

TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health and CEO

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## **IMPACT OF SUGAR SWEETENED BEVERAGES AND CREATING SUPPORTIVE ENVIRONMENTS**

*It is recommended that the Board of Health:*

- 1. Receive report No. 016-16 re Impact of Sugar Sweetened Beverages and Creating Supportive Environments; and*
- 2. Endorse the Heart and Stroke Foundation Sugar, Heart Disease and Stroke Position Statement to complement existing Health Unit work in this area.*

### **Key Points**

- Intake of sugar sweetened beverages has been linked to obesity and several other health conditions.
- Sugar sweetened beverages are energy dense, contain little or no nutrient value and are high in sugar.
- Offering healthier alternatives and creating more supportive environments allows the healthy choice to be the easy choice.

### **Background**

A growing body of credible research indicates an increased incidence of a number of health risks associated with consumption of sugar sweetened beverages (SSB's). The consumption of SSB's has been linked to obesity, type 2 diabetes, cardiovascular disease, dental caries, dyslipidemia and metabolic syndrome. Studies have also shown that the consumption of SSB's is associated with lower consumption of nutrient dense beverages. The free sugars associated with these beverages may also contribute to the development of dental caries, especially in teenagers.

SSB's include soft drinks, fruit drinks, sports drinks, tea and coffee drinks, energy drinks, sweetened milk or milk alternatives, and any other beverages to which sugar has been added. Although some fruit drinks and sweetened milks have some nutrients, their benefit is offset by the harms of the sugar.

In 2010, an estimated 1,598 deaths were attributable to SSB consumption via cardiovascular disease, diabetes or cancer. In children, higher intake of SSB's have been found to be associated with a 55% increased risk of being overweight or obese compared to children with lower intakes.

Healthy weights are an issue of public health importance across Canada and within our region. The most recent Canadian Community Health Survey identifies that approximately 23% of London and Middlesex County children aged 12-17 are obese or overweight. Youth who are overweight and obese are at higher risk of being overweight or obese in adulthood and are at increased risk for serious health problems. Recent statistics report that nearly 60% of London and Middlesex County adults are also overweight or obese.

The amount of sugar in one can of pop is on average about 40 grams or 10 teaspoons of sugar. These beverages offer no health or nutritional benefit. Over time, the portion sizes of these beverages have also increased, contributing to the increased volume consumed. Over 30% of males aged 5-19 and over 23% of females report drinking SSB's daily in the Canadian Health Measures Survey.

The consumption of SSB's increases with age, and is more pronounced in males than females. The World Health Organization (WHO) recommends that the consumption of free sugar, both added and natural sugars, be limited to 10% of total energy intake to reduce the risk of overweight, obesity and tooth decay. SSB's account for approximately 7-8% of daily energy intake for Canadian adolescents.

In 2012, the Ontario government set a target to reduce childhood obesity by 20% over 5 years. Given the relationship between SSB consumption and obesity, implementing strategies to decrease SSB intake are of public health importance. In 2010, the Public Health Agency of Canada released the *Curbing Childhood Obesity Report* recommending several measures which included creating supportive environments to make the healthy choice the easy choice.

The *No Time to Wait: Healthy Kids Strategy* report makes several recommendations including changing the food environment to make healthy choices easier. The next theme for the Healthy Kids Community Challenge in London and Middlesex County is to promote water consumption as the preferred and healthy beverage choice. The ultimate objective of this strategy is to reduce SSB consumption.

### Opportunities for Action

Comprehensive community-level interventions that incorporate education, skill building and public policies aimed at improving the nutrition environment are needed to help reduce the consumption of SSB's.

Health Unit Registered Dietitians work with various stakeholders within the community to help create more supportive environments for healthy eating, including reducing consumption of SSB's. Some of the initiatives the dietitians are currently involved with include:

- Supporting food literacy programming
- Collaborating with the City of London and Middlesex County Healthy Kids Community Challenge initiatives on municipal policy directions regarding increased water consumption
- Exploring the inclusion of water bottle filling stations in pilot schools
- Supporting the implementation of the Ontario School Food and Beverage Policy (PPM 150)
- Advocacy related to menu labelling ([Board Report 012-15](#))
- Supporting the establishment of a Middlesex-London Food Policy Council ([Board Report 52-15](#))

The Heart and Stroke Foundation's position statement, [Sugar, Heart Disease and Stroke Position Statement](#), outlines the health risks associated with sugar and SSB's. It also identifies recommendations for many stakeholders including: the general public; federal, provincial and municipal governments; workplaces; school boards; and the food and beverage industries. Recommendations include an excise tax on sugar sweetened beverages, restricting the marketing of foods and beverages to children, supporting food literacy, accessible potable drinking water in public facilities, and strengthening food policies within schools. It is recommended that the Board of Health endorse the Heart and Stroke Foundation Position Statement.

This report was prepared by the Middlesex-London Health Unit Registered Dietitians.



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<p><b>This report addresses</b> the following requirements of the Ontario Public Health Standards (2015): Foundational Standard 1, 3, 4, 5, 8; Chronic Disease Prevention 1, 3, 4, 5, 6, 11; Child Health 1, 4.</p>
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