerned by the 30% increase in the volume of electrolyte drinks consumed in Australia since 2011.

The proposed change to electrolyte drinks regulation to lower the minimum permitted carbohydrate to 20g/L from 50g/L will have positive impacts on Australians’ health if it encourages manufacturers to reduce the amount of sugar present in these products. Any reduction in excess sugar consumption will have a positive contribution to public health outcomes.

The AMA supports the suggested change on these grounds but notes that having less sugar does not mean these products can be considered “healthy”.

### **Labelling of electrolyte drinks**

The AMA is highly concerned by the research findings laid out in the consultation paper regarding the perceptions of Australian consumers about the health status of electrolyte drinks. Particularly worrying findings include:

- That participants considered to be ‘sedentary’ did not believe that electrolyte drinks should be confined to sporting activities;
- That some consumers perceived electrolyte drinks to be “healthier” than soft drinks; and
- That sports-based marketing, including the use of high-profile sports stars, increased the credibility and acceptability of these products.

The AMA therefore supports the proposed restrictions on health claims for electrolyte drink labelling, limiting claims to those that are related to rehydration during or after sustained strenuous physical activity of at least 60 minutes. Importantly, qualifiers of health claims should be clearly visible and understandable to consumers, ensuring that they cannot be misinterpreted to apply to hydration in general nor to imply that the product is healthy or beneficial for all consumers.

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