



DRINKS

Consumer knowledge and practice in relation to drinks for children and young people

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Table of contents

Background	4
Purpose of this research	6
Methodology	6
Findings	7
General attitudes towards healthy living	7
General health perceptions of drinks	8
Buying drinks	10
Reasons for consuming different drinks once purchased	12
What children and young people are drinking, and when	15
Influence of advertising and endorsement	16
Information sources	17
Encouraging consumption of healthy drinks	18
Summary and conclusions	19
Key messages for consumers	19
Glossary	21
References	23

Background

What we drink makes up an important part of our overall diet. The types of drink and how often we drink them can have either a negative or positive impact on our nutrient intake, dental health and weight. Water and milk are the healthiest choices of drinks for children, young people and adults^{1,2,3}. Water is the best thirst quencher, providing rehydration without calories, while milk is a rich source of calcium and protein. On the other hand, sugar-sweetened beverages, such as many fruit drinks and carbonated soft drinks, contain a lot of sugar and few nutrients.

In recent years there has been a notable increase in the consumption of sugary drinks by children and young people on the island of Ireland (Table 1). A low intake of milk and calcium has also been found in children and teenage girls^{4,5}. In the Republic of Ireland (ROI), 27 per cent of girls and 28 per cent of boys have low calcium intakes, while 42 per cent of teenage girls and 23 per cent of teenage boys have low calcium intakes^{4,5}.

The impact of sugar-sweetened drinks on dental health is well established. Frequent consumption of free sugars increases the likelihood of dental caries⁶, while acids in food and drink can cause dental erosion. Many drinks are acidic, including carbonated drinks, fruit juices, diet drinks and sports drinks. From a dental health perspective, sugary drinks should be drunk occasionally and at mealtimes, and children should avoid sipping on them for long periods of time.

Whether sugary drinks are contributing to the problem of obesity or not has been a major concern of health professionals in recent years⁷. The World Health Organisation (WHO) in 2003 said that drinking them probably does increase the risk of obesity⁷. The evidence is still inconclusive, but it is plausible because sugary drinks increase energy/calorie intake. They aren't as filling as solid food and people can end up eating/consuming more calories than they require^{8,9,10,11}. Tentative evidence also suggests that drinking large amounts of fruit juice may displace more calorie and nutrient-dense foods in the diet, leading to failure to thrive and weight gain^{12,13}. Given the low nutritional quality of sugar-sweetened drinks and the detrimental effect they can have on dental health their consumption should be limited.



Table 1: Drinks consumption by children and adolescents on the island of Ireland

Age	Average daily consumption		
	Carbonated drinks	Milk	Fruit juice
Republic of Ireland			
5-12 years ⁴	~2/3 glass, mostly sweetened (137g/d) ~3/4 glass diluted squashes (148g/d)	~1 1/3 glass (266g/d)	~1 glass – accounts for most of fruit intake (135g/d)
13-17 years ⁵	1 glass (206g/d), mostly sweetened	~1 1/4 glass (258g/d)	~1/2 glass of fruit juice (86g/d)
10-17 years ¹⁴	26% of children report drinking soft drinks daily or more	No data	No data
Northern Ireland			
5-17 years ¹⁵	38% of children drink fizzy drinks or squashes containing sugar 12% drink them more than once a day 26% of children drink sugar-free fizzy drinks or squashes	95% of children drink milk	No data
12 years ¹⁶	~ 2 1/4 glasses of carbonated drinks for boys (459g/d) and 1 3/4 for girls (351g/d)	1 3/4 glasses for boys (348g/d) and 1 1/4 glasses for girls (261g/d)	No data
15 years ¹⁶	2 1/2 glasses for boys (518g/d) and 1 3/4 glasses for girls (340g/d)	~2 glasses for boys (379g/d) and 1 1/4 glasses for girls (239g/d)	No data

Notes

Boys, older age groups and lower social classes generally have a higher consumption rate of soft drinks^{15,16}.

1 glass = 150 ml fruit juice, 200 ml all other drinks.

The purpose of this research

The aim of this research was to identify consumer knowledge and practice in relation to drinks for children and young people, aged two to 18 years.

Methodology

Qualitative focus groups were conducted by Millward Brown IMS, a market research company. Participants were a mix of parents and guardians of children aged 2-12 years and teenagers aged 15-18 years. They were recruited via convenience sampling in five locations across the island of Ireland (Table 2) using a recruitment questionnaire developed by **safe food** and Millward Brown IMS. Eleven groups were held between November 4 and November 20, 2008. Teenagers were interviewed separately from parents and guardians, because they generally choose their own drinks. The focus group compositions are given in Table 2.

