



Consultation on proposal to end sale of energy drinks to children

Response by the Faculty of Dental Surgery

Introduction

The Faculty of Dental Surgery at the Royal College of Surgeons (“the Faculty”) welcomes the opportunity to comment on the Department for Health and Social Care’s consultation on *Ending the sales of energy drinks to children*.

The Faculty is a professional body committed to enabling dental surgeons to achieve and maintain excellence in practice and patient care. We represent over 5,500 specialist dentists, the majority of whom provide patient care in primary, secondary or community care settings, or hold key public health roles. In this submission we respond specifically to Questions 1, 2, 3, 4, 5, 6 and 7.

1. Should businesses be prohibited from selling high-caffeine energy drinks to children?

The Faculty supports the proposals to prohibit the sale of energy drinks to children. As the consultation document notes such products are not only high in caffeine but also sugar, which is a major cause of tooth decay (p. 5).

Child tooth decay now represents a major public health problem and affects nearly a quarter (23.3%) of five year olds in England. Tooth decay is also the leading cause of hospital admissions amongst five to nine year olds by some distance (there were 26,111 such admissions in 2017-18), despite the fact that it is estimated to be 90% preventable by taking simple steps such as brushing twice a day with fluoride toothpaste, visiting the dentist regularly and, crucially, reducing sugar consumption. The Faculty is therefore strongly supportive of the proposals announced in “Chapter 2” of the Child Obesity Plan to address excessive sugar consumption, including ending the sale of energy drinks to children, which we believe would make an important contribution to tackling child tooth decay.

From an oral health perspective, an additional concern with energy drinks is their potential to contribute to dental erosion and tooth wear, due to their high acid content. This is an increasing issue for both children and adults, and research has highlighted that the low pH and high non-reducing sugar content of many energy drinks means they have significant erosive potential (A.L. Cavalcanti et al, “In vitro assessment of Erosive Potential of Energy Drinks”, European Archives of Paediatric Dentistry, 11 (5), 2010), and can also contribute to problems such as dental hypersensitivity (Shelon C. S. Pinto et al, “Erosive potential of energy drinks on the dentine surface”, BMC Research Notes, 6:67, 2013). In this context, the Faculty believes there is a strong case for prohibiting the sale of such products to children.

2. Are there any other approaches that you think should be implemented instead of, or as well as, a prohibition on sales of energy drinks to children, in order to address the issue of excess consumption of energy drinks by children?

In addition to ending the sale of energy drinks to children, the Faculty believes that it is vital to educate parents and young people about the health impacts of such products and the dangers of excessive consumption. The school curriculum may provide one opportunity to achieve this (the Faculty has welcomed the Department of Education's recent proposals to include provisions around oral health in the curriculum for health education in primary and secondary schools), but we also believe it is particularly important to utilise proactive social media campaigns to reach children and young people.

Other approaches that the Faculty believes should also be considered are restricting the advertising of energy drinks, and introducing an outright ban (i.e. to adults as well as children) on sales in certain key locations such as schools and hospitals.

3. Which age limit would be most appropriate for a prohibition on sales of energy drinks to children?

- **16 years old**
- **18 years old**

On balance the Faculty believes that prohibition should apply to children up to the age of 18, although we recognise that there are also very valid arguments for applying this at 16 so would not be opposed to this approach either.

The Faculty believes that aligning the prohibition on purchasing energy drinks with that on purchasing alcohol and tobacco (where the age limit is currently set at 18) would send an important message about the potential health impacts of consuming energy drinks. We also note additional points made in the consultation document highlighting that other countries which have implemented similar prohibitions have set the age limit at 18, and that 16 and 17 year olds (who would not be covered if the age limit were set at 16) are some of the highest consumers of energy drinks. We therefore believe that 18 represents an appropriate threshold for the prohibition.

However, we can also understand the case for setting the age limit at 16. As the consultation document points out, applying the age limit at 16 would be consistent with voluntary initiatives which have already been adopted by some supermarkets. From an oral health perspective, 16 is usually also the upper limit for paediatric dental and medical services. More broadly, we appreciate that 16 is the age at which young people can marry, leave home and acquire various other legal rights. Therefore, while our overall preference would be for the age limit to be set at 18, we would understand the rationale behind applying this at 16 if that were the approach which Government ultimately chose to pursue.

- **Other (please specify)**

4. Should a prohibition on sales of energy drinks to children apply to any drink that contains over 150mg of caffeine per litre, except coffee and tea?

The Faculty supports the proposal to apply the prohibition to any drink containing over 150 mg of caffeine per litre, apart from coffee and tea which we recognise are not themselves energy drinks.

5. Should a prohibition on sales of energy drinks to children apply to all retailers who operate in England, including online businesses and the out-of-home sector (cafes, restaurants, takeaways and so on)?

The Faculty supports the principle that the prohibition should apply to all retailers, including online businesses and the out-of-home sector, to ensure that it operates on a consistent basis across England.

6. Should children be prevented from buying energy drinks from vending machines?

The Faculty agrees with the proposal set out in the consultation to prevent children from buying energy drinks from vending machines.

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

- **All sales of energy drinks from all vending machines should be prohibited, regardless of the age of the person buying them.**
- **Sales of energy drinks from vending machines should be subject to age restrictions, to be enforced by the businesses or organisation on whose property the vending machine is located.**
- ***All sales of energy drinks from vending machines should be prohibited in specific locations with high child footfall, for example educational establishments, sports centres and youth centres.***

The Faculty would be supportive of prohibiting the sale of energy drinks from all vending machines, as set out in option one. However, we also recognise that the most realistic and practical approach to implementing a specific restriction on sales to children may be to focus on vending machines in areas of high child footfall as set out in option three.

Should the approach set out in option three ultimately be taken, the Faculty believes that it is important that hospitals are included alongside educational establishments, sports centres and youth centres in the list of areas of high child footfall in which sales of energy drinks from vending machines are prohibited (indeed, as set out in our response to Question 2, we believe that there is a strong case for banning the sale of energy drinks outright in hospitals as well as other key locations such as schools).

- **Other approach (please give details of the approach you are suggesting).**

Contact

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