

# Petitioner submission of 5 September 2022

## PE1919/H: Ban the sale of high caffeine products to children for performance enhancement

Thank you for inviting me to respond to the submissions to the petition calling for a ban on the sale of fast release caffeine gum to U18s for performance enhancement.

I am pleased Scottish Athletics (SA) mentioned the paper on 'Caffeine in athletics' but am surprised they overlooked my contribution to the paper. As a coach at Giffnock North Athletics Club, I worked with SA on this paper and I drafted the initial paper as requested by the then Chief Executive, Mark Munro, after I brought it to his attention that high strength caffeine gum was handed out to hundreds of recreational runners, some as young as 15 years of age, at the Grangemouth 10K. It was a concern the gum was given out just a few days after a meeting with the Chief Executive and Chair of SA, at which assurances were given that SA would not allow high strength caffeine gum to be promoted at events.

I objected to changes that SA subsequently made to the caffeine paper where they stated athletes should trial caffeine in training before using in competition. I was concerned this could put young athletes at risk particularly those with an undiagnosed heart condition. This is backed up by the submission from Cardiac Risk in the Young (CRY) who stated that 80% of sudden cardiac deaths present with no prior symptoms and that they *"would be concerned about the impact of intense exercise whilst taking performance enhancing drugs or medications (such as high caffeine doses) for young people with undiagnosed cardiac conditions."*

Furthermore, it supports my original concerns about the caffeine trials at a parkrun event approved by the parkrun Research Board where high caffeine doses were given to participants. It is my understanding these participants didn't undergo cardiac screening and therefore may have been unaware of having a potentially life-threatening heart condition. I understand the doses administered in the parkrun caffeine trials were at the low end of the effective doses for enhancing performance (300mg), but still exceeded safe caffeine levels for a typical healthy adult. I would emphasise that European Food Standards Agency (EFSA) state that the minimum caffeine dose to reduce the rated perceived exertion (RPE)

during exercise is 4mg/kg bodyweight or 280mg of caffeine but warn that this can have potential adverse health effects.

As a novel food supplement promoted widely to runners, it is important to know what (if any) safety trials have been carried out on the adverse effects of the rapid absorption of high doses of caffeine into the blood stream shortly before or during intense physical exercise. Mars Wrigley carried out research on caffeine gum before relaunching their product in 2017. I understand Mars Wrigley have withdrawn the product for a second time and have since stopped selling it altogether. It would be interesting to know the reasons.

I fully support CRY in calling for more research into these products on young at-risk individuals and would ask the Petitions Committee to look at existing research, including the parkrun research in terms of the caffeine doses required to enhance performance and the scientific study conducted by Mars Wrigley. It might be useful to compare recommendations made by Mars Wrigley on the safe use of caffeine gum with way it is marketed to recreational and club runners.

From extensive discussions with the former Chief Executive of SA, I know he shared my concerns about the risk of children and adolescents overdosing on caffeine popping caffeine tablets or gum.

In response to SA and **sportscotland's** point that it would be difficult to ban the sale of high caffeine products for performance enhancement, I would suggest that if sold for performance enhancement then these products could be regulated as medicines and not food supplements, in the same way caffeine pro plus tablets are sold as a medicine. This might address the concerns raised by Food Standards around inconsistencies in the labelling of certain products where it may be dangerous for young athletes to consume the specified caffeine doses in a single ingestion particularly during intense physical exercise.

It is my understanding SA have raised concerns about caffeine gum with various sporting organisations including **sportscotland**, UK Athletics (UKA), UK Anti-doping and parkrun, and I understand it was also raised with the former Minister for Public Health, Joe Fitzpatrick. I would encourage SA to make any relevant information available to the Petitions Committee, particularly the responses from parkrun and UKA.

I appreciate the Scottish Government's position that there is presently no evidence young people overconsume caffeine from products such as

caffeine gum, however it's likely some will be tempted to experiment with high caffeine products if widely marketed for performance enhancement or endorsed and promoted by sporting organisations.

I welcome **sportscotland's** statement that *"it does not encourage recreational athletes to experiment with caffeine supplements."*

The Children and Young People Commissioner's response stated the UNCRC gives children the right to the highest attainable standards of health and to healthy food (Article 24). This would suggest the rights of a child should take precedence over whether a substance is prohibited by World Anti-Doping Agency – therefore challenging the justification given by those promoting or giving caffeine gum to children.

The following [evidence from the European Society of Cardiology](#) should concern everyone involved in athlete welfare and child safeguarding:

*"Caffeine is a prime example of a natural substance that is considered safe,"* said first author Dr. Paolo Emilio Adami of World Athletics, the global governing body for track and field. *"While caffeine improves performance, particularly aerobic capacity in endurance athletes, its abuse may lead to fast heart rate (tachycardia), heart rhythm disorders (arrhythmias), high blood pressure, and in some cases sudden cardiac death."*

*"Unfortunately, it is common practice for athletes to ignore dosing recommendations and use multiple drugs simultaneously."*

If it is widely known that drug use is common practice in sport, then it's imperative the governing bodies and clubs risk assess stimulants, and put in place robust child safeguarding procedures.