Table 2: Focus Group Matrix

Groups	Location	Sex	Age	Class	Criteria*
1-6: Parents	Dublin	Mixed	25-40	C1C2	At least two children aged 2-10 years
	Dublin	Mixed	35-50	C2D	At least two children aged 4-12 years
	Kilkenny	Mixed	30-45	C1C2	At least two children aged 4-12 years
	Cork	Mixed	25-40	C2D	At least two children aged 2-10 years
	Belfast	Mixed	25-35	C1C2	At least two children aged 2-10 years
	Newry	Mixed	40-50	C2D	At least two children aged 2-12 years
7-11: Teenagers	Dublin	Female	16-18	C2D	Consume a range of different drinks
	Kilkenny	Mixed	16-18	C2D	
	Cork	Male	15-17	C1C2	
	Belfast	Female	15-17	C1C2	
	Dublin	Male	15-17	C2D	

* Parents and guardians were recruited on the basis that they said their children consume a range of the drinks. The same criteria applied to teenagers recruited.

Focus groups lasted approximately 90 minutes and were structured around a topic guide that included the following:

- General attitudes towards healthy living
- Awareness of drinks and health associations
- General drink consumption
- Reasons for consuming drinks
- Concerns about the types of drinks consumed
- Barriers to healthier options.

All groups were digitally recorded. Recordings were transcribed by an external agency and Millward Brown conducted verification and subsequent thematic analysis.

Findings

General attitudes towards healthy living

Both parents and teenagers felt that, overall, diets have improved in recent years. They attributed this to more awareness and education through school lunch policies, public information such as notices in dental surgeries, TV programmes, and the promotion/availability of healthy options in fast food outlets. Nevertheless, all groups felt that it can be difficult for many people to put this knowledge into practice, for various reasons such as busy lifestyles, cost, and easy access to unhealthy convenience foods.

Parents observed that discount supermarkets have encouraged more healthy and adventurous eating at affordable prices. They stated that they mainly cook healthy meals for their children, but fast and take away foods feature at least once a week in many households. While most of the parents encouraged their children to eat healthily, they said this often proved difficult and many reported losing control when their children reached a certain age.

“I do try, I try to feed them as healthy as I can and they’ll come home from school and say teacher said this or teacher said, but still they want the rubbish, they do want it, now mine are good eaters and they eat good dinners but they’ll still want rubbish along with it, like they’ll be still looking for their treat no matter what.” (Parent, Dublin)



Many teenagers confessed to being aware that their diets are unhealthy - though they said this is something they are not currently worried about, but plan to address in the future.

“I will probably think more about those things more when I’m older than I do now.” (Female teenager, Belfast).



Reasons given for eating an unhealthy diet included the general stress that goes along with being a teenager, peer pressure and a belief that it is normal for teenagers to eat unhealthily.

“The stress of healthy eating ... it’s just stressful, I’d rather eat rubbish.” (Female teenager, Dublin).

General perceptions of the healthiness of drinks

Parents and teenagers had a high level of awareness of the variety of drinks on the market today. When asked to rank drinks in order from most to least healthy, water, milk and fresh, fruit-based drinks were commonly perceived as the healthiest drinks, while fizzy drinks and energy drinks were perceived as the most unhealthy. Details are given in Table 3, on the next page.

Ranking was consistent across all groups with no significant differences emerging between parents and teenagers or the different geographical areas. However, some parents ranked energy drinks as more healthy than fizzy drinks, while some teenagers ranked flavoured milk as more healthy than parents did. Most teenagers and children consumed the drinks mentioned above (in the case of children ‘if allowed’), with the exception of coffee and the chocolate bar-flavoured drink.

The main criterion used by participants to assess the healthiness of drinks was sugar content (regardless of whether it was artificial sugar or natural)

The main criterion used by participants to assess the healthiness of drinks was sugar content (regardless of whether it was artificial sugar or natural) followed by fat content, caffeine and then additives (including colours and flavours). Overall, however, parents had a greater awareness of what is in the foods their children eat than of what is in the drinks they drink – and many parents felt it was more important to know this. There was some variation - some claimed to know exactly what ingredients were in the drinks, whereas others said they simply didn’t know.

