TEENAGE HEALTH & WELLBEING FACTSHEET

# Energy Drinks, Caffeine and Teenage Health

Understanding labels, health effects, safer choices and when symptoms need medical attention

**The short version**

Energy drinks are not ordinary soft drinks. They may deliver a high dose of caffeine quickly, sometimes alongside sugar and other stimulatory ingredients. Teenagers can be especially vulnerable to disturbed sleep, anxiety, headaches, stomach symptoms, tremor and palpitations. Labels above the legal high-caffeine threshold state that the product is not recommended for children. The safest choice for under-16s is to avoid high-caffeine energy drinks, and caffeine should never replace sleep, food or medical care.

## Why teenagers use them

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| **Tiredness** | Early school starts, late sleep, exams, work, caring and health conditions can create a search for quick alertness. |
| **Marketing and taste** | Branding, gaming, sport, influencers, flavours and large cans can make use feel normal or performance-related. |
| **Peer culture** | Friends may share drinks, use them before school or combine them with gaming, parties or exercise. |
| **The cycle** | Caffeine delays sleep, shorter sleep increases tiredness, and more caffeine is then used the next day. |

**Avoid shame**

A young person may be trying to cope with exhaustion or pressure. Understanding the reason for use is more effective than simply confiscating a drink without addressing the need.

## What caffeine does in the body

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| **Alertness** | Caffeine blocks adenosine signals that help create sleepiness, temporarily increasing wakefulness. |
| **Heart and circulation** | It can increase heart rate or blood pressure and cause pounding, fluttering or skipped-beat sensations in sensitive people. |
| **Brain and mood** | Some feel more focused; others develop agitation, anxiety, irritability, tremor or panic-like symptoms. |
| **Stomach and bladder** | It may worsen nausea, reflux, abdominal discomfort or urinary urgency. |
| **Sleep** | Caffeine can delay falling asleep and reduce sleep quality even when consumed hours earlier. |
| **Individual variation** | Body size, genetics, medicines, health conditions, regular use and other substances change the effect. |

## Possible short-term effects

- racing or pounding heart
- headache or dizziness
- nausea or stomach pain
- irritability
- shaking or restlessness
- anxiety or feeling panicky
- difficulty sleeping
- frequent urination

## Reading labels and calculating the dose

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| **High-caffeine warning** | Drinks containing more than 150 mg caffeine per litre must carry the statement “High caffeine content. Not recommended for children or pregnant or breast-feeding women.” |
| **Look for mg per 100 ml** | The caffeine amount is commonly shown per 100 ml. Multiply by the number of 100 ml portions in the container. |
| **Example** | A 500 ml can labelled 32 mg/100 ml contains 160 mg caffeine in total: 32 × 5. |
| **Servings can mislead** | A bottle may contain more than one stated serving even though most people drink the whole container. |
| **Other sources** | Add tea, coffee, cola, chocolate, caffeine gum or pouches, pre-workout, supplements and some medicines. |
| **Sugar-free is not caffeine-free** | Removing sugar does not remove caffeine or its effects on sleep, heart rate or anxiety. |

### Government safety context

UK guidance drawing on EFSA states that up to 3 mg caffeine per kg body weight in a single dose or day does not raise safety concerns for healthy children and adolescents. This is not a target or recommendation to consume caffeine, and individual sensitivity varies.

# How much is in common products?

Amounts vary widely by brand, size and preparation. Always check the actual label.

| Product | Illustrative caffeine amount | What to notice |
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| 500 ml energy drink | Often around 160 mg; some products contain more. | Large volume and easy to drink quickly. |
| 250 ml energy drink | Often around 80 mg. | Still carries a high-caffeine warning when above the threshold. |
| Cola can | Government examples use about 40 mg. | Lower than many energy drinks but still contributes. |
| Mug of tea | Government examples use about 75 mg. | Strength and brewing time change the amount. |
| Coffee | About 80 mg for espresso or 100 mg for instant in government examples. | Coffee-shop sizes and extra shots can be much higher. |
| Pre-workout or shot | Highly variable; may equal several drinks. | Check dose, scoops and all stimulant ingredients. |

### One can can exceed the comparison level

Government material notes that a 500 ml high-caffeine drink commonly contains around 160 mg, exceeding 3 mg/kg for an average 47 kg 11–12-year-old. The calculation does not make lower amounts automatically suitable.

