

# Healthy eating – soft drink consumption

## Indicator overview

VicHealth Indicators Survey

VicHealth Indicators are used to measure community wellbeing with a focus on social determinants of health.

Survey topic areas include: wellbeing, healthy eating and sedentary behaviour, use of green space and safety, smoking policy, alcohol, using of social networking, participation in arts activities and the community, social attitudes, and work, life and time.

### Introduction

Australians are among the biggest consumers of sugar-sweetened beverages in the world (Allman-Farinelli 2009). Sugar-sweetened beverages include fruit drinks, cordials, sports drinks, energy drinks, vitamin waters and sweetened ice tea, as well as soft drinks. Soft drinks account for most of the consumption of sugar-sweetened beverages for adults and children (Nielsen and Popkin 2004, Wang et al. 2008, McLennan and Podger 1997). Soft drinks are typically high in energy (kilojoules), with a 375 millilitre can of soft drink containing about 10 teaspoons of sugar and 640 kilojoules (Hector et al. 2009). Australians are also drinking an increasing number of caffeinated soft drinks. As caffeine is known to suppress sweetness, caffeinated soft drinks must contain more sugar than non-caffeinated soft drinks to attain equivalent sweetness (Keast et al. 2011). Consumption records from the late 1990s (based on supply) indicate that Australians on average consume 113 litres of regular and diet soft drink annually, which equates to approximately 300 millilitres per person per day (Hector et al. 2009). Adolescents have increased their consumption of kilojoules from sugar-sweetened beverages continuously since the 1970s (Malik et al. 2010). Adolescent males consume, on average, almost one litre per day, accounting for 10 per cent of an adolescent's daily energy needs. Adults also consume large quantities of soft drink, with males aged between 18 and 44 drinking the most. High soft drink consumption in adults is associated with a lower socioeconomic status and working in non-professional occupations (Hector et al. 2009).

### Increased consumption

Over the past 50 years, average soft drink containers have increased in size from 200 millilitres to 600 millilitres (Hector et al. 2009). This is problematic as the larger the container of soft drink, the more liquid energy people may consume without correspondingly reducing the amount they eat (Hu and Malik 2010). Drinking sugar-sweetened beverages, specifically soft drinks, may actually lead people to increase their energy intake from other foods (Vartanian et al. 2007). Soft drinks have a high glycemic index and when consumed they produce a rapid rise in the body's blood sugar levels which may increase the appetite and reduce satiety (Vartanian et al. 2007).

Disproportionate pricing strategies that may lead to increased consumption are also common: strategies at point of sale such as upsizing and 'buy one get one free' deals can mean a large increase in the volume sold for a small increase in price (Harker et al. 2007).

Store displays of snack foods (energy-dense and nutrient-poor foods) in supermarkets are influenced by the socioeconomic characteristics of the area in which the store is located. Shelf space dedicated to soft drinks, crisps, chocolate and confectionery in supermarkets in neighbourhoods with high levels of disadvantage is greater than in supermarkets located in neighbourhoods with low levels of disadvantage (Thornton et al. 2012).

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## Health consequences

The consumption of high energy, nutrient-poor, sugar-sweetened beverages such as soft drinks is associated with an increased risk of weight gain and asthma (Hu and Malik 2010, NHMRC 2011) and, at a population level, increasing soft drink consumption is linked with increasing obesity (Brown et al. 2005, NHMRC 2011). High consumption (i.e. daily) has also been linked with a number of health issues including metabolic syndrome, type 2 diabetes, higher blood cholesterol levels, osteoporosis and bone fractures, and dental caries (cavities) (Abid et al. 2009, Harnack et al. 1999). It is also associated with a lower intake of calcium, fibre and other nutrients (Vartanian et al. 2007).

## Find out more

*Soft drinks, weight status and health: a review*, NSW Centre for public health nutrition.  
<http://sydney.edu.au/medicine/public-health/panorg/pdfs/SoftDrinksRep.pdf>

*Soft drinks and your oral health*, Australian Dental Association.  
[www.ada.org.au/yourdentalhealthsoftdrinks.aspx](http://www.ada.org.au/yourdentalhealthsoftdrinks.aspx)

*Sugar*, Better Health Channel.  
[www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Sugar](http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Sugar)

*Drinks for children*, Nutrition Australia.  
[www.nutritionaustralia.org/national/resource/drinks-children](http://www.nutritionaustralia.org/national/resource/drinks-children)

*Drinks*, Dieticians Association of Australia.  
<http://daa.asn.au/for-the-public/smart-eating-for-you/nutrition-a-z/drinks/>

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