

A call to all parties: protect our children—regulate sugary drinks in schools

Gerhard Sundborn, Simon Thornley, Bodo Lang, Loma Veatupu

The harm that sugary drinks can cause is established beyond doubt.¹ Intake of these products cause unhealthy weight, type 2 diabetes, kidney disease, gout, fatty liver and heart disease,² along with the ubiquitous dental caries.³ The damage also goes beyond the physical realm. Sugary drinks compromise concentration and can fuel (literally) behavioural disorders in children—negatively impacting learning, social interactions and relationships.^{4,5} The consequences include curtailed achievement, productivity and longevity.

Historically, efforts to improve the healthfulness of drinks available in schools have been short-lived and inconsistent, with previous initiatives failing to deliver lasting change.^{6,7} These policies have failed to gain cross-party support, meaning that inevitably, when governments change, these policies tend to be dismissed swiftly. As a result, New Zealand has stalled in terms of reducing consumption of sugary drinks.⁸ We must reverse this trend.

The New Zealand Beverage Guidance Panel (NZBGP) recently published a policy brief titled *Sugary Drink Free Schools*. The brief identifies sugar as the key driver that makes drinks harmful. The recommendations in the brief are easy to adopt and would prevent much physical and mental harm in New Zealand children. The policy brief is designed to appeal to all political parties, since it is easy to implement and strong benefits of the policy are foreseen.

In the policy, a sugary drink is defined as any beverage that exceeds 5g of sugar per 100mls, and it calls for these not to be available to children in schools. Choice will be preserved, because zero sugar, diet drinks and reduced-sugar juices will still be offered.

The purpose of this document is to call on all political parties in New Zealand to implement policy that requires all schools and early child education centres (ECEs) to be sugary drink free. All political parties, and especially the New Zealand government, have a responsibility to provide leadership to protect the health of the population

through action in areas that are detrimental to health, including from sugary drinks.

As an example, to reduce harm from tobacco, the New Zealand government took a similar approach in leading change by writing and implementing the *Smoke-free Environments Act* in 1990.⁹ The New Zealand government was the first in the world to implement such a policy, which has now been adopted by a further 155 countries, benefitting 6.1 billion people globally with cleaner air and reduced smoking prevalence.⁹

A comprehensive rationale for this call that describes the harms that sugary drinks pose is provided in the *Sugary Drink Free Schools* policy brief authored by the NZBGP. The Sugary Drink Free Schools policy below is repeated from this group.

This call has been supported by several prominent organisations listed below that have relevant expertise in related areas and value the health of all New Zealanders.

1. Public Health Association of New Zealand
2. Health Promotion Forum of New Zealand
3. Open Forum for Health Information New Zealand
4. New Zealand Dental Association
5. Te Ao Mārama – Aotearoa Māori Dental Association
6. New Zealand Oral Health Association
7. New Zealand Beverage Guidance Panel
8. Pasifika Medical Association
9. Pasifika Dental Association
10. Diabetes Foundation Aotearoa
11. Diabetes New Zealand
12. Hāpai Te Hauora
13. Toi Tangata
14. Te Whānau O Waipareira Trust
15. Procure
16. The Fono
17. Moana Connect
18. South Seas Healthcare
19. FIZZ New Zealand

We, with the health organisations listed above, urge politicians across the political spectrum to include this policy leading up to this year's election.

Should it be implemented, a healthier next generation of New Zealanders will surely thank them for it.

Box 1: *Sugary Drink Free Schools policy.*

Sugary Drink Free Schools policy

- This policy applies to all schools and early childhood education centres in New Zealand.
- Sugary drinks* will be unavailable on school premises.
- If a sugary drink is brought onto school grounds, the student will be asked to put it away in their bag (or throw it away if preferred) and reminded that they cannot bring such drinks to school as they are unhealthy.
- Sugary drink consumption is prohibited during school hours and on school premises.
- Water (tap/drinking fountain/packaged) and unflavoured milk are preferred, and drinks that have <5g of sugar per 100ml are drinks that are acceptable.

All events including gala days, fundraisers, celebrations, trips, events and catering will adhere to this policy.

- For example, sports events: sports teams should only have water or zero sugar drinks for hydration.

