## Community concern about the sale of high-caffeine drinks to children under 12 years of age: Western Australia population survey results

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In 2001, Food Standards Australia and New Zealand developed a regulatory standard for 'energy drinks' (non-alcoholic water-based carbonated beverages containing caffeine, B complex vitamins and other substances), now referred to as formulated caffeinated beverages (FCBs) that was introduced in 2003.<sup>1</sup> Standard 2.6.4 protects public health and safety by: (1) controlling the maximum level of caffeine and other substances used in product formulation; (2) requiring labelling statements advising maximum consumption levels; and (3) warning against consumption by children, pregnant and lactating women and caffeine-sensitive people.<sup>2</sup> During the development of the Standard, there was significant community concern in relation to potential access to caffeinated beverages by children.<sup>3</sup> There was also concern about the potential to carry over fortification from FCBs to other products because FCBs were proposed to be used as ingredients in other beverages commonly consumed by children, such as soft drinks. The Standard aims to limit the availability, appeal, marketing and promotion of FCBs to children, and labels include a statement outlining that authorities recommend limiting caffeine intake. Almost a decade later, in response to continued health concerns, with the increasing number and types of foods on the market containing caffeine and the higher amounts of caffeine in foods, the Australia and New Zealand Food Regulation Ministerial Council ordered a comprehensive review of the 2003 policy guideline on the addition of caffeine to

foods.<sup>4</sup> The impact of mixing energy drinks with alcoholic beverages is also of concern and is being investigated as a separate issue by the Intergovernmental Committee on Drugs.<sup>4</sup> The revised 2013 Australian Dietary Guidelines concluded that 'Energy drinks may also be high in caffeine and are not suitable for children'.<sup>5</sup>

Governments continually monitor public attitudes towards food and nutrition to inform a range of regulatory and policy interventions to assist the public to protect health and safety. This letter reports on the level of community concern among Western Australian (WA) adults regarding the sale of caffeinated beverages to children under 12 years of age. Data were pooled from three Nutrition Monitoring Survey Series (NMSS) telephone surveys of 3196 WA adults aged 18-64 years collected in 2001, 2009 and 2012, with response rates of 33%, 88% and 90%, respectively. The lower response rate in 2001 is most likely due to the random digit dialling methods used compared with the numbers selected by electronic White Pages in 2009 and 2012. The pooled data were weighted to account for sample design and adjusted for age, sex and geographic area to a single population to allow for comparisons over time. The standard population used was the 2006 Estimated Resident Population of Western Australia<sup>6</sup> because it was the most recent census year. Descriptive analysis was conducted using survey module of STATA 12 SE 12.0 (StataCorp LP, College Station, TX, USA).

 Table 1.
 Proportion of people who rated concern about the sale of high-caffeine drinks to children 12 years as 'quite' or 'very concerned', Nutrition Monitoring Survey Series 2001, 2009 and 2012, Western Australia (n = 3196)

Data show the percentage of respondents in each group, with 95% confidence intervals given in parentheses

Concern rating	Nutrition Monitoring Survey Series			Total
	2001	2009	2012	
Not very	11.4% (9.4%, 13.7%)	5.8% (4.2%, 8.1%)	2.8% (1.6%, 4.8%)	8.0% (6.8%, 9.3%)
Quite concerned	26.6% (23.8%, 29.7%)	16.2% (13.9%, 18.9%)	10.5% (8.3%, 13.2%)	20.2% (18.6%, 22.0%)
Very concerned	59.2% (55.9%, 62.3%)	68.9% (65.7%, 72.0%)	78.9% (75.1%, 82.2%)	66.1% (64.1%, 68.0%)
Don't know	2.8% (1.9%, 4.1%)	0.6% (0.3%, 1.3%)	0.6% (0.2%, 1.4%)	1.7% (1.2%, 2.3%)

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By 2012, there was a significant increase in the proportion of people who said they were 'very concerned' about the sale of caffeinated beverages to children 12 years of age or younger compared with 2001 (79% in 2012 vs 69% in 2009 and 59% in 2001). Correspondingly, the proportion of people who were not very concerned has decreased has from 11% in 2001 to 6% in 2009 and only 3% in 2012 (Table 1).

Community concern remains high and is increasing. It is important that governments continue to control and regulate caffeinated beverages, their labelling, promotion and advertising and, in particular, promotion and availability to children.

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