COVER SHEET FOR SUBMISSIONS

REVIEW OF FOOD LABELLING LAW AND POLICY

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Format of submissions

5. Submissions should be clearly marked 'Submission'.
6. Submissions sent via post must be either typed or written clearly in black ink on A4 paper.
7. Submissions lodged via email must be in Microsoft Word (DOC), Rich Text Format (RTF) or Portable Document Format (PDF).

Acknowledgement of submissions

8. You can confirm receipt of submissions by contacting the Review Committee Secretariat via email FoodLabellingReview@health.gov.au

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9. The majority of submissions will be made available on the Review website and may be referred to in the Review Committee's report, along with the author's name and relevant state, unless confidentiality has been negotiated with the Secretariat.
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12. The personal information collected will be used for the purposes of informing the Food Labelling Law and Policy Review Committee of your views regarding the review of food labelling law and policy.
13. If a submission contains information relating to a third party individual, the author of the submission is taken to have obtained the expressed and informed consent of the relevant third party.

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AUSTRALIAN CHRONIC DISEASE PREVENTION ALLIANCE

Submission from the Australian Chronic Disease Prevention Alliance

Review of Food Labelling Law and Policy

Summary and recommendations

- Food labelling law and policy should be considered within the context of a broader framework to address food and nutrition policy in Australia.
- Food labelling law and policy must do more to address public health issues beyond food safety and respond to the challenge of helping to achieve better health through a healthier diet for all Australians.
- Food labelling has a vital role to play within a comprehensive obesity prevention strategy because it can provide consumers with information on the nutritional value of their food and beverage choices at the point of sale and so support educational campaigns designed to encourage healthier food choices. It can also provide an incentive for industry to increase the availability of healthier food and beverage products through product reformulation and innovation.
- Food labelling law and policy must give priority and prominence to the provision of information relevant to health safety and health promotion on food labels, in line with FSANZ's primary objective of protecting public health and safety.
- A single, mandatory front-of-pack food and beverage labelling scheme which provides at a glance interpretation of nutrient information should be introduced in Australia as soon as possible to help guide consumers towards healthier choices and encourage the food industry to increase the supply of healthier products.
- The introduction of a single front-of-pack labelling system must be underpinned by regulation to ensure it is implemented nationally in a comprehensive and consistent manner and to maximise its impact. Adequate infrastructure is required to monitor compliance and appropriate sanctions for non-compliance must be applied.
- The introduction of front-of-pack labelling needs to be supported by public education campaigns explaining the labelling system and a monitoring and evaluation strategy to assess the effectiveness of the scheme in meeting its objectives.
- Additional consumer research will be required to determine the final format for a front-of-pack labelling system in Australia.
- Nutrition Information Panels must be retained as an adjunct to front-of-pack labelling to provide more detailed nutrition information for individuals with special dietary needs or disease states. In particular, potassium levels must be listed as a

compulsory nutrient on the Nutrition Information Panels because consumption of potassium in people with kidney disease or in those taking potassium elevating drugs can lead to potentially life-threatening hyperkalaemia.

- ACPDA recommends that consideration be given to extending nutrition labelling requirements to food sold in restaurants, especially quick service chain restaurants
- There must also be better regulation of nutrition content claims and health claims. This review needs to address the lack of clarity and direction in resolving the proposed standard for nutrition and health related claims in Proposal P293 on Nutrition and Health Related Claims.
- ACDPA recommends that alcohol labels should include nutrition information panels; NHMRC guidelines for low risk alcohol consumption; advice on the size of a standard serve of alcohol; the estimated number of standard drinks per container and health warning messages based on the NHMRC alcohol guidelines.
- ACDPA also strongly supports the introduction of health information and warning labels as part of a wider alcohol control strategy that includes advertising and sponsorship bans and targeted pricing and taxation measures
- ACDPA considers consistency in food labelling standards across Australia and New Zealand would be improved by having a single body responsible for interpretation, administration and enforcement of labelling standards. FSANZ's expertise in food regulatory matters means they are well placed to take on a more significant role in this area.

About the Australian Chronic Disease Prevention Alliance

The Australian Chronic Disease Prevention Alliance (ACDPA) is an alliance of five non-government health organisations who are working together in the primary prevention of chronic disease, with particular emphasis on the shared risk factors of poor nutrition, physical inactivity and overweight and obesity.

The members of the ACDPA are:

- Cancer Council Australia
- Diabetes Australia
- Kidney Health Australia
- National Heart Foundation of Australia
- The National Stroke Foundation

Introduction

The ACDPA welcomes the opportunity to provide a submission to this review of food labelling law and policy in Australia. This submission complements and supports submissions to the review from the individual member organisations of the ACDPA.

The ACDPA is interested in food labelling as an important component of a comprehensive obesity control strategy to address the growing burden of disease caused by overweight and obesity and the related factors of poor nutrition and physical inactivity. Food labelling has the potential to assist in achieving a healthier diet for all Australians by providing information on the nutritional value of foods at the point of sale to assist consumers to make healthier food and beverage choices. In addition food labelling can provide an incentive for manufacturers to increase the availability of healthier products through product reformulation and innovation.

In responding to the questions raised in the Issues Consultation paper, this submission will focus primarily on those relevant to food labelling in the context of obesity control.

The importance of addressing obesity in Australia

One of the most important public health challenges facing Australia today is the increasing prevalence of obesity and overweight.

Obesity and overweight are major risk factors for a range of chronic diseases including cardiovascular disease, diabetes, cancer and kidney disease. In Australia in 2003, 54.7% of the diabetes disease burden, 19.5% of the cardiovascular disease burden and 3.9% of the cancer disease burden were attributed to overweight and obesity.[1]

Australia's adult obesity rate is the fifth highest amongst OECD countries[2] and is growing.[3] Two in three Australian adults[4] and one in four Australian children[4] are already overweight or obese, with prevalence even higher among disadvantaged groups[4] and, for obesity, indigenous Australians. [5] A recent study has identified that high body mass (obesity and overweight) has now overtaken tobacco as the leading modifiable cause of the burden of disease in Western Australia.[6]

In 2008, obesity alone was estimated to afflict 3.8 million Australians and to cost Australia $58bn, including $8.3bn in financial costs.[7] A more recent study estimating the cost of both

obesity and overweight found that in 2005, the total annual direct cost of overweight and obesity in Australia was $21 bn.[8]

Based on past trends and without effective interventions in place, 6.9 million Australians are likely to be obese by 2025.[7] As a result rates of chronic diseases such as cardiovascular disease, diabetes, chronic kidney disease and some cancers are expected to rise dramatically, with a consequential upsurge in health system costs. Health care expenditure for cancer, cardiovascular disease and diabetes is projected to nearly triple from $14.4 billion in 2002/03 to $41.3 billion in 2032/33. Health system costs for diabetes alone are expected to jump from $1.3bn in 2002-03 to over $8bn in 2032-33, primarily due to expected increases in the prevalence of obesity.[9]

As obesity is difficult to treat, preventing continued weight gain at the population level offers the greatest potential for averting these costs and protecting the future health and wellbeing of all Australians.