## Sleep, concentration and school performance

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| **False energy** | Caffeine reduces the feeling of sleepiness but does not replace the learning, memory and emotional benefits of sleep. |
| **Later sleep** | Afternoon or evening caffeine can push an already delayed teenage body clock later. |
| **Next-day cycle** | Poor sleep increases tiredness and concentration difficulty, encouraging another drink the following day. |
| **Anxiety and attention** | Arousal may briefly feel helpful, but too much can produce racing thoughts, shakiness and worse task control. |
| **Exam use** | Large doses or unfamiliar products before an exam can cause symptoms that mimic panic and disrupt performance. |
| **Evidence** | Government reviews report associations between energy-drink use and reduced sleep duration and quality, emotional difficulties and poorer academic outcomes. |

### A better tiredness plan

Protect sleep, eat regularly, drink water, seek daylight and movement, and investigate persistent exhaustion. A stimulant can hide a problem without fixing it.

## Exercise, gaming, work and social use

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| **Before exercise** | High stimulant doses may raise heart rate, anxiety and dehydration risk, especially during intense activity or heat. |
| **Pre-workout** | Powders can be concentrated and scoop sizes misread. Some combine several stimulants. They are not routine products for teenagers. |
| **Gaming** | Caffeine plus stimulating play and late light may extend wakefulness far beyond the intended session. |
| **Part-time work** | Late shifts and early school can create chronic sleep loss. Address the timetable and workplace support rather than relying on cans. |
| **Alcohol** | Caffeine does not make someone less intoxicated. Feeling more awake can mask impairment and encourage more drinking or risk-taking. |
| **Other drugs or medicines** | Combining caffeine with stimulants, decongestants, ADHD medicines or recreational drugs may increase adverse effects. Seek individual advice. |

**Never use energy drinks for hydration**

For ordinary activity, water and regular food are usually appropriate. Medical, endurance or high-performance needs require suitable professional advice—not influencer marketing.

## Tolerance, dependence and withdrawal

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| **Tolerance** | With regular use, the same amount may feel less effective, leading to larger or more frequent doses. |
| **Dependence** | A young person may feel unable to function without caffeine or plan the day around access to it. |
| **Withdrawal** | Stopping suddenly after heavy regular use can cause headache, fatigue, irritability, low mood and concentration difficulty. |
| **Reduce gradually** | Replace one serving at a time, reduce size or strength, move use earlier and add caffeine-free drinks. |
| **Address the reason** | Check sleep, workload, low mood, iron deficiency, pain, medication effects, neurodiversity, caring or unsafe schedules. |
| **Get help** | Seek professional advice if use is heavy, withdrawal is difficult, there are health conditions or caffeine is mixed with other substances. |

## A practical reduction plan

- record all caffeine for three days
- choose the easiest serving to replace
- add water and regular meals
- check container sizes
- avoid abrupt restriction after heavy use
- review sleep and symptoms weekly

# The under-16 sales restriction in England

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| **What was announced** | In July 2026, the Government confirmed plans to ban sales of high-caffeine energy drinks to children under 16 in England. |
| **Expected date** | The Government expects the ban to come into force in April 2027, subject to Parliamentary approval and the required legislation. |
| **Products in scope** | Drinks other than tea or coffee containing more than 150 mg caffeine per litre, including products reconstituted from powders, tablets or concentrates. |
| **Where it applies** | Shops, online sales, restaurants, cafés, other consumer retail and vending machines in England. |
| **What it does not mean** | It does not prove that every lower-caffeine product is suitable, nor does it cover every caffeinated food, gum, pouch or supplement. |
| **Devolved policy** | The confirmed policy described here applies to England; Scotland, Wales and Northern Ireland may take different approaches. |

**Current position matters**

Until legislation takes effect, many retailers already operate voluntary under-16 restrictions and labels state that high-caffeine drinks are not recommended for children.

## When symptoms need medical help

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| **Palpitations** | Seek GP advice when they recur, become more frequent, last more than a few minutes, or there is a heart condition or relevant family history. |
| **Urgent heart symptoms** | Call 999 for palpitations that do not stop with chest pain, shortness of breath, faintness or fainting. |
| **Possible overdose** | Severe agitation, repeated vomiting, confusion, tremor, very fast or irregular heartbeat, seizure or collapse needs urgent advice. |
| **Mental health** | Panic, severe anxiety, low mood, self-harm thoughts or stimulant misuse need timely support and a safe conversation. |
| **Persistent tiredness** | Investigate ongoing exhaustion, snoring, breathing pauses, weight change, heavy periods, pain, infection symptoms or major functional decline. |
| **Underlying conditions** | Heart disease, high blood pressure, seizures, migraine, anxiety and some medicines may increase concern. Ask for individual advice. |

### If too much has been consumed

Stop further caffeine, keep the packaging, do not induce vomiting and seek advice from NHS 111 or emergency services according to symptoms. Call 999 for severe or life-threatening symptoms.

