

ACDPA Submission to Food Regulation Standing Committee Consultation on Trans fats.

September 2023

Full name (required)

- Insert here

Are you answering on behalf of an organisation?

- Yes

Name of organisation

- Australian Chronic Disease Prevention Alliance

What sector do you represent (required) drop down menu)

- Public health

Which country are you responding from?

- Australia

Please provide email address.

An opportunity to provide any other information about your organisation you would like to provide.

- The Australian Chronic Disease Prevention Alliance (ACDPA) welcomes the opportunity to respond to the consultation on the Food Regulation Standing Committee (FRSC) policy options paper for industrially produced trans fats (iTfAs) in processed foods.

ACDPA brings together Diabetes Australia; Cancer Council Australia; National Heart Foundation of Australia; Kidney Health Australia; the Stroke Foundation and the Lung Foundation. These leading non-government health organisations share a commitment to reducing burden of chronic disease attributable to modifiable risk factors and delayed detection. ACDPA members work together to support primary and secondary prevention of chronic diseases, focussing on chronic disease risk factors and determinants to reduce preventable illness; and promoting health checks to support people to understand, manage and reduce disease risk as early as possible.

If we require further information in relation to this submission, can we contact you? (required)

- Yes

Do you want this submission to be treated as confidential? (required)

- No

Formal Consultation Questions

1. Are there any other estimates of the contribution of trans fat consumption to heart disease in Australia or New Zealand? Please provide references for your response. (pp.12-13)

We are not aware of any other data from Australia or New Zealand relating to the contribution of trans fats to heart disease.

However, based on some international evidence we are concerned that trans fats consumption, and particularly industrially produced trans fats, may have a higher impact on the health of Australians and New Zealanders, including with respect to other chronic diseases, with possible associations identified between trans-fats and diabetes, overweight and obesity, dementia, birth weight, some cancers.

References:

Barnard, N. D., Bunner, A. E., & Agarwal, U. (2014). Saturated and trans fats and dementia: a systematic review. *Neurobiology of aging*, 35, S65–S73.

De Souza, R. J., Mente, A., Maroleanu, A., Cozma, A. I., Ha, V., Kishibe, T., ... & Anand, S. S. (2015). Intake of saturated and trans unsaturated fatty acids and risk of all cause mortality, cardiovascular disease, and type 2 diabetes: systematic review and meta-analysis of observational studies. *Bmj*, 351.

Michels, N., Specht, I. O., Heitmann, B. L., Chajès, V., & Huybrechts, I. (2021). Dietary trans-fatty acid intake in relation to cancer risk: a systematic review and meta-analysis. *Nutrition Reviews*, 79(7), 758–776.

Neuenschwander, M., Barbaresko, J., Pischke, C. R., Iser, N., Beckhaus, J., Schwingshackl, L., & Schlesinger, S. (2020). Intake of dietary fats and fatty acids and the incidence of type 2 diabetes: A systematic review and dose-response meta-analysis of prospective observational studies. *PLoS medicine*, 17(12), e1003347.

Pipoyan, D., Stepanyan, S., Stepanyan, S., Beglaryan, M., Costantini, L., Molinari, R., & Merendino, N. (2021). The effect of trans fatty acids on human health: regulation and consumption patterns. *Foods*, 10(10), 2452.

Ren, X., Vilhjálmsdóttir, B. L., Rohde, J. F., Walker, K. C., Runstedt, S. E., Lauritzen, L., ... & Specht, I. O. (2021). Systematic literature review and meta-analysis of the relationship between polyunsaturated and trans fatty acids during pregnancy and offspring weight development. *Frontiers in nutrition*, 8, 625596.

2. Is there further data on intake of trans fats in Australia or New Zealand, either at the population level, or population groups? Please provide references for your response. (pp.13-14)

NA

3. Food manufacturers- Do you have additional data on trans fat content of foods in Australia or New Zealand? Data for individual foods and food companies will not be published. (pp.14-16)

NA

4a. Is there any data available on the number or proportion of products that declare trans fat content in the Nutrition Information Panel for Australia and/or New Zealand? (pp.17-18)

NA

4b. Is there any data available on the number or proportion of products that declare hydrogenated oils in the Statement of Ingredients for Australia and/or New Zealand? (pp.17-18)

NA

5a. Food manufacturers- what reformulation activities have you undertaken in the last 10 years to reduce the use of trans fats/partially-hydrogenated vegetable or fish oils? (pp.19-20)

NA

5b. Food manufacturers- What has been the impact of cooking oil price increases and supply shortages on your products? What alternate oils are being used? (pp.19-20)

NA

6. Do you agree with the proposed objective of this work? If not, what is your proposed alternative? (p.25)

No.

We agree in part but recommend strengthening the ambition of the objective, that is eliminating industrially produced trans fats from the food supply in Australia and New Zealand and recommend removal of “or reduced as much as possible” which is ambiguous and weakens the ambition of the objective. We propose the following objective:

“Industrially produced trans fats have been eliminated from the food supply in Australia and New Zealand to support all population groups to minimise consumption of trans fats.”

Elimination of tFAs from food supplies is a world Health Organization recommended best practice policy, considered a most effective and cost-effective measure for prevention and control of NCDs, and supported by the WHO REPLACE Initiative. In early 2023, WHO reported that 62 countries have already passed or implemented best practice policies – Australia and New Zealand are not among them.

References

Downs, S. M., Bloem, M. Z., Zheng, M., Catterall, E., Thomas, B., & Veerman, L. (2017) The impact of policies to reduce trans fat consumption: a systematic review of the evidence. *Curr Dev Nutr.* 1 (12): cdn. 117.000778.

NCD Alliance. (2019). *Trans Fat Free by 2023: CASE STUDIES in Trans Fat Elimination.* Available from: <https://ncdalliance.org/resources/transfatfree2023report>

Resolve to Save Lives. (2022) *Implementing And Enforcing Trans Fat Elimination Policies – Case Studies.* Available from: https://resolvetosavelives.org/assets/Resources/tfa_implementation.pdf.

WHO. (2017). *Best buys’ and other recommended interventions for the prevention and control of noncommunicable diseases.* Geneva: *World Health Organization.* Available from: <https://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf>

WHO. (2019). *REPLACE trans fat: an action package to eliminate industrially produced trans-fatty acids: module 2: promote: how-to guide for determining the best replacement oils and interventions to promote their use* (No. WHO/NMH/NHD/19.13). World Health Organization.

WHO. (2022) Technical briefing for Appendix 3 of the Global Action Plan for Non-Communicable Diseases – Interventions to promote healthy diet. Available from: <https://cdn.who.int/media/docs/default-source/ncds/mnd/technical-brief-unhealthy-diet.pdf>.

WHO (2023) Countdown to 2023 – WHO Report on Global Trans Fat Elimination 2022. <https://www.who.int/publications/i/item/9789240067233>

WHO. (2023) EB152/6 – Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health – Draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases. https://apps.who.int/gb/ebwha/pdf_files/EB152/B152_6-en.pdf.

7. Are there additional policy options that should be considered? Please provide rationale and the benefits and risks of your suggested option. (p.26)

No. The World Health Organization (WHO) recommends best practice policies as mandatory ban on production or use of industrial trans fats (iTFA) as a food ingredient, or mandatory limit of 2g of iTFA per 100g of total fat in foods, and the two options of regulatory limits and prohibition of PHO use most closely align with these best practice recommendations. Anything other than mandatory, regulatory measures to eliminate iTFA from the food supply will not deliver on the objectives.

8a. Are the risks and limitations associated with the status quo described appropriately? (p.26)

Yes

ACDPA supports the analysis of risks and limitations of maintaining the status quo identified in the policy options paper.

Furthermore, status quo has not kept pace with international best practice since the WHO REPLACE initiative was announced in 2018, and as more countries adopt limits and bans on PHOs, Australia and New Zealand's processed food export market will be compromised if mandatory bans are not introduced.

8b. Are there additional risks that have not been identified? (p.26)

Yes

A risk not identified is related to the international momentum for action on trans fats. As more and more countries eliminate industrially produced trans fats, Australia and New Zealand will be increasingly unable to sell products that contain industrially produced trans fats abroad. Additionally, this could negatively impact the reputation of Australia's and New Zealand's food sector, and ultimately, Australia's and New Zealand's leadership

and efforts in other food- or health-related issues. This concern is especially pertinent for policy options not aligned with WHO's best practice policy.

9a. Are the risks and limitations associated with Option 6.2 [voluntary reformulation] described appropriately? (pp.27-28)

ACDPA supports the analysis of risks and limitations of voluntary reformulation identified in the policy options paper.

Voluntary programs for trans-fat reformulation do not align with WHO best practice recommendations. As more countries adopt limits and bans on PHOs, Australia and New Zealand's processed food export market will be compromised if mandatory bans are not introduced.

Furthermore, International evidence regarding trans-fat reformulation, as well as evidence from other areas of reformulation in Australia and New Zealand, have demonstrated that voluntary reformulation will not achieve the objective of eliminating industrially produced trans fats and protecting public health. Voluntary approaches to industrial trans fat elimination have to date been insufficient and inefficient.

As documented in the policy options paper and WHO's 2022 stocktake report, several countries, namely Canada, UK, and the Netherlands, who commenced with voluntary measures progressed to regulatory measures.

9b. Are there additional risks and limitations that have not been identified? (pp.27-28)

A risk not identified is that voluntary reformulation may contribute to further inequities, with certain vulnerable subgroups exposed to higher levels trans fats.

In Canada, following voluntary reformulation of trans fat, certain food categories continued to have large proportions of food not meeting the trans fat targets and certain subpopulations were at risk for higher trans fat intakes (including children and teens, Canadians living in remote areas, and lower income groups). Concerns regarding exacerbated inequities led Health Canada to strengthen its policy to a mandatory ban on partially hydrogenated oils. Given the pre-existing trans-fat harm disparities in Australia, this is an important for Australia to consider when deciding policy to support all population groups in Australia and New Zealand to reduce consumption of industrially produced trans fats.

References:

Health Canada. (2016) Toward the Prohibition of Partially Hydrogenated Oils in the Canadian Food Supply. Available from: <https://www.canada.ca/en/health-canada/programs/banning-partially-hydrogenated-oils-in-foods/consultation-document.html>

WHO (2023) Countdown to 2023 – WHO Report on Global Trans Fat Elimination 2022. <https://www.who.int/publications/i/item/9789240067233>

9c. Food manufacturers- How likely are you to be involved in this voluntary reformulation program? How many products are likely to be reformulated? (pp.27-28)

NA

9d. Food manufacturers- how would this option impact you (include cost estimates where available)? What would be a suitable time frame for this option to be implemented in your organisation. (pp.27-28)

NA

9e. What implementation issues need to be considered for this option? (pp.27-28)

NA

10a. Are the risks and limitations associated with Option 6.3 [regulatory limit for industrial TFA content] described appropriately? (pp.29-30)

ACDPA supports the analysis of risks and limitations of a regulatory limit for industrial trans fats identified in the policy options paper.

10b. Are there additional risks that have not been identified? (pp.29-30)

10c. Food manufacturers- how would this option impact you (include cost estimates where available)? How many SKUs would be affected? What would be a suitable time frame for this option to be implemented in your organisation? (pp.29-30)

NA

10d. What implementation issues need to be considered for this option? (pp.29-30)

NA

10e. Food manufacturers- what oils you most likely to use in place of partially hydrogenated oils? (pp.29-30)

NA

11a. Are there additional risks that have not been identified? (pp.30-32)

ACDPA supports the analysis of risks and limitations of a prohibition of the use of partially hydrogenated oils identified in the policy options paper.

11b. Are there additional risks that have not been identified? (pp.30-32)

NA

11c. Food manufacturers- how would this option impact you (include cost estimates where available)? How many SKUs would be affected? What would be a suitable time frame for this option to be implemented in your organisation. (pp.30-32)

NA

11d. What implementation issues need to be considered for this option? (pp.30-32)

NA

11e. Food manufacturers- what oils you most likely to use in place of partially hydrogenated oils? (pp.30-32)

NA

12. Do you agree that these options should not be pursued further? (pp.32-34)

ACDPA agrees that Education, Labelling, Fiscal Measures, and Import Restrictions should not be pursued in isolation or as a set in the absence of regulatory bans or limits. Per international evidence analysed in the policy options paper, in contrast to a mandatory ban, none of these options would be sufficient to reduce industrial trans-fat consumption in Australia and New Zealand, and protect public health, particularly among vulnerable populations.

However, it may be necessary to explore one or more of these measures in conjunction with preferred option of prohibition of use of partially hydrogenated oils, on or mandatory limits.

Prohibition of PHOs necessitates import restrictions alongside the primary prohibition.

Improved labelling will support monitoring and enforcement of bans.

If the mandatory limits option be selected, improved labelling, import restrictions and consumer education are likely to be required to augment the impact of the regulations.

References:

Downs SM, Bloem MZ, Zheng M, Catterall E, Thomas B, Veerman L, et al. (2017) The Impact of Policies to Reduce trans Fat Consumption: A Systematic Review of the Evidence. *Curr Dev Nutr* 1(12)

NCD Alliance. (2019). Trans Fat Free by 2023: CASE STUDIES in Trans Fat Elimination. Available from: <https://ncdalliance.org/resources/transfatfree2023report>

Resolve to Save Lives. (2022) Implementing And Enforcing Trans Fat Elimination Policies – Case Studies. Available from:

https://resolvetosavelives.org/assets/Resources/tfa_implementation.pdf.

WHO (2023) Countdown to 2023 – WHO Report on Global Trans Fat Elimination 2022.

<https://www.who.int/publications/i/item/9789240067233>

WHO. (2019). REPLACE trans fat: an action package to eliminate industrially produced trans-fatty acids. Module 3: Legislate or regulate. How-to guide for trans fat policy action (No. WHO/NMH/NHD/19.14). Available from:

<https://www.who.int/publications/i/item/9789240010840>

13. Do you agree with the analysis of how well the proposed options would achieve the proposed objective? If not, please describe why and provide references with your response. (pp.34-36)

ACDPA agrees with the analysis that prohibiting or banning the use of partially hydrogenated oils will be most effective to achieve the objective, and has been demonstrably easier to implement and monitor in other countries than voluntary reformulation programs and limits on industrial trans fats. Per the policy options paper, other options have very few strengths and are less likely to achieve the objective of eliminating industrial trans fats from the food supply and protecting public health.

References:

Downs SM, Bloem MZ, Zheng M, Catterall E, Thomas B, Veerman L, et al. (2017) The Impact of Policies to Reduce trans Fat Consumption: A Systematic Review of the Evidence. *Curr Dev Nutr.* 2017;1(12).

Resolve to Save Lives. (2022) Implementing And Enforcing Trans Fat Elimination Policies – Case Studies. Available from:

https://resolvetosavelives.org/assets/Resources/tfa_implementation.pdf.

14a. Do you agree with the description of the possible benefits associated with the proposed options? (pp.37-38)

ACDPA agrees with the analysis of benefits associated with prohibiting or banning the use of partially hydrogenated oils.

14b. Are there additional benefits associated with all or some of the proposed options that have not been captured? Please provide references for your response. (pp.37-38)

At least 62 other countries have implemented or passed regulations to prohibit the use of partially hydrogenated oils or limit industrial trans fats in foods. Australia and New Zealand's implementation of mandatory bans on the use of industrially produced trans fats will bring Australia and New Zealand at least on par with international best practice. Benefits will not only be domestic – mandatory bans on PHOs or limits on iTFAs will reassure export markets where limits or bans on industrially produced trans fats are in place or under consideration. Export markets without existing trans fat limits or bans will benefit from Australian and New Zealand exports of processed foods being less harmful.

Evidence from overseas indicates that mandatory action is effective and cost effective, particularly in lower socio-economic groups whose trans-fat intake is generally higher than that over the general population. International evidence suggest that voluntary measures have significantly fewer benefits, if any.

References:

Downs SM, Bloem MZ, Zheng M, Catterall E, Thomas B, Veerman L, et al. (2017) The Impact of Policies to Reduce trans Fat Consumption: A Systematic Review of the Evidence. *Curr Dev Nutr.* 2017;1(12).

Resolve to Save Lives. (2022) Implementing And Enforcing Trans Fat Elimination Policies – Case Studies. Available from:

https://resolvetosavelives.org/assets/Resources/tfa_implementation.pdf.

WHO. (2017). Best buys' and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva: World Health Organization. from: <https://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf>

WHO. (2019). REPLACE trans fat: an action package to eliminate industrially produced trans-fatty acids. Module 3: Legislate or regulate. How-to guide for trans fat policy action (No. WHO/NMH/NHD/19.14). Available from:

<https://www.who.int/publications/i/item/9789240010840>

WHO. (2022) Technical briefing for Appendix 3 of the Global Action Plan for Non-Communicable Diseases – Interventions to promote healthy diet. Available from: <https://cdn.who.int/media/docs/default-source/ncds/mnd/technical-brief-unhealthy-diet.pdf>.

15. Are there additional costs associated with all or some of the proposed options that have not been captured? Please explain your rationale and your calculations. (p.38)

Current estimates of the health, health system and economic benefits of eliminating industrial trans fats are likely conservative given wider health benefits to reducing other chronic conditions particularly among priority populations.

16. What do you consider to be the preferred policy option(s) to recommend to Food Ministers? Please explain your rationale. (pp.38-39)

ACDPA considers option 6.4 as the preferred option to recommend to Food Ministers – “prohibition of the use of partially hydrogenated oils”

- Mandatory limits on industrial trans fats could be effective, however are a suboptimal option to achieve the objectives of eliminating industrial trans fats from the Australian and New Zealand food supply, improving public health, and reducing related disease risk, and protecting priority populations.
- The policy options paper recommends prohibition of industrial trans fats based on a comprehensive analysis of evidence, risks, and benefits of options.
- A mandatory ban on the use of industrial trans fats aligns most closely with WHO best practice recommendations to eliminate trans fats from the food supply.
- Given the avoidable burden of disease linked to industrial trans fats, and global momentum toward mandatory elimination of industrially produced trans fats, and limitations regarding enforcement and definitions, a voluntary reformulation program and status quo are not supported by ACDPA.

17. Do you have any other comments on this document? (p.39)

ACDPA commends the Food Regulation Standing Committee for its commitment to eliminating industrially produced trans fats from the Australian and New Zealand food supply, and we reiterate our support for implementation of regulated, mandatory measures to join at least 62 other countries in meeting WHO best practice recommendations to replace toxic trans fats in processed food.