Poor nutrition is a major contributor to the rising prevalence of overweight and obesity and associated increases in chronic disease levels in Australia. [10]

Most Australians consume too few serves of fruit and vegetables. Almost all (80-90%) Australian adults consume less than the recommended five serves of vegetables per day, and around half of adults do not eat enough fruit.[3]

Data from the 2007 Australian National Children's Nutrition and Physical Activity Survey indicate unacceptable levels of poor dietary habits amongst Australian 2-16 year olds:

- Vegetable consumption is inadequate across all age groups. Vegetable consumption is highest amongst 4-8 year olds, but even in this category only 22% of children meet recommended consumption levels. Alarmingly, only 5% of 14-16 year olds meet the recommended level of 2-4 serves of vegetables per day.
- Fruit consumption drops dramatically in older children. While around 90% of children in younger age groups meet recommended fruit consumption levels, only 24% of 14-16 year olds meet recommended levels of 1-3 serves of fruit per day.
- Only 16-22% of children meet the recommendation to limit saturated fat to less than 10% of total energy intake.
- Only 21-39% of children meet the recommendation to limit intake from sugars to less than 20% of total energy intake
- Consumption of sodium exceeds the recommended upper levels in all age groups.[4]

Consequently strategies to improve the dietary habits of the Australian population will be a critical component of a comprehensive plan to slow and reverse trends in overweight and obesity in Australia.

The role of food labelling within a comprehensive obesity control strategy

A comprehensive approach to obesity control is essential because the health behaviours which contribute to overweight and obesity are underpinned by a complex range of social, economic, educational and environmental factors.[11] [12] A comprehensive and co-ordinated community-wide response is required if any change in obesity trends is to be achieved,

requiring action by individuals, families, schools, workplaces, communities, health services, industry and all tiers and sectors of government, including the food regulatory system.

The ACDPA strongly supports the implementation of the comprehensive multi-sectoral national obesity strategy for Australia recommended by the National Preventative Health Taskforce.[11] The Taskforce strategy recommends a range of measures and interventions to improve the diet and physical activity levels of Australians, which complement, support and enhance each other to achieve the critical mass of effort required to achieve change in current obesity trends. A key principle of the strategy is to make healthier choices easier.

Two of the Taskforce recommendations are particularly relevant to this review.

Firstly, the Taskforce recommends that a comprehensive and integrated approach to food and nutrition policy be adopted through the development of a National Food and Nutrition Framework that covers:

- Price, choice and access to food
- Achieving healthier eating patterns
- Food safety
- Issues related to food production and agricultural policy that ensure a safe and environmentally sustainable food chain and food supply.

ACDPA strongly supports this approach because it addresses the broader issue of ensuring the ongoing availability and affordability of healthy and nutritious food which is critical to improving and sustaining a healthy diet. Encouraging people to eat healthily will only work if they can easily find and afford to buy healthy food. An example of such a framework is the UK policy framework "Food Matters – Towards a Strategy for the 21st Century from the UK Cabinet Office Strategy Unit" [13]

Ideally, food labelling law and policy should be developed in the context of a national food and nutrition policy framework. However, in the absence of such a framework, the objectives outlined by the Taskforce should be adopted to guide this current review of food labelling law and policy.

The second Taskforce recommendation of relevance to this review is for the introduction of food labelling on front of pack and menus to support healthier food choices, with easy to understand information on energy, sugar, fats, saturated fats, salt and trans fats, and a standard serve/portion size within three years.

This is particularly important in the context of our increasingly busy lifestyles and the rising trend towards consumption of convenience and pre-prepared foods and of meals away from home where the manufacturer controls the portion size, preparation method and nutritional content of the food being consumed. The rise in consumption of convenience and pre-prepared foods has been identified as a major contributor to growing levels of obesity and overweight in Australia. [14]

Food labelling, and in particular front-of-pack labelling, has an important role to play within a comprehensive obesity strategy because of its potential to provide consumers with the information they require about the nutritional value of the food and beverages they buy to assist them to make healthier choices. This will provide information at the point of sale to

complement and support educational campaigns designed to encourage healthier food choices.

At the same time appropriate nutrition labelling can provide an incentive for manufacturers to increase the availability of healthier products through product reformulation and innovation.

Q1 To what extent should the food regulatory system be used to meet broader public health objectives?

ACDPA considers that it is essential that the food regulatory system is used to meet broader public health objectives because diet is a major determinant of health. Diet is also a key contributor to the rising prevalence of overweight and obesity[15] which is one of the major public health challenges facing Australia today.

Strategies to improve the dietary habits of the Australian population are a critical component of a comprehensive multi-sectoral obesity control strategy as outlined by the National Preventative Health Taskforce. The food regulatory system has an important role to play in supporting the implementation of these strategies because it is the main interface between consumers, government and industry.

In this context food labels provide an important mechanism for providing consumers with information on the nutritional value of their food and beverage choices at the point of sale. Food labels also have the potential to actively encourage consumers to make healthy choices by presenting nutrition information in a format that is easy to interpret at a glance and this has driven the development of a variety of front-of-pack nutrition labelling systems.

Enhancing food labelling through the introduction of front-of-pack labelling systems to make it easier for people to identify healthier food and drink choices is an important strategy to help address increasing levels of obesity and poor nutrition in Australia. This is supported by mounting evidence that food labels that present nutrition information in a format that is easy to interpret at a glance can assist consumers to make healthier food choices. A summary of evidence relating to front-of-pack labelling is provided in Attachment 1.

As well as being a vehicle to assist consumers to make healthier food choices, food labelling can have the added advantage of encouraging the food industry to innovate and develop healthier food products.

Consequently, ACDPA strongly supports the adoption by FSANZ of a broader interpretation of its primary objective of protecting public health and safety which incorporates both health safety and health promotion, as defined by the National Public Health Partnership:

> "*Public health is the organised response by society to protect and promote health, and to prevent illness, injury and disability. The starting point for identifying public health issues, problems and priorities, and for designing and implementing interventions, is the population as a whole, or population subgroups"* [16]

The Australian Institute of Health and Welfare have further expanded this definition:

> *"Public health is distinguished from other roles of the health system by its focus on the health and wellbeing of populations rather than individuals. Public health programs are usually aimed at addressing the factors that determine health and the*

causes of illness, rather than their consequences, with the aim of protecting or promoting health, or preventing illness." [17]

A definition of "public health" which encompasses these broader definitions should be included in the FSANZ Act.

An outcome of this review should be the development of food labelling systems that support healthy lifestyle behaviours and do not undermine healthy choices.

Q2 What is adequate information and to what extent does such information need to be physically present on the label or be provided through other means (eg education or website)?

In its broadest sense, "adequate information relating to food to enable consumers to make informed choices" could encompass a wide range of information of interest to consumers ranging from nutrition information to the farming and production methods used or the environmental impact of the product.

While all these claims may be valid, there are limits to the amount of information that can or should be provided given the space limitations on food labels and the potential confusion or dilution of key messages that could arise from including too much information. As highlighted in the issues paper, priorities need to be established.