Table 3: Ranking of drinks from healthiest to least healthy by parents and teenagers

Drink	Comments
1 Water / milk	It was simply accepted as fact that these were healthy drinks. Some debate among participants over full fat versus low fat milk.
2 Smoothies, flavoured milk and yoghurts	Healthiness attributed to milk/dairy content but unsure of benefits of yoghurt drinks, particularly probiotic varieties. Smoothies were perceived as expensive and debate occurred over benefit of making them at home over buying them. Concern was expressed over the sugar content of yoghurt drinks. <i>"I saw a programme recently with Actimel, Yakult and another one ... they were just showing the amount of sugar in them." (Parent, Dublin)</i>
3 Fruit juices	Included apple, orange and other fruit juices, some of which had added vitamins which enhanced healthiness. Some confusion regarding what 'from concentrate' versus 'not from concentrate' means. <i>"Does 100% fruit juice, mean literally 100%, can you take that as fact?: so is it 100%? ... I buy the raspberry juice as it's supposed to be fabulous but there's probably extra stuff in there as well." (Parent, Newry).</i>
4 Tea/coffee	Noted that children are not as big tea drinkers as they used to be. Coffee was considered to be less healthy than tea owing to its higher caffeine content.
5 Latte/cappuccino/ hot chocolate	Perceived to be laden with full-fat milk, caffeine (in the case of latte and cappuccino) and a lot of sugar, particularly the chocolate bar-flavoured drink.
6 Fizzy drinks	Perceived to be "full of sugar and additives" and "there's nothing good in fizzy drinks, you get no benefit from them." (Male teenager, Cork). Parents highlighted the effect they have on children's behaviour which reaffirmed their suspicions of the unhealthiness of such drinks: "You notice the difference say if they drank a bottle of coke ... they're hyperactive." (Parent, Kilkenny).
7 Energy drinks	Red Bull was perceived to be the least healthy drink of all for most, followed by other energy drinks for many participants. They were perceived to be "full of caffeine" (Male teenager, Cork). Further harmful effects of energy drinks were pointed out: "it speeds up your heart rate" (Parent, Kilkenny). Despite this such drinks were consumed by teenagers, males in particular. It was noted that although Lucozade used to be commonly perceived as a healthy drink, this is no longer the perception.

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Parent groups often associated high sugar content with unhealthiness, such as poor dental health, weight gain and hyperactivity, particularly in small children. They were somewhat confused about the difference between natural sugars and others.

Parents were less concerned about fat content than about sugar, which was more of an issue for older children, particularly if they were weight conscious. Milk (including full-fat milk) was seen as healthy, and the range of milk-based drinks available was seen as a useful way to get some children to drink milk, if they didn't like natural milk. Parents associated energy drinks with high caffeine content and had very negative perceptions of them. While not mentioned as often as sugar, fat and caffeine, 'E numbers' were sometimes mentioned as a concern, and there was an association between these and 'cheap' products. However, some mentioned that particular E numbers were supposed to be healthy.

Parents said they mainly encourage their children to drink milk and water but that they see diluted drinks as healthy alternatives to fizzy drinks.

Buying drinks

Parents and teenagers had very different purchasing patterns in terms of where they bought drinks, what drinks they bought, and also what influenced them in making these decisions. The findings are presented in Table 4.

“There’s no point in bringing them with me, your shopping bill is twice as much and they just throw in all the drinks they can find.” (Parent, Dublin).

“My lot wouldn’t realise between Mi-Wadi, Dunnes, Lidl she wouldn’t have a clue.” (Parent, Cork)

“If they have special offers, buy one get one free, I would buy them for school drinks you know.” (Parent, Dublin)

Many parents said they had tried to reduce the number of fizzy drinks that they were purchasing: *‘if they’re not in the house then they can’t be drunk’*. The point was made that when they did this, children got used to it quite easily and didn't question it.

Table 4: Drink purchasing patterns among parents and teenagers – where and what they buy and the major influences on their purchases

Where	What is bought	Major influencers on shopping
Parents/guardians		
Most bought with weekly shop in multi-packs and two for one offers. Large retailers and discounters most commonly cited. Own-branded items deemed good value for money and no perceived difference from branded items. Some single serve drinks bought from local convenience store with children	<i>In weekly shop:</i>	Mental check-list – who for, amount and type.
	Fizzy drinks (~ 2 litre/whatever was on offer in the store they visited)	Children’s demands/pester power
	Juice drinks (enough for lunchboxes for the week ahead)	Adult and children preferences
	Bottled water (very prevalent amongst some parents in the groups)	School restrictions
	Yoghurt drinks/milk	Children’s health - healthier drink options for everyday use. Price - particularly if there are a number of children in the household. Healthy drinks (real fruit juice, smoothies) considered to be too expensive
Teenagers		
Purchased drinks mainly from convenience stores at lunchtime	Single servings	The main influencers were their thirst levels, what activities they were pursuing, their levels of boredom, and whether they were eating or not Image conveyed and whether or not they are the ‘in’ thing to be drinking Personal taste and texture of drinks School drinks restrictions Healthiness – a minority of teens striving to be ‘healthier’ Price – often choose what is on special offer, healthy drinks, such as real fruit juice and smoothies are considered ‘expensive’

