Dear Matt

I write to express the Health and Social Care Committee’s support for action to end the sale of energy drinks to children, as proposed in the recent Government consultation paper, and to encourage the Government to continue to take action across the whole range of measures in order to tackle childhood obesity.

During our recent inquiry into childhood obesity, the Committee made the decision not to focus on energy drinks, as we were aware at the time that the Science and Technology Committee were due to conduct their own inquiry into that specific subject. We await with interest the report from that inquiry, which we understand is due to be published later this year.

Nonetheless we are aware of the alarming figures on consumption of energy drinks by children in the UK, and consequently see action on energy drinks as a welcome component of the Government’s plan to tackle childhood obesity. We welcome the Government’s decision to consult and look forward to seeing strong measures brought forward.

At the same time, we are keen to reemphasise the conclusions of our report, *Childhood Obesity: Time for Action*, about the need for action across a much wider range of food groups. While Government action on energy drink sales to children may be beneficial, it must not act as a distraction, or delay in any way, continuing progress on the Government’s sugar reduction and wider reformulation strategy. The Government must maintain the pressure on industry to reformulate through concrete further action if there is not faster progress on reformulation, and this action must come regardless of any legislation on energy drinks.

I offer you our full support in pursuing the full range of measures we have recommended to tackle the growing and serious problem of childhood obesity.

Yours sincerely,

Dr Sarah Wollaston MP
Chair of the Committee
Thank you for your letter of 3 October in support of action to ban the sale of energy drinks to children and childhood obesity.

As you are aware, evidence suggests excessive consumption of energy drinks by children is linked to negative health outcomes such as headaches, sleeping problems, and tiredness. Currently, labelling rules require that energy drinks containing over 150mg of caffeine are labelled as 'High caffeine content. Not recommended for children or pregnant or breast-feeding women’.

While progress has been made in reducing sugar in drinks as part of the soft drinks industry levy, we are hearing strong calls from parents, health professionals, teachers and some industry bodies and retailers for an end to the sale of high-caffeine energy drinks to children. Many larger retailers and supermarkets have voluntarily stopped selling energy drinks to under-16s, but there are still many retailers that continue to sell these drinks to children.

Chapter two of our childhood obesity plan committed to consulting on ending the sale of energy drinks to children. The consultation, which runs from 30 August to 21 November, is open to everybody, including children and has received a high level of interest. We welcome and will consider all responses before setting out the next steps, including looking at the Science and Technology Committee’s report of its inquiry into energy drinks, which we hope will be published later this year.

I remain committed to reviewing what more can be done to make sure we meet our ambition of halving childhood obesity and will continue to monitor progress and
emerging evidence carefully. Where progress is not being delivered, we will consider what further action can be taken.

Finally, I would like to thank the Committee for its report Childhood Obesity: Time for action, which we will be responding to shortly.

Yours ever,

MATT HANCOCK