Exemptions:

- Zero sugar alternatives
- 50% less-sugar juice acceptable (as is < 5g sugar per 100ml)

*A sugary drink here is defined as any drink that has 5g or more of sugar per 100ml, as described on the nutrition label (including soft-drinks, fizzy drinks, energy drinks, sports drinks, flavoured milk, fruit drinks, juices).

**This policy does not apply to students with diabetes, when sugary drinks are required to treat low blood glucose.

***This policy does not include hot drinks such as staffroom tea and coffee, or alcohol.

COMPETING INTERESTS

All authors declare that they have no conflicts of interest.

AUTHOR INFORMATION

Dr Gerhard Sundborn: Senior Lecturer, Department of Pacific Health, School of Population Health Faculty of Medical and Health Sciences, The University of Auckland, New Zealand.

Dr Simon Thornley: Senior Lecturer, Section of Epidemiology and Biostatistics, School of Population Health Faculty of Medical and Health Sciences, The University of Auckland, New Zealand.

Professor Bodo Lang: Senior Lecturer, School of Management and Marketing, Massey University, New Zealand.

Loma Veatupu: Senior Research Fellow, Department of Pacific Health, School of Population Health, Faculty of Medical and Health Sciences, The University of Auckland, New Zealand.

CORRESPONDING AUTHOR

Dr Gerhard Sundborn: Senior Lecturer, Department of Pacific Health, School of Population Health, Faculty of Medical and Health Sciences, The University of Auckland, Private Bag 92019, Auckland Mail Centre 1142, New Zealand. E: g.sundborn@auckland.ac.nz

URL

<https://nzmj.org.nz/journal/vol-139-no-1643/a-call-to-all-parties-protect-our-children-regulate-sugary-drinks-in-schools>

CITATION

Sundborn G, Thornley S, Lang B, Veatupu L. A call to all parties: protect our children—regulate sugary drinks in schools. *N Z Med J*. 2026 Oct 9;139(1643):90-92. doi: 10.26635/6965.7679.

REFERENCES

1. Hu FB. Resolved: there is sufficient scientific evidence that decreasing sugar-sweetened beverage consumption will reduce the prevalence of obesity and obesity-related diseases. *Obes Rev*. 2013 Aug;14(8):606-619. doi: 10.1111/obr.12040.
2. Thornley S, Tayler R, Sikaris K. Sugar restriction: the evidence for a drug-free intervention to reduce cardiovascular disease risk. *Intern Med J*. 2012 Oct;42 Suppl 5:46-58. doi: 10.1111/j.1445-5994.2012.02902.x.
3. Sheiham A, James WP. A reappraisal of the quantitative relationship between sugar intake and dental caries: the need for new criteria for developing goals for sugar intake. *BMC Public Health*. 2014 Sep 16;14:863. doi: 10.1186/1471-2458-14-863.
4. Thornley S, Sundborn G. The case to ban sugary food and drink from schools: these products are addictive, and kids will learn best without them. *Pac Health Dialog*. 2014 Mar;20(1):17-21.
5. Farsad-Naeimi A, Asjodi F, Omidian M, et al. Sugar consumption, sugar sweetened beverages and Attention Deficit Hyperactivity Disorder: A systematic review and meta-analysis. *Complement Ther Med*. 2020 Sep;53:102512. doi: 10.1016/j.ctim.2020.102512.
6. Pillay D, Ali A, Wham C. The effect of healthy food guidance for schools on food availability, purchasing and consumption among school children in New Zealand and Australia: an integrative review. *Nutr Res Rev*. 2025 Dec;38(2):571-585. doi: 10.1017/S0954422424000362.
7. Sundborn G, Thornley S, Veatupu L, Lang B. If soft drink companies can do it, why can't government? Sugary drink sales policies in schools must be tightened. *Aust N Z J Public Health*. 2022 Jun;46(3):415-416. doi: 10.1111/1753-6405.13218.
8. Eyles H, Dodd S, Garton KK, et al. New Zealand household purchases of sugar-sweetened, artificially sweetened, and unsweetened beverages: 2015-2019. *Public Health Nutr*. 2023 Dec 20;27(1):e22. doi: 10.1017/S1368980023002793.
9. Edwards R, Thomson G, Wilson N, et al. After the smoke has cleared: evaluation of the impact of a new national smoke-free law in New Zealand. *Tob Control*. 2008 Feb;17(1):e2. doi: 10.1136/tc.2007.020347.