Reasons for consuming different drinks once purchased

The following were the main reasons identified for choosing drinks

- 1 **Quenching thirst:** Parents and teens alike felt that water was the best thirst quencher. Other drinks, particularly carbonated soft drinks, were viewed as not good thirst quenchers and in fact made children/teenagers even thirstier:

*“If they’re not in the house then they can’t be drunk”
(Parent, Cork)*

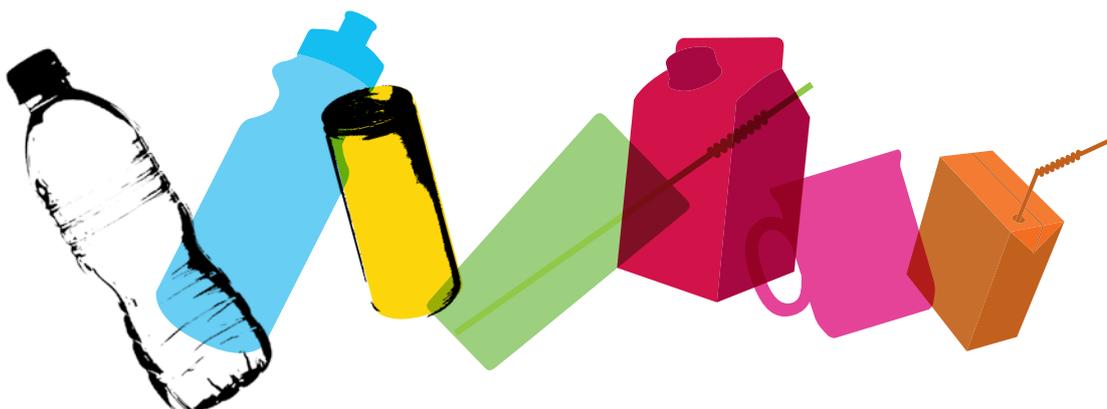
“If I was really thirsty I would just drink water.” (Male teenager, Cork)

*“If the kids really wanted a drink and were genuinely thirsty then it’s really only water that would satisfy this.”
(Parent, Cork)*

- 2 **Better than treat food:** Many parents felt that it was better to give their children juice/dilutable drink/soft drink when they were looking for a ‘treat’, rather than giving them any sweet food treats.
- 3 **Boredom:** Both parents and teenagers said that boredom plays a huge role in both what they eat and drink. Teenagers said they always needed ‘a drink’ while they were hanging out, watching television or socialising with one another. It also emerged that the consumption of many drinks was down to habit and what children/teens were used to.

“I just get a drink in the shop for something to do and to buy a drink.” (Female teenager, Dublin)

*“I’ll get a can of coke and chocolate or something, and sit back and drink it, it’s real relaxing.”
(Female teenager, Dublin)*



“They think that they should have food/drink in front of the TV and it’s almost like they don’t even take any notice of what they are drinking.” (Parent, Kilkenny)



- 4 **What’s allowed at home or school:** Some parents had made cut backs (particularly on carbonated drinks) and had done their best to comply with the school regulations. They felt their children had no choice but to take their lead on this:

“I stopped buying those Capri Suns a few months ago – they were costing too much and they’d be gone after a day and I said come September I wasn’t getting anymore and they don’t ask for them now.” (Parent, Cork)

- 5 **Peer pressure:** Some parents pointed out that teenagers believe that certain drinks are fashionable and make them look ‘cool’. Bottles of water and energy drinks particularly were mentioned in this regard:

“You’re nobody now if you don’t have a bottle of water hanging out of you.” (Parent, Cork)

Teenagers did not openly admit to this but did feel that some drinks may be too ‘young’ for them (such as juice drinks from cartons) and did not fit in with their desire to appear ‘grown up’.

- 6 **Perceived benefits of drinks:** While some parents were concerned with trying to minimise ‘unhealthy’ drinks, teenagers were more concerned with what the drinks could do for them.

The most popular benefits mentioned by teenagers were:

- *Water:* clears skin, gives energy, rehydrates
- *Fruit juice:* contributes to ‘five a day’ (which they were very aware of)
- *Energy drinks (particularly prevalent among males):* improves sports performance and rehydrates during sports – a perception mainly driven from television/outdoor advertising.

Males, in particular, were more explicit in expressing their opinion with regard to such issues:

“Lots of coke and that isn’t very good for your skin and would probably give you more spots.”
(Male teenager, Cork)

“Those energy drinks are supposed to be good for sports but they give you a stitch, water would be the best thing.” (Female teenager, Dublin)

“The boys are all drinking these energy drinks just because some of the big sporting boys are drinking them.” (Parent, Kilkenny)



- 7 **Too young to worry:** Teenagers said that as they got older they felt they would start to consume fewer fizzy/diluted/juice drinks, and more water and hot drinks like tea and coffee. None could identify why this would be the case, but said *“you never see adults with colourful, kid’s drinks or fizzy drinks”*.

Others said:

“If I had my own house I wouldn’t buy all fizzy drinks, I would probably drink more water.”
(Female teenager, Dublin)

“It will all catch up with you and then you will realise you have to stop drinking coke.”
(Female teenager, Belfast)



What children and young people are drinking, and when

Daily meal plans

Breakfast

Most parents and teenagers said they drink fruit juice with their breakfast, mainly orange juice. For the most part this juice was from concentrate, as parents felt it was too expensive and consumed too quickly to warrant spending the additional amount on 'real orange juice'. In some instances, parents consumed the 'real' orange juice themselves and gave the children the concentrate, either because they preferred it, or because they drink a large amount of juice. Yoghurt drinks (Actimel/Yop) were also popular at breakfast time.

Lunch

School policies influence the drinks that younger children (4-12 years) take to school. Almost all said they were only allowed to bring water and some juices.

Secondary schools appear to have a more relaxed environment. Pupils said they are allowed to (and do) buy their lunch and drinks from the school shop or a local shop.

"He's only allowed drink water; they're not allowed bring crap." (Parent, Belfast)



Dinner

A variety of dinner time drinks patterns emerged. Many teens claimed that they are 'allowed' to drink what they please with their dinner, but usually choose either milk or water.

Parents said they try to restrict dinner time drinks to milk, water or squash, but the reality for many is that children drink fizzy drinks with dinner if they are available in the house. They find it difficult to convince younger children (<12 years) to drink water again if they had it at lunchtime and during school-going hours. Most parents said they allow coke or other fizzy drink if they are having a takeaway, or a quick dinner such as a pizza, or eating out in a restaurant.

Snacking

The most common time for many children and teens to consume drinks is between meals. The typical occasions for younger children are either visiting the shops with their parents or visiting other people's homes. Teenagers said they have their own cash to spend (from pocket money or a part-time job) and any visits to the shop usually result in buying some type of drink.

Weekends

The weekend is generally the time where all routines are relaxed, and so more opportunities arise where parents find it difficult to control what and how much their children drink. These opportunities include more general ‘hanging out’ at weekends, particularly for older children and teenagers; more eating out and/or take-out foods; more activities such as matches, dances and swimming; trips to the cinema when many parents allow their children to have fizzy drinks; the ‘weekly shop’, after which there are more drinks available in the home; and visiting the homes of friends or family.

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Influence of advertising and endorsement

Packaging

Parents expressed the belief that certain pack formats are attractive to children and encourage them to consume certain drinks. This allows parents to position some drinks as a ‘treat’ rather than an everyday drink. Some examples they gave were milk-based drinks in cardboard cups with plastic lids resembling take-away coffee packaging, accompanying sweets or chocolates (under the plastic lid to ‘top’ the drink inside), brightly coloured plastic bottles and gadgets such as sports caps or straws.

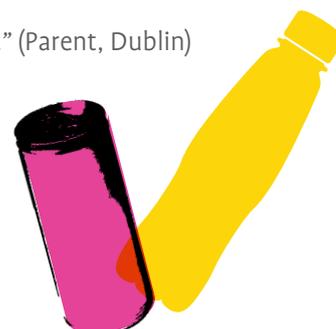
Sports endorsement

A major theme throughout the research was the endorsement of certain drinks – especially energy drinks – by key sports players, and the influence which this had on children and teenagers, particularly males. Many parents believe the messages that these drinks can rehydrate for longer and improve performance, but some said they feel it is inappropriate for these messages to be communicated so blatantly. They also felt that these drinks are not necessarily very ‘healthy’, particularly if high amounts are consumed regularly.

“I wouldn’t buy energy drinks I don’t believe that children should be drinking them there is too much caffeine.”
(Parent, Belfast)

“It’s really bad for their teeth.” (Parent, Belfast)

“They are trying to push it into the Gaelic market because they sponsor a few events.” (Parent, Dublin)



Power of brand advertising

The power of brand advertising was seen as a major reason why children and young people choose certain drinks. Yoghurt drinks (mainly Actimel) were mentioned as being “good for you” (as communicated through ads) and although this emerged spontaneously in many groups, the majority had no idea why they are said to be good for you, or what the functional benefits are. Nevertheless, many said they consume these drinks regularly in the belief that they are gaining some health benefit by doing so.

*“Peer pressure as well, if your mates got a bottle you know, you want one, but advertising I mean that Lucozade Sport does a fair bit of advertising, as does Red Bull.”
(Female teenager, Dublin)*

Most participants mentioned Red Bull and its tagline “it gives you wings”. Other brands mentioned were Innocent and Coca Cola.

Coaches

Coaches and nutritionists were also found to be a strong influence on the drinks consumed by teenagers, males in particular. While most coaches were said to encourage rehydration with water, a minority of parents reported that energy drinks were advocated, and some expressed concern about that.

Information sources

Both parents and teenagers were in agreement on the most common sources of information on drinks:

“I got a slap on the wrist from the dentist ... I had three of them at the dentist and two of them needed fillings and the dentist basically said too many fizzy drinks, cut out fizzy drinks, so I cut it out.” (Parent, Dublin)



- 1 **Schools:** The most prevalent and well-respected source. Regarded as providing good, solid nutritional advice.
- 2 **Doctors/dentists:** Also a very prevalent and well-respected source, dentists seemed to have the most clout in terms of communicating to parents what is good/bad for their teeth and health in general.
- 3 **Word of mouth (family, friends):** Many listen to family, friends or other parents’ advice on foods and drinks.

- 4 **Television and newspaper features:** Television programmes such as documentaries and the Jamie Oliver series; articles in the papers.

“Programmes like super-size and super-skinny always point out the bad stuff.” (Female teenager, Belfast)

“I think they should advertise more about what fizzy drinks do to you instead of promoting them, they know they’re bad but they’re not showing them anything.” (Female teenager, Dublin).



- 5 **Advertising** was also mentioned as a source of information for teenagers (particularly sports drinks).
- 6 **On-pack information (Parents only):** Some parents noticed on-pack details such as ‘5 a day’ or ‘low sugar’, ‘fat-free’. Although parents were aware that food labels include a lot of information on nutrition and content, there was little evidence that they read it (unless, for example, they had family members with allergies). During the group exercise all the participants read labels, but admitted that they were not in the habit of doing so. There were calls for clearer and easier to understand information to be provided on pack.
- 7 **Sporting coaches (teenagers only):** Coaches were a major source of information for teenage boys. Many of them had had nutritionists in to help with their diets and to promote certain food/drinks.

It was notable that teenagers did not mention parents as a source of information on healthy diets. Also, neither parents nor teenagers expressed any particular desire to receive more information than that already provided, as most felt their behaviour may change positively in the future anyway.

Encouraging consumption of healthy drinks

Parents proposed using the following mechanisms to encourage their children to drink more healthy drinks:

- The use of straws
- The use of different types and sizes of glasses
- Choosing healthy drinks with imaginative or brightly coloured packaging
- Any packaging with ‘gadget’ type associations, like bottles with sports caps and foil packs with straws
- Limiting certain drinks (particularly of the fizzy variety) to meal times as they can make children feel full
- Simply not buying fizzy or other ‘unhealthy’ drinks – children may not miss them
- Dentists’ and doctors’ surgeries were identified as an effective and important channel through which nutritional information could be imparted to parents, teenagers and children.

Summary and conclusions

- Parents and teenagers had a good idea of which drinks were healthier than others, but most did not count drinks as part of their daily food consumption. Calories from drinks are therefore invisible to them
- The main concern around drinks (when probed) was sugar content and in particular, 'hidden sugars'. This was followed by E numbers, and then fat and caffeine content to a lesser extent
- Schools (via policies and the curriculum), doctors and dentists were seen as key informants and influencers when it came to nutrition information. Most parents felt it was the government's duty to inform the general public and the school's responsibility to inform the children of the correct guidelines. Many parents reported learning about healthy eating from their children
- A common view was that parental control over food intake is somewhat lost when children reach a certain age. While younger children were said to be influenced both by what their parents purchase and school policies, teenagers were influenced by other factors when choosing their drinks, including cost, advertising and, to a great extent, image
- Parents perceived the increased variety of drinks in the marketplace as a negative, as it causes confusion as to what is 'healthy' and 'unhealthy'. They also said they find it difficult to access information on the content of drinks and believe that juices and juice drinks (anything that does not constitute 'soft drinks') are mainly healthy. Many called for clearer and easier to understand information to be provided on pack.

Key messages for consumers

- Drinks are an important part of our diets (and calorie intakes) and need to be considered as part of our overall food intake because of the nutrients they provide (or lack of them) and how they affect our appetite
- Milk and water are the most suitable drinks between meals
- Low-fat or semi-skimmed milk is suitable for children aged two and upwards who are eating well. Babies and toddlers need the extra calories provided by full fat or whole milk
- Flavoured milk and hot chocolate are good alternative sources of calcium for those who do not drink milk, but they should be reserved for mealtimes because they contain added sugar. When buying them compare the labels and choose those with the lowest amount of added sugar
- Fruit juice is a good choice, though there are a number of points to consider:
 - Juices can contain sugar so choose 100% pure fruit juices that are unsweetened, i.e. contain no added sugar
 - Juices only count as one portion of your 5-a-day fruit and vegetables requirements, regardless of how much you drink
 - 100% pure fruit juices made 'from concentrate' count equally towards your 5-a-day

- All types of fruit juice are acidic and can damage teeth, so they are better kept to mealtimes and consumed with a straw
- When giving fruit juices to children, it is best to dilute them - one part juice to ten parts water
- Squashes and 'juice/fruit drinks' often contain very little juice and quite a lot of sugar, so keep them to a minimum. Sugar-free squashes are a healthier alternative
- Fizzy drinks contain a lot of sugar and are also acidic, so they can be very harmful to teeth and should not be drunk too often. Ideally they should be drunk with a straw and with meals. 'Sugar-free' or 'diet' varieties do contain less sugar but are still acidic. Using a straw will reduce the amount of sugar that comes into contact with teeth
- Stimulant or so-called 'energy' drinks usually contain a lot of sugar and caffeine. These drinks are not suitable as thirst quenchers after sports activities and should not be drunk with alcohol or medication. Children under 16 or pregnant women should not drink energy drinks. Sports drinks can be helpful to those who are doing intensive sport lasting longer than 60 minutes, but because of their high sugar content they should not be drunk every day, or outside of sporting activities
- When choosing hot drinks, ask for them to be made with low fat/skimmed milk and go for regular size options rather than larger ones
- Consumers should read the labels on drinks and compare brands for their fat and sugar content
- Parents and guardians can encourage children to choose healthier drinks by following these tips:
 - Make healthier choices when shopping - if you limit what's available, then it is easier for younger children to make healthier choices
 - Don't be afraid to make changes at home. Parents who simply stop buying unhealthy drinks say it works, despite some initial resistance
 - Make healthy drinks fun – use straws, brightly coloured bottles and different types of glasses to encourage younger children to consume milk and water
 - Teenagers will be more interested in knowing the short term benefits of choosing healthy drinks, which will help them to make healthier choices
 - Remember – every little step counts!

Glossary

Carbonated soft drinks

Also known as minerals or fizzy drinks. These are drinks to which carbonated dioxide has been added. They can be sweetened with added sugar (examples include Coke, 7-Up, Lilt, Pepsi, Sprite, Rock Shandy) or artificial sweeteners (for example, Diet Coke, Diet 7-Up, Diet Pepsi).

Energy drinks

See Stimulant drinks

Food additives

Food additives are substances added intentionally to food and drinks for a particular purpose, such as to colour, sweeten or preserve. Food additives are authorised at EU level for all Member States. They are only authorised for use if there is a technological need for their use (i.e. they are necessary to colour, sweeten or preserve a food), they do not mislead the consumer and provided they do not present a hazard to the health of the consumer. Each additive approved for use in the EU has its own E number. The name of the additive or its E number must be listed on the food label.

Fruit drinks

Drinks that contain a blend of fruit juice with other ingredients, including sugar and water.

Fruit juice

This is the extracted juice of fruit, which has not been concentrated. Fruit juice may not contain any artificial flavours, colours or additives other than carbon dioxide and acidifying agents. Certain vitamins and minerals may be added but must be indicated clearly on the label. Up to 15g of sugar per litre may be added for regulating acidic taste, and this must be indicated in the list of ingredients. This product may be sweetened by the addition of up to 150g of sugar per litre of juice, in which case the sales name must include the term 'sweetened' or 'with added sugar' followed by an indication of the maximum quantity of sugar added. The amount of added sugar used for sweetening products must also be declared in the list of ingredients.

Fruit juice from concentrate

Juice which has been concentrated and returned to its original state by the addition of water. Up to 15g of sugar per litre may be added for regulating acidic taste, and this must be indicated in the list of ingredients. This product may be sweetened by the addition of up to 150g of sugar per litre of juice, in which case the sales name must include the term 'sweetened' or 'with added sugar' followed by an indication of the maximum quantity of sugar added. The amount of added sugar used for sweetening products must also be declared in the list of ingredients.

Soft drinks

Drinks that do not contain alcohol. Drinks like colas, flavoured water, sparkling water, iced tea, lemonade, squash, and fruit punch are among the most common types of soft drinks.

Squash

Drink made from fruit juice to which water is added. Also known as cordial or dilutable drink. Examples include Mi-Wadi and Ki-Ora. These drinks are usually available with or without added sugar.

Stimulant drinks

These drinks are defined as beverages that typically contain caffeine, taurine and vitamin(s), and may contain an energy source (e.g. carbohydrate), and/or other substance(s), marketed for the specific purpose of providing real or perceived enhanced physiological and/or performance effects. Also known as energy drinks.

Sugar-sweetened beverages (SSBs)

Drinks with added sugar. Examples include fruit drinks and sugar-sweetened, carbonated soft drinks.



References

- 1 Department of Health and Children (2004) *Food and Nutrition Guidelines for Pre-School Services*, Dublin, Health Promotion Unit, Department of Health and Children.
- 2 Department of Health and Children (2003) *Food and Nutrition Guidelines for Primary Schools*, Dublin, Health Promotion Unit, Department of Health and Children.
- 3 Health Promotion Agency (2008) *Nutritional and Dental Health Guidelines for Professionals*, Belfast, Health Promotion Agency.
- 4 McCarthy, S. and Hannon, E. (2005) *Launch of the National Children's Survey*, Dublin, Irish Universities Nutrition Alliance.
- 5 Walton, J. (2008) *Launch of National Teens Food Survey*, Dublin, Irish Universities Nutrition Alliance.
- 6 Moynihan, P.J. (2002) 'Dietary advice in dental practice', *British Dental Journal*, 193(10), 563-568.
- 7 World Health Organisation (2003) *Diet, Nutrition and Prevention of Chronic Diseases: Report of a joint WHO/FAO expert consultation*, (WHO Technical Report Series, No. 916), Geneva, WHO.
- 8 Malik, V.S., Schulze, M.B. and Hu, F.B. (2006) 'Intake of sugar-sweetened beverages and weight gain: a systematic review', *American Journal of Clinical Nutrition*, 84, 274-288.
- 9 Gibson, S. (2008) 'Sugar-sweetened soft drinks and obesity: a systematic review of the evidence from observational studies and interventions', *Nutrition Research Reviews*, 21(2), 134-147.
- 10 Wolff, E. and Dansinger, M.L. (2008) 'Soft drinks and weight gain: how strong is the link', *Medscape Journal of Medicine*, 10(8), 189.
- 11 Forshee, R.A., Anderson, P.A. and Storey, M.L. (2008) 'Sugar-sweetened beverages and body mass index in children and adolescents: a meta-analysis', *American Journal of Clinical Nutrition*, 87, 1662-71. See also Malik, V.S., Willett, W.C. and Hu, F.B. (2008) 'Sugar-sweetened beverages and BMI in children and adolescents: reanalyses of a meta-analysis', *American Journal of Clinical Nutrition*, 89, 438-439.
- 12 Smith M. M. and Lifshitz, F. (1994) 'Excess fruit juice consumption as a contributing factor in nonorganic failure to thrive', *Pediatrics*, 93(3), 438-443.
- 13 Welsh, J.A., Cogswell, M.E., Rogers, S., Rockett, H., Mei, Z. and Grummer-Strawn, L. M. (2005) 'Overweight among low-income preschool children associated with the consumption of sweet drinks: Missouri, 1999-2002', *Pediatrics*, 115(2), e223-229.
- 14 Nic Gabhainn, S., Kelly, C. and Molcho, M (2007) *The Irish Health Behaviour in School-aged Children (HBSC) Study 2006*, Galway, Health Promotion Research Centre, NUIG.

- 15 Health Promotion Agency (2001) *Eating for Health: A Survey of Eating Habits among Children and Young People*, Belfast, Health Promotion Agency.
- 16 McGartland, C., Robson, P.J., Murray, L., Cran, G., Savage, M.J., Watkins, D., Rooney, M. and Boreham, C. (2003) 'Carbonated soft drink consumption and bone mineral density in adolescence: The Northern Ireland Young Hearts Project', *Journal of Bone and Mineral Research*, 18(9), 1563-1569.



safefood

7 Eastgate Avenue, Eastgate, Little Island, Co. Cork.

7 Ascaill an Gheata Thoir, An tOileán Beag, Co. Chorcaí.

7 Aistiyett Avenue, Aistiyett, Wee Isle, Co. Cork.

Tel: +353 (0)21 230 4100 **Fax:** +353 (0)21 230 4111

Email: info@safefood.eu **Web:** www.safefood.eu

HELPLINE
NI 0800 085 1683
ROI 1850 40 4567
www.safefood.eu