# Talking with teenagers without turning it into a battle

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| **Ask what it does for them** | Is it taste, belonging, tiredness, gaming, exams, gym culture, mood or habit? The answer shapes the solution. |
| **Use the label** | Calculate the total together. Avoid dramatic claims; use the product’s own caffeine amount and warning. |
| **Agree an experiment** | Try seven days without energy drinks or with caffeine moved earlier, tracking sleep, headaches, anxiety and morning energy. |
| **Offer replacements** | Water, milk, caffeine-free drinks, regular snacks, daylight, movement and a better sleep plan address more than confiscation alone. |
| **Set clear boundaries** | Adults can set age-appropriate household rules while remaining calm, consistent and open to discussion. |
| **Model the message** | Adult reliance on coffee or energy products affects credibility. Families can discuss caffeine honestly rather than pretending adults never use it. |

**Do not moralise symptoms**

Palpitations, panic or withdrawal can be genuinely frightening. Respond to the health need first, then review choices once the teenager is safe.

## NHS, private and complementary support

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| **NHS route** | A pharmacist, school nurse, GP, NHS 111 or emergency service can advise according to symptoms. A GP can assess persistent fatigue, palpitations, anxiety, sleep or substance use. |
| **Private route** | Families may use a private GP, paediatrician, cardiologist, psychologist, psychiatrist or registered dietitian where appropriate. Match the professional to the actual concern. |
| **School or college** | Pastoral teams can address exam pressure, tiredness, attendance, peer culture and energy-drink use on site. |
| **Sports settings** | Coaches should not recommend stimulants to minors. A sports dietitian or doctor can advise when training needs are complex. |
| **Complementary care** | Relaxation, adapted movement and wellbeing support may help stress alongside appropriate assessment. “Detoxes” and supplement cures are unnecessary and may be unsafe. |

## Choosing private help

- Verify GMC, HCPC or other appropriate registration and adolescent experience.
- Check CQC registration where required.
- Share the drink label, medication list, symptoms and timing.
- Avoid unvalidated intolerance tests, detox packages or replacing one stimulant with another.

# How Health Matters UK can support

Health Matters UK provides personalised health education and practical wellbeing support for teenagers and parents. We can help calculate caffeine exposure, identify the reason for use, build a gradual reduction and sleep plan, prepare for NHS or private appointments and support family communication. We do not diagnose heart, sleep or mental-health conditions; provide emergency treatment; prescribe; or replace regulated clinical care.

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| **Map caffeine** | Record brands, sizes, label amounts, timing and all other caffeine sources without judgement. |
| **Connect the pattern** | Compare caffeine with sleep, headaches, anxiety, palpitations, school demands, exercise and eating. |
| **Build alternatives** | Create realistic changes around morning light, hydration, food, movement, revision and bedtime. |
| **Prepare questions** | Organise symptoms, packaging and medicine information for a pharmacist, GP or appropriate private clinician. |
| **Support parents** | Help set boundaries, reduce conflict and respond appropriately when use is linked to wider distress. |

### A simple first step

For three days, write down the exact product, container size, caffeine per 100 ml, total caffeine and time used. This turns guesswork into a useful plan.

# Teenage health matters to us

Teenagers deserve honest information that goes beyond “energy drinks are bad”. They need to understand the dose, recognise symptoms and receive help for the exhaustion, pressure or habits driving use. Health Matters UK can support safer choices and help families navigate appropriate NHS and private care.

**Important**

This factsheet provides general education, not a diagnosis or individual medical advice. Seek urgent help for severe symptoms or possible overdose. Call 999 in a life-threatening emergency.

# Key sources


- Department of Health and Social Care and Department for Education: Children’s health further protected with energy drinks ban, 16 July 2026 (accessed 16 November 2026).
- UK Government consultation outcome: Banning the sale of high-caffeine energy drinks to children (accessed 16 November 2026).
- Food Standards Agency/GOV.UK: Food additives—caffeine safety advice and labelling requirements (accessed 16 November 2026).
- Committee on Toxicity: Potential risks from energy drinks in the diet of children and adolescents (2019 statement).
- NHS: Heart palpitations—symptoms, causes and when to seek urgent help (accessed 16 November 2026).
- Health Matters UK Evidence and Editorial Standards page for our evidence, review and scope.


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