ACPDA considers that food labelling regulation should primarily provide information relevant to health safety and health promotion on food labels, in line with FSANZ's primary objective of protecting public health and safety. The provision of this information should be mandatory and should include ingredients lists that adequately provide information for people suffering from allergies; identifying batch numbers; use by dates; nutrition information panels; and in addition a front-of-pack labelling system to assist consumers to make healthier food choices.

Adequate information in relation to an effective front-of-pack labelling system needs to incorporate the notions of comprehensibility and usability in addition to the scope of information provided. A key attribute of an effective front-of-pack labelling system must be its ability to assist consumers to quickly and easily identify healthier food and beverage choices. This requires a system that provides an interpretive element (eg using colours, words or symbols to indicate the nutritional value of a product) that is easily understood by all consumers, particularly those in lower socio-economic groups where obesity is more prevalent. In addition the introduction of a single standardised label format is important to minimise consumer confusion.[18] Further information on front-of-pack labelling is provided at Q26.

As highlighted in the ACDPA's previous submission to this review, nutrition information panels must be retained as an adjunct to front-of-pack labelling to provide more detailed nutrition information for individuals with special dietary needs or disease states. In particular, potassium levels must be listed as a compulsory nutrient on the nutrition information panels because consumption of potassium in people with kidney disease or in those taking potassium elevating drugs can lead to potentially life-threatening hyperkalaemia.

Public health and safety information must be physically present on the label of packaged foods in either complete or schematic form. However more complex supporting

information, such as how to use the labels and the place of different food types within a healthy diet, could be provided through alternative means such as in-store displays, websites or consumer education campaigns.

A front-of-pack labelling system for example, could and should be supported by in-store displays, websites and education campaigns explaining what the icons or colours mean and how this information can assist in achieving a healthy diet. In turn, as part of a comprehensive obesity control strategy, these information sources would be supported by social marketing campaigns encouraging the adoption of a healthier diet.

Secondary priority in the provision of information on food labels should be given to labelling that relates to food production methods that ensure a safe and environmentally sustainable food chain and food supply as this is important to ensure the continuing availability of healthy foods in the future.

Lower priority should be given to other aspects of labelling which do not have a direct bearing on individual or public health.

Whether to allow additional information on other food related issues outside public health and safety, should be based on the extent of objectively assessed consumer interest in knowing the information and whether systems are in place to underpin the accuracy and reliability of the information provided such as clear industry-wide definitions of terms/categories (such as organic) and accreditation or certification systems.

Q3. How can accurate and consistent labelling be ensured?

In order to meet FSANZ's objective of preventing misleading or deceptive conduct, there must be some system in place to allow the accuracy of information provided on food labels to be verified.

The type of system required to underpin accurate and consistent labelling will vary with the nature of the information provided and its priority in terms of FSANZ's objectives and priorities and government policy imperatives.

For lower priority information which does not have a bearing on individual or public health, a variety of systems could be applied. These systems could range from establishing agreed definitions, guidelines or standards for the use of specific terms, voluntary codes of practice or industry run certification or accreditation schemes. The existence of such standards or systems could be a pre-requisite for allowing the information to be included on food labels. Compliance and monitoring systems should also be in place to ensure confidence in the ability of these systems to yield accurate and consistent labelling.

For higher priority information relating to individual and public health and safety, government regulation is necessary. In the case of front-of-pack labelling, government regulation is required to ensure front-of-pack labelling is implemented nationally in a comprehensive and consistent manner and to maximise its impact. Adequate infrastructure is also required to monitor compliance and appropriate sanctions for non-compliance must be applied (see response to Q26).

There must also be better regulation of nutrition content claims and health claims. This review needs to address the lack of clarity and direction in resolving the proposed standard

for nutrition and health related claims in Proposal P293 on Nutrition and Health Related Claims. This is discussed further at Q10.

An additional issue is the lack of standard serving sizes for particular food products. Food manufacturers use a myriad of serving sizes on the nutrition information panels of similar products (eg breakfast cereals), making it difficult for consumers to compare nutritional value across products. The provision of front-of-pack labelling which provides nutrient information per 100g or 100ml of product would assist in resolving this issue but the adoption of standard serving sizes would still be important to assist consumers to recognise what is a reasonable level of consumption of particular foods.

Q4. What principles should guide decisions about government intervention on food labelling?

Government regulatory intervention in food labelling should be driven primarily by public health and consumer protection principles. In particular, there is a need for food labelling law and policy to do more to address public health issues beyond food safety and to respond to the challenge of helping to achieve better health through a healthier diet for all Australians.

In the case of food labelling, government regulation is required to help ensure that the food industry, which operates to achieve primarily commercial objectives, gives adequate priority to public health goals in its operation.

We recognise that the food industry is beginning to address its public health responsibilities with initiatives such as the introduction of voluntary front-of-pack labelling and self-regulation in the area of advertising of unhealthy foods to children. However, the scope and effectiveness of these voluntary initiatives are not adequate to achieve the pace and scale of change required to slow and reverse current obesity trends. In addition there is little infrastructure to monitor these self regulation and co-regulation measures. For example, the food industry has been implementing a Code of Practice on Nutrient Content Claims[19] since 1995 but experience from the Heart Foundation's Tick program indicates that this Code has been out of date for some years, does not meet the current food supply environment, and is complied with arbitrarily by large sections of the food industry.

While costs to industry need to be considered in determining whether regulatory intervention is justified, it is important to balance these costs against the high costs to the health system and society of current levels of obesity and overweight. This cost was estimated to be $58bn in 2008,[7] or over half the value of the Australian food industry, estimated to be $100bn.[20]

For information outside public health and safety, government intervention should consider the value and importance of the information to consumers, based on objective consumer research, the feasibility of being able to provide accurate information (eg whether certification or accreditation schemes are in place) and whether a commercial incentive exists for the information to be provided without government intervention.

Q5. What criteria should determine the appropriate tools for intervention?

As alluded to in response to questions 2-4, the criteria for determining appropriate tools for intervention should be based on FSANZ objectives and priorities and government policy imperatives.

Government regulation is necessary to underpin the provision of health safety and health promotion information, including front-of-pack nutrition labelling, because of the need to protect the health and well-being of Australians from the long term health risks associated with poor nutritional behaviours. This cannot be left to industry self-regulation because there is little or no commercial incentive, and sometimes a commercial disincentive, to provide the information outside a readily understood format.

In addition, ACDPA considers that the use of regulation to underpin the introduction of front-of-pack labelling is essential to:

- Ensure that front-of-pack labelling is implemented nationally in a timely, comprehensive and consistent manner;
- Provide labelling information that is consistent across products, based on standardized nutrient criteria and uniformly applied throughout Australia;
- Minimise consumer confusion by supporting the introduction of a single, clearly understood system whose effectiveness in supporting informed consumer choice across all demographic groups has been verified by extensive consumer testing;
- Provide consistency between the nutrition messages promoted on food packages and those promoted as part of other government initiatives designed support healthy lifestyle initiatives and to address overweight and obesity;
- Maximise the incentive for the food industry to produce healthier food products;
- Ensure equity within industry by requiring all companies to participate so that compliant companies are not advantaged/disadvantaged relative to non-compliant companies;
- Provide the authority to enforce compliance.

ACDPA also supports the implementation of evidence based interventions to achieve public health goals. Evidence of the need for intervention, as is the case with obesity and overweight, must be taken into account as well as evidence of the effectiveness of particular interventions. In this context it is important to recognise that the evidence base in relation to effective obesity interventions is still developing and that we need to adopt a “learning by doing” approach as espoused by the National Preventative Health Taskforce in its final report if we are to make any difference to Australia’s growing obesity rates. This approach will require interventions such as the introduction of front-of-pack labelling to be monitored and evaluated to assess its efficacy.

In assessing evidence, there is a need to be realistic about what can be achieved by food labelling alone. The major identifiable benefits of front-of-pack nutrition labelling will be its effectiveness in assisting consumers to identify healthier products and its effectiveness in driving product reformulation and innovation by industry. Proof of its effectiveness in changing consumer’s food consumption behaviours when these are subject to such a complex range of influencing factors is unlikely to be achievable. In addition the maximum effectiveness of front-of-pack nutrition labelling will only be achieved if it is implemented as part of a comprehensive obesity strategy as recommended by the Taskforce, a strategy which is designed to create a synergistic and multiplier effect where one strategy complements, supports and enhances others in the package.

Q6. Is this a satisfactory spectrum [current requirements] for labelling requirements?

The current spectrum of foods which require labelling is satisfactory. However, small packages such as confectionery should not be exempt from nutrition labelling requirements when their contents may have significant caloric value. In these cases, nutrition labelling could be provided in the form of a fold out label or as part of the product display (eg shelf, or box).

ACPDA also recommends that consideration be given to extending nutrition labelling requirements to food sold in restaurants, especially quick service chain restaurants: in these cases, nutrition labelling would be mainly provided on menus. This was one of the recommendations made by the National Preventative Health Taskforce in its obesity control strategy. An increasing proportion of Australia's food consumption takes place outside the home with cafes restaurants and takeaway food outlets accounting for 23% of total food and liquor retailing turnover in Australia in 2007-08. [21]

Following the introduction of calorie labelling on restaurant menus in some states and cities in the United States, national legislation has been introduced requiring chain restaurants with 20 or more locations to provide nutritional information to diners at the point of purchase. Initial results from locations where calorie labelling has already been introduced are promising. Further information is provided at Q27.

Q7. In what ways could these misunderstandings and disagreements [over the adequacy, presentation and interpretation of health safety requirements] be overcome?

No specific comment as this is not an area of ACDPA expertise.

Q8. In what ways can food labelling be used to support health promotion initiatives?

Food labelling can be used to support health promotion initiatives relating to encouraging healthier eating habits if it provides nutrition information in a format that makes it easy for people to identify healthier food and beverage choices. This objective has been the basis for the development internationally of a range of front-of-pack food labelling formats.

ACPDA strongly supports the development and introduction of a single standardised front-of-pack food labelling system in Australia that presents nutrition information in a format that is easy to interpret at a glance and that is easily understood by consumers, particularly those in lower socio-economic groups where obesity is more prevalent.

There is mounting evidence that front-of-pack food labelling systems can assist consumers in identifying healthier food choices (see Attachment 1). The introduction of front-of-pack labelling has also been recommended by the National Preventative Health Taskforce as an important element of an obesity control strategy because of its potential to educate consumers about the nutritional value of their food and beverage choices and assist them to identify healthier choices. Front-of-pack nutrition labelling will also provide information at the point of sale to complement and support educational campaigns designed to encourage healthier food choices.

At the same time appropriate nutrition labelling can provide an incentive for manufacturers to increase the availability of healthier products through product reformulation and innovation.

Further information regarding the key features of an appropriate easy-to-use front-of-pack labelling system is provided under Q26.

Health promotion efforts could also be better supported by there being clarification and finalisation of an appropriate standard to regulate nutrition content and health claims on food labels. The long drawn out process for Proposal P293 on Nutrition and Health Related Claims needs to be resolved so that misleading and inaccurate examples of nutrition and health claims can be addressed.

In relation to nutrition information, the introduction of standard serving sizes for particular foods and drinks within a product range would assist in reducing confusion for consumers regarding nutrition labelling. Food manufacturers use a myriad of serving sizes on the nutrition information panels of similar products (eg breakfast cereals), making it difficult for consumers to compare nutritional value across products.

Food labelling could also support health promotion activities include by requiring nutrition labelling on restaurant menus (see Q27).

Q9. In what ways can disclosure of ingredients be improved?

Additives that are associated with food allergies and intolerances should be listed by their common or usual names as well as the additive number. Oils that are high in saturated fat, such palm and coconut oil should also be listed by their name and not as 'vegetable oil' which can be misleading to consumers as most vegetable oils are low in saturated fat. ACDPA also recommends improved clarity on how percentage of fruit and vegetable ingredients are listed.

Q10. To what extent should health claims that can be objectively supported by evidence be permitted?

The issue of nutrition and health claims on food labels has been long running, and member organisations of the ACDPA have made numerous submissions to FSANZ about the proposed standard for regulating nutrition and health claims.

ACPDA supports the provisions for health claims proposed by FSANZ in P293 whereby:

- all high level health claims must be based on a food-disease relationship that has been pre-approved by FSANZ;
- use of a pre-approved list of food-disease relationships (which do not include cancer) to form the basis of high level health claims:
- applications to FSANZ must be made for approval to use any other food disease relationships as the basis for a high level health claim; and
- all foods carrying high level health claims based on any of the pre-approved food-disease relationships must meet the generic nutrient profiling scoring criteria.

The standard for all types of claims needs to be that they are evidence based and that consumers are not misled in any way: this is in line with the recommendation of the World Health Organization in its *Global Strategy on Diet, Physical Activity and Health*.[22] Nutrition and health claims should only be used on foods that are consistent with healthy eating

guidelines. Any new standard relating to nutrition claims should include appropriate disqualifying criteria for nutrition content claims as well as general level health claims and high level health claims, so that unhealthy foods are not permitted to make potentially misleading content claims.

The lack of disqualifying criteria for foods making nutrition content claims, as was proposed in the last version of the proposed standard P293, effectively allows for unhealthy foods to make nutrient content claims. For example a less healthy food could highlight a single positive nutrition characteristic without disclosing the full picture of the rest of its nutrient profile, except in the nutrition information panel. Advertising campaigns for certain breakfast cereals have highlighted the presence of calcium and vitamin content of the products without disclosing their high sugar and low fibre content. There is a real need for disqualifying criteria to prevent such misleading and deceptive marketing practices.

Q11. What are the practical implications and consequences of aligning the regulations relating to health claims on foods and complementary medicine products?

Currently under the FSANZ Code, health claims are prohibited on foods, with the exception of those relating to folic acid and pregnancy.

Claims are not allowed to be made about "serious" forms of diseases or conditions in the promotion of therapeutic goods, unless an exception has been permitted by the Therapeutic Goods Advertising Code Council upon receipt of an Application for approval to use a restricted representation in advertising. [23]

Currently therefore, there is inequity in the promotion of the health benefits of foods and therapeutic goods such as complementary medicine products. Furthermore, a number of products that are sometimes difficult to classify as either a food or therapeutic good by regulatory agents, are making claims that are prohibited under both schemes, yet are avoiding appropriate regulation and enforcement by falling through the gaps between the state and territory food agencies, and the TGA.

Given many of these products are sold the major retailer supermarkets alongside foods and therapeutic goods, it is likely that the average consumer does not understand the difference, or the significance, of whether a product is either a food or therapeutic good. They would most likely be focusing on the alleged health benefits.

ACDPA therefore considers that the regulations relating to health claims on foods should be aligned with those for complementary medicines. This would also make the task of regulating and policing health claims on foods and therapeutic goods simpler for government agencies. To achieve this, the establishment of one government agency that regulates health and related claims on both foods and therapeutic goods may be warranted, as occurs in the United States under the USFDA.

Q12. Should specific health warnings (e.g., high level of sodium or saturated fat per serve) and related health consequences be required?

A front-of-pack labelling system that addresses levels of fat, sodium and sugar would obviate the need for health warnings on foods.

In addition disqualifying criteria should be applied for nutrient content claims such as "low fat" so that these claims can only be made on foods that meet criteria for overall healthiness.

Q13. To what extent should the labelling requirements of the Food Standards Code address additional consumer-related concerns, with no immediate public health and safety impact?

As highlighted previously, ACDPA considers that food labelling regulation should primarily be concerned with the provision of information related to health safety and health promotion. This includes information to assist in preventing the longer term health impacts of nutrition related behaviours, such as obesity and chronic disease.

In line with the objectives proposed for the National Food and Nutrition Framework recommended by the National Preventative Health Taskforce, there is a case for potentially including information on sustainable agricultural production methods, as this will be a determinant of the future availability of healthy food. If any claims are made it is important that they be consistent and reliable and backed by appropriate certification or accreditation schemes.

Q14. What criteria should be used to determine the inclusion of specific types of information?

Covered under Q2.

Q15. What criteria should determine which, if any, foods are required to have country of origin labelling?

No comment as this is not an area of expertise of the ACDPA.

Q16. How can confusion over this terminology in relation to food be resolved?

No comment as this is not an area of expertise of the ACDPA.

Q17. Is there a need to establish agreed definitions of terms such as 'natural', 'lite', 'organic', 'free range', 'virgin' (as regards olive oil), 'kosher' or 'halal'? If so, should these definitions be included or referenced in the Food Standards Code?

It is important that terms which are used to imply health related properties of a food product such as 'natural', 'lite', 'diet' and 'organic' should be based on agreed definitions that are used consistently so that consumers are not misled . These descriptors should be included or referenced in the Food Standards Code.

Another labelling definition required in the Food Standards Code is 'real' (eg real fruit), which should only be used when the whole component of the food is used that has equivalent nutritional characteristics (i.e. equivalent levels of fibre, sugar etc). 'Real' is not an appropriate descriptor when only a percentage of the product contains the specific food component.

As the goal of such terms is to enable consumers to make informed decisions based on consistent factual information, their use should ideally be accompanied by consumer education and further information in the form of printed material or websites be. In addition the use of these terms should be monitored and evaluated for compliance.

Q18. What criteria should be used to determine the legitimacy of such information claims for the food label?

Refer to Q3

Q19 In what ways can information disclosure about the use of these technological developments in food production be improved given the available state of scientific knowledge, manufacturing processes involved and detection levels?

No comment as this is not an area of expertise of the ACDPA

Q20. Should alcohol products be regulated as a food? If so, should alcohol products have the same labelling requirements as other foods (i.e., nutrition panels and list of ingredients)? If not, how should alcohol products be regulated?

There is a strong case for improved labelling of alcohol that recognises the health, safety and social risks associated with alcohol consumption. Alcohol consumption, especially at high levels, can increase the risk of developing a range of chronic diseases including cancer, cardiovascular disease, diabetes and chronic kidney disease. Alcohol consumption can also contribute to the development of other major chronic disease risk factors such as high blood pressure and obesity and overweight.[24]

ACDPA supports the National Preventative Health Taskforce recommendation that health advisory information be included on labelling of containers and packaging of all alcohol products to communicate key information that promotes safer consumption of alcohol. [11]

The Taskforce notes that while there is some evidence from the US, which implemented small text-style labels in 1989, that alcohol warning labels may affect knowledge and attitudes there is as yet no evidence of warning labels in isolation influencing drinking behaviour. However, the experience from tobacco labelling suggests that warning labels can be effective if they:

- Are graphic and attention-getting
- Occupy a considerable portion of the package surface, for example at least 25%of the physical space
- Involve rotating and changing messages
- Are complemented by, a wider range of strategies aimed at changing alcohol consumption behaviour.

In this context, ACDPA notes that the World Health Organisation in its *Framework for Alcohol Policy in the WHO European Region*[25] adopts the principle that: "Alcohol policies and implementing actions should be based on the best scientific evidence about effectiveness and cost–effectiveness, and should be sensitive to cultural diversity. Where the science is uncertain, the precautionary principle should be applied, to give priority to protecting the health and welfare of the population."

To protect the health and welfare of the population, ACDPA supports the mandatory provision of the following information on alcohol labels:

- Nutrition information panels for relevant nutrients (energy content expressed in kilojoules per standard drink and 100mL) and a listing of ingredients, due to alcohol's high kilojoule content (29kj/g) and its potential contribution to excess weight gain. This would also alert consumers to other high energy ingredients in mixed alcoholic drinks.

- Advice on the size of a standard serve of alcohol and consistent and uniform information about the estimated number of standard drinks per container, using a clear, consistent logo across all products
- The NHMRC guidelines for low risk alcohol consumption
- Health warning messages based on the NHMRC Alcohol Guidelines including: medical side effects of alcohol; risks during pregnancy; increased risk of physical violence; risks to safety when operating machinery, driving, swimming etc.; and social, health and injury problems.

The ACDPA also strongly supports the introduction of health information and warning labels as part of a wider alcohol control strategy that includes advertising and sponsorship bans and targeted pricing and taxation measures, in line with the recommendations of the National Preventative Health Taskforce.

Q21. Should minimum font sizes be specified for all wording?

ACDPA supports the need to specify minimum font sizes as well as other requirements related to readability such as colour contrast, font style, reproduction quality, line spacing, use of unfamiliar terms and so on as this is an important part of ensuring that consumers can read and use the information provided on food labels. This is especially important for all wording relating to public health and safety information on food labels.

The benchmark used should be legibility and readability for a wide range of consumers rather than just the average consumer. FSANZ has as one of its objectives, the provision of "adequate" information to consumers to allow them to make an informed decision: if important information such as public health and safety information provided on food labels is not legible to a wide range of consumers, then it cannot be considered "adequate".

For small packages where this is not feasible, alternative methods such as signage on shelves in-store may need to be specified. Some supermarket retailer stores are adding nutrition information to shelves, as in the United States such as the 'NuVal' logo which is based on the ONQI (overall nutrition quality index),[26] a nutrient profiling system.

Q22. Are there ways of objectively testing legibility and readability? To what extent should objective testing be required?

Consumer research testing should be undertaken to identify legibility and readability requirements for food labels if this information is not already available.

Q23. How best can the information on food labels be arranged to balance the presentation of a range of information while minimising information overload?

As indicated previously, ACDPA considers that priority and prominence must be given to public health and safety information on food labels and this should guide how information on food labels is arranged. Comprehensibility and ease of use are also very important factors in relation to determining the format of information provided on food labels. ACDPA supports the use of standardised sections on the food label that would help consumers to read and comprehend food labels.

In particular, ACDPA strongly supports the introduction of a front-of-pack nutrition labelling system that prominently displays information on the nutritional value of foods in a format that makes it is easy for consumers to interpret at a glance. The use of an interpretive element such as graphic icons, colours or symbols to indicate the nutritional value of a

product has the benefit of distilling otherwise complex information into a format that is more easily used and comprehended by consumers without requiring potentially complex calculations or detailed nutritional knowledge. A front-of-pack labelling system would be provided in addition to nutrition information panels and ingredients lists which would still be required to provide more detailed nutrition information for individuals with special dietary needs or disease states.

As obesity, overweight and poor nutrition are more prevalent in lower socio-economic groups, which also tend to have lower levels of health literacy, it is critical that front-of-pack nutrition labelling is easily understood by a wide range of consumers across socio-economic groups rather than just an "average" consumer. In addition the introduction of a single standardised label format is important to minimise consumer confusion.[27]

In relation to nutrition information, the absence of standard serving sizes for particular food products can create confusion for consumers. Food manufacturers use a myriad of serving sizes on the nutrition information panels of similar products (eg breakfast cereals), making it difficult for consumers to compare nutritional value across products. For this reason, ACDPA and other public health experts support the provision of nutrition information through front-of-pack labelling on a per 100g or 100ml basis.

Further information on the objectives and features of an appropriate front-of-pack labelling system is provided in the response to Question 26.

Q24. In what ways can consumers be best informed to maximise their understanding of the terms and figures used on food labels?

As indicated in the response to Q26, the introduction of a front-of-pack labelling system needs to be supported by a public education campaign to inform consumers regarding what the labels mean and how to interpret them in the context of healthy eating guidelines.

In addition ACDPA recommends that consumers can be best informed to understand food labels in the following ways:

- Standardise format and wording of food labels to make it easier to find and interpret information
- Standardise serve sizes to make it easier to compare food products
- Standardise terms and definitions that are used consistently, to assist consumers to understand their meaning
- Pre-approve claims for general and high level health claims
- Provide consumers education on how to read and use food labels through a variety of modes - internet, television advertisements, demonstrations, printed material.

The UK FSA consumer website (http://www.eatwell.gov.uk/) is an excellent example of provision of information to consumers on a wide range of food related matters.

Q25. What is an appropriate role for government in relation to use of pictorial icons on food labels?

Food labels contain a myriad of pictorial icons, some of which have strong potential to mislead consumers about the overall healthiness of the food product. The introduction of a single standardised front-of-pack nutrition labelling system using interpretative symbols would be a useful tool to ensure consumers are not misled by other pictorial icons.

ACDPA considers that the government must use regulation to underpin the introduction of a front-of-pack nutrition labelling system in order to maximise its potential to drive changes in food supply and demand in favour of healthier products and so achieve better health outcomes for Australians. (See Q5 and 26 for further information)

The use of other icons in addition to the mandatory front-of-pack labelling symbols should only be allowed if they do not confuse or dilute the message of the front-of-pack labelling system. FSANZ may need to specify maximum sizes (proportionately) or locations for other icons to ensure they do not interfere with priority labelling requirements relation to health and safety. As outlined in response to Q2, the existence of adequate systems of verification for such icons should be used as a pre-requisite for their inclusion on labels.

ACDPA is also concerned about the potential confusion relating to the use of icons that might infer a nutrient or health related claim, such as the use of a heart or ECG symbol and considers that the current FSANZ code should provide clearer guidance regarding their use. Health claim requirements should be triggered if the use of the symbol implies a nutrient or health related claim.

Q26. What objectives should inform decisions relevant to the format of front-of-pack labelling?

In February 2009, the ACDPA held a forum with public health and consumer organisations and individuals across Australia, to develop a consensus position on the key principles that should underpin the development of an effective front-of-pack labelling system for Australia. These agreed principles essentially support the mandatory introduction of a single system which includes both nutrient information and an interpretive element, eg using colours, words or symbols to indicate the nutritional value of the product.

The agreed key objectives for a front-of-pack labelling scheme were twofold:

- to empower consumers to make healthier food and drink choices; and
- to encourage industry to improve the quality of the food supply by addressing nutrient composition, product marketing and portion size.

In summary, the key principles agreed are that an effective front-of pack labelling system should:

- **Support consumers in selecting healthier food products**. Front-of-pack labelling should educate consumers and assist them to identify healthier food products. In particular, it should be easily understood by all consumers, particularly those in lower socio-economic groups where obesity and overweight and poor nutrition are more prevalent.
- **Encourage healthier food product formulation**. Front-of-pack labelling should aim to spur healthier product development by the food industry.
- **Be introduced across all retail grocery food products eligible to carry a Nutrition Information Panel and to Quick Service Restaurants**. Front-of-pack labelling should be introduced across all packaged retail grocery food products that are eligible for NIPs, and restaurant chains with standard menu items.

- **Provide an interpretation of nutrition information for consumers that is quick and easy to understand.** Front-of-pack labelling must include both nutrient information and provide an interpretative aid which allows at-a-glance interpretation of nutrient information. This interpretive aid should be based on a ranking of individual nutrients with the possibility of having additional information on the overall product rating. Further research and consumer testing need to be undertaken to determine the most appropriate form of interpretive aid that should be adopted.
- **Complement rather than replace Nutrition Information Panels (NIPs**). Front-of-pack labelling must complement, not replace, existing nutrition information currently on the back or sides of food packages.
- **Be based on individual nutrient criteria, with different criteria applied to different food groups.** These food groups should reflect the core food groups denoted in the Dietary Guidelines, with an additional category for extra foods, and category specific nutrient criteria that consider the properties unique to that food group, and set benchmarks or standards that are appropriate to the nutritional composition. Dietary modelling should be used to determine nutrient criteria underpinning front-of-pack labelling, based on Nutrient Reference Values and Dietary Guidelines.
- **Should, as a minimum, include labelling for: Saturated/Trans Fat; Salt/Sodium; and a measure of energy.** Consideration should also be given to including other nutrients relevant to particular food groups such as fibre for the bread and cereals, sugar for beverages or calcium for dairy products.
- **Be based on 100 g/mL of foods**. Factual information about the levels of key nutrients should be based on 100g or 100mL of the food or beverage product to avoid problems created by the lack of standardised serving sizes and to avoid manipulation of serving size information by food manufacturers.
- **Specify the absolute nutrient content of foods.** The absolute quantity (g/mL/mg/kJ) of each nutrient should be included on the front-of-pack label. This will allow consumers to differentiate between products at a more discrete level.
- **Comprise one consistent system**. To avoid consumer confusion one consistent front-of-pack labelling system should be introduced rather than a range of systems permitted. [28]
- **Be based on independent consumer research**, comparing a range of different front-of-pack labelling systems and assessing comprehension across differing socio-economic groups.
- **Be accompanied by public education.** An extensive public education campaign must accompany the implementation of front-of-pack labelling to inform consumers how to interpret the labelling system in the context of other government healthy eating guidelines.
- **Be statutory in nature and fully enforced**. Only mandatory, legally enforced front-of-pack labelling regulations will ensure that the system is equitably applied across all food products, giving maximum benefit for consumers. Compliance with the regulations will need to be independently monitored and fully enforced.

- **Be monitored and evaluated.** The front-of-pack labelling scheme needs to be monitored and evaluated to ensure that it meets its stated objectives.

The consensus statement outlining the detailed principles agreed at the forum is provided at Attachment 1.

These principles concord with those recommended by the National Preventative Health Taskforce for a front-of-pack labelling system.

Concerns regarding the percentage daily intake system

The Australian Food and Grocery Council has introduced a voluntary front-of-pack labelling system which displays the percentages per serving of the major nutrients that a food provides, based on recommended daily requirements for these nutrients for a reference adult (70 kg male) with an energy requirement of 8,700 kJ per day in a monochrome format.

ACDPA does not support this system because it does not align with the consensus principles outlined above. In particular it does not include an interpretive element and research indicates that monochrome percentage daily intake systems can be difficult for consumers to interpret and generally perform more poorly than other systems in assisting consumers to correctly identify healthier food products (see Attachment 1).

Of particular concern, the percentage daily intake system is least understood by people in most disadvantaged groups who are less likely to be able to use this system effectively.[29] [30] Consequently, this system is not generally supported by public health groups.

Principles to guide additional consumer research on front-of-pack labelling

Additional consumer research will be a key element in determining the final format for a front-of-pack labelling system in Australia. To assist in meaningful evaluation of front-of-pack labelling systems, ACDPA members have developed some best practice research principles for developing and evaluating consumer research in this area. These are based primarily on assessing the effectiveness of proposed systems in assisting consumers to identify healthier products and their effectiveness in driving product reformulation and innovation by industry.

Research should not be expected to provide proof of the effectiveness of front-of-pack labelling in changing consumer's food consumption behaviours: this is unlikely to be achievable when consumer food choices are subject to such a complex range of influencing factors. In addition the maximum effectiveness of front-of-pack nutrition labelling will only be achieved if it is implemented as part of a comprehensive obesity strategy as recommended by the Taskforce, a strategy which is designed to create a synergistic and multiplier effect where one strategy complements, supports and enhances others in the package.

A copy of the front-of-pack research principles is provided in Attachment 2.

Q27. What is the case for food label information to be provided on foods prepared and consumed in commercial (e.g., restaurants, take away shops) or institutional (schools, pre-schools, worksites) premises? If there is a case, what information would be considered essential?

An increasing proportion of Australia's food consumption takes place outside the home. In 2007-08, cafes restaurants and takeaway food outlets accounted for 23% of total food and liquor retailing turnover in Australia. [31] Providing food labelling information for food sold in restaurants and take-away venues provides a means of ensuring that nutrition information is available in the settings where large numbers of people eat regularly.

Consequently ACPDA supports the extension of nutrition labelling requirements to food sold in restaurants, especially quick service restaurants where the food choices are often energy dense and nutrient poor: in these cases, nutrition labelling would be mainly provided on menus. This was one of the recommendations made by the National Preventative Health Taskforce in its obesity control strategy.

Legislation requiring calorie labelling on menus in chain restaurants consisting of 20 or more outlets nationally doing business under the same name has been passed in some cities and states in the United States. Initial results are promising: 82 percent of those surveyed in New York City after its calorie-labelling rule went into effect said seeing calories on menus affected their choices,[32] while some restaurants have reported that they have reformulated products to lower calorie values in response to the legislation.[33] Studies on the impact of the introduction of nutrition labelling on restaurant menus in the US also suggest that labelled menus may lead to patrons selecting meals with lower calorie content.[34] [35] [36] [37]

Q28. To what degree should the Food Standards Code address food advertising?

The issue of food advertising, especially when directed at children, is of concern, and clearly there is a gap in regulation. Although we acknowledge that the broader issue of marketing and advertising to children is beyond the scope of this review and needs to be addressed on its own merits, ACDPA considers that the Food Standards Code could more effectively regulate the use of nutrition content and health claims which are frequently used in food advertising. ACDPA supports the pre-approval by FSANZ for health claims, which would only be permissible on foods that meet overall criteria for healthiness as determined by the nutrient profile scoring system.

Q29. In what ways can consistency across Australia and New Zealand in the interpretation and administration of food labelling standards be improved?

Q30. In what ways can consistency, especially within Australia, in the enforcement of food labelling standards be improved?

Q31. What are the strengths and weaknesses of placing the responsibility forthe interpretation, administration and enforcement of labelling standards in Australia with a national authority applying Commonwealth law and withcompatible arrangements for New Zealand?

Q32. If such an approach was adopted, what are the strengths and weaknesses of such a national authority being an existing agency; or a specific food labelling agency; or a specific unit within an existing agency?

ACDPA considers consistency in food labelling standards across Australia and New Zealand would be improved by having a single body responsible for interpretation, administration and enforcement of labelling standards. FSANZ's expertise in food regulatory matters means they are well placed to take on a more significant role in this area. In addition, adequate resources to enable effective monitoring of compliance and enforcement are critical.

The strengths and advantages of placing the responsibility for the interpretation, administration and enforcement of labelling standards in Australia with a national authority applying Commonwealth law would be:

- Consistency of interpretation across the country
- Consistency of enforcement
- Increased efficiency and reduced duplication of effort
- Less confusion for interested stakeholders

The weaknesses of this proposed idea are:

- Timeliness: the length of time taken for assessments, approvals and finalisation of changes to food standards. This needs to be streamlined.
- Arbitration: There needed to be a process for when there are objections/differences between jurisdictions.

Q33. If such an approach was adopted, what are appropriate mechanisms to deal with the constitutional limits to the Commonwealth's powers?

No comment as ACDPA does not have expertise in this area

Q34. What are the advantages and disadvantages of retaining governments' primary responsibility for administering food labelling regulations?

Q35. If a move to either: self regulation by industry of labelling requirements; or co-regulation involving industry, government and consumers were to be considered, how would such an arrangement work and what issues would need to be addressed?

Q36. In what ways does such split or shared responsibility strengthen or weaken the interpretation and enforcement of food labelling requirements?

Because of the importance of food to health it is essential that the government retains primary responsibility for administering food labelling regulation. As discussed in other parts of this submission, government regulation of food labelling is essential because of the importance of food labelling to protecting consumers from food-borne health and safety risks and to achieving positive public health outcomes. Mandatory labelling requirements are crucial for ensuring food safety, and promoting the health of the population.

ACDPA does not support industry self-regulation in relation to the provision of public health and safety information on food labelling. ACDPA notes the Commonwealth Interdepartmental Committee on Quasi-regulation's checklist[38] for when self regulation should be considered:

- There is no strong public interest concern, in particular, no major health and safety concern.
- The problem is a low risk event, of low impact/significance.
- The problem can be fixed by the market itself, that is, there is an incentive for individuals and groups to develop and comply with self-regulatory arrangements.
- There must be a viable industry association with adequate coverage of the industry concerned and a cohesive industry with like-minded participants committed to achieve the goals.
- Cost advantages from tailor made solutions and less formal mechanisms, such as access to quick complaints handling and redress mechanisms.

Clearly the issue of food labelling in relation to public health and safety information does not meet these criteria for self regulation. There is a legitimate public health concern about nutrition related behaviours which can impact on obesity and chronic disease risk. There is also little or no commercial incentive, and sometimes a commercial disincentive, for industry to provide information on the nutritional value of foods in a readily understood format as this may conceivably limit demand for their product or incur expenses associated with product reformulation. In addition, the lack of a cohesive food industry peak body that represents the interests of all food manufacturers hinders effective self-regulation. As well the complicated and

sometimes lack of complaints procedures with food industry codes (particularly demonstrated through food marketing codes of practice- See Q4) are not consistent with quick complaints handling.

Q37. What are the strengths and limitations of the current processes that define a product as a food or a complementary medicine?

No comment as this is not an area of ACDPA expertise.

Q38. What are the strengths and weaknesses of having different approaches to the enforcement of food labelling standards for imported versus domestically produced foods?

No comment as this is not an area of ACDPA expertise.

Q39. Should food imported through New Zealand be subject to the same AQIS inspection requirements?

No comment as this is not an area of ACDPA expertise.

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FRONT-OF-PACK FOOD LABELLING

Research Summary

1.0 Background: Nutrition labelling in Australia

The provision of nutrition information at the point of sale potentially provides a direct vehicle for assisting consumers to identify healthier food choices (1).

The Australia New Zealand Food Standards Code currently mandates the inclusion of a nutrition information panel (NIP) on all packaged foods, with the exception of very small packages and foods that are packaged for immediate consumption. This NIP is typically placed on the sides or the back of food packages, and is not readily visible to consumers at the point of sale. Further, research investigating consumers' comprehension of NIPs indicates that these can be confusing[1-3] and difficult to interpret.[4] An alternative, easier to understand method of labelling foods is therefore sought, with moves overseas to develop systems for conveying nutrition information in a more meaningful way on the front of food packages.

In the UK, and elsewhere in Europe and the US, the voluntary introduction of front-of-pack (FoP) food labelling has led to the development of many varying labelling systems by food manufacturers and retailers. The labelling systems that have been introduced in the UK comprise variations of two main labelling schemes, including:

i. Traffic Light systems; where the amounts of total fat, saturated fat, sugar and sodium are ranked as either high, medium and low (according to nutrient cut-points) and assigned a colour-code of red, amber or green accordingly; and
ii. Percentage Guideline Daily Amount (%GDA) systems; which display the percentages of the major nutrients that a food provides, based on recommended daily requirements for these nutrients.

In 2006, Percentage Daily Intake (%DI) FoP labelling was introduced by the Australian Food and Grocery Council (AFGC) into the Australian market as a voluntary labelling scheme, based on a variation of %GDA labelling. This system is based on the recommended dietary intakes of a reference adult (70 kg male) with an energy requirement of 8,700 kJ per day, as per the Food Standards Code. The %DI system has been adopted by more than 15 major Australian food manufacturers (as at December 2007) and has the support of major grocery retailers.

Within the current FSANZ Food Standards Code (standard 1.2.8 clause 7) information relating to percentage daily intake is considered voluntary, and conditions are set out as to how it may be included in the NIP. There are also other FoP schemes currently on pack in Australia developed by NGOs and the food industry such as Go Grains (4+ serves a day), Heart Foundation (Tick), and the GI symbol.

2.0 Research on FoP labelling

i. International research

United Kingdom

The UK Food Standards Agency have conducted extensive consumer research on FoP food labelling since 2004; identifying consumers' preferences for different FoP labelling formats and performance testing to determine consumers' ability to use different FoP labelling systems.

The most recent and comprehensive research from this organisation, released in May 2009, used a combination of qualitative (shopping bag audits, n = 112; and omnibus survey, n = 4534), observational (in supermarkets, n = 113) and qualitative methods (in-depth interviews, n = 50) to: determine the effectiveness of different labelling systems in allowing consumers to identify products' nutrient levels; assess consumers' use of FoP labels in the retail environment; and determine the effect of the co-existence of multiple labelling formats on consumers' interpretation.(2)

Major findings of this research were that:

- Labels using the words "high", "medium" and "low" as well as traffic light colours achieved the highest level of comprehension with consumers (71%). However, labels that combined these nutrient indicators (words and colours) together with %GDA performed equally well (70%), and were also one of the most preferred label formats.
- Some shoppers use energy to determine the nutritional value of products, although the inclusion of energy has no effect on comprehension.
- Consumers who use FoP labels value them, although other factors also influence purchasing decisions.
- Consumers are most likely to use FoP labels when they are buying a product for the first time, when comparing between products, when shopping for children and when trying to reduce their intake of certain nutrients or their weight.
- The coexistence of multiple labelling formats introduces considerable difficulty in comprehension for consumers.

Earlier research using qualitative focus group research, showed strong consumer support for the introduction of a single consistent FoP food labelling system on packaged food, to be developed by an independent organisation (3;4). Using quantitative consumer performance testing (n = 2,600) the majority of consumers preferred FoP labelling formats with colour coding together with high, medium, and low indicators or information on nutrient levels to assist in the interpretation of colours (5). Colour-coding was perceived to assist consumers in making food purchasing decisions at-a-glance. Some consumers were unable to use the numerical information provided on %GDA labelling correctly and were confused by the use of percentages. Consumers supported the inclusion of fat, saturated fat, sugars and salt on FoP labels and perceived the strongest need for FoP labelling on processed foods.

The UK consumer group Which? have also conducted consumer testing (n = 636) to determine consumers' ability to correctly use and interpret different FoP labelling systems

(6). Labelling attributes including their ease and speed of use, and the level of information provided were assessed, together with consumers' ability to correctly identify healthy food products. The Traffic Light system was rated better than the other systems for the majority of these performance indicators. Based on this research, the introduction of FoP labelling using colour coding with high, medium and low indicators and an initial focus on fat, saturated fat, sugar and salt was indicated.

A study published in the journal, Health Promotion International in 2009 assessed the sales impact of front-of-pack Traffic Light nutrition labelling on consumer food purchases of ready meals and sandwiches in the UK. The study did not show any association between the introduction of the Traffic Light label system and the healthiness of the products purchased. The authors of the paper emphasised the many limitations of this study. In particular, that it was conducted on a small sample of products, with only about 4% of the total range of ready meals examined in the study and measured only the immediate impact of the Traffic Light labels (i.e. 4 weeks after they were introduced). The authors concluded that that this study should not preclude the possibility of Traffic Light labelling delivering public health benefits.(7)

Europe

A literature review was conducted to determine how consumers perceive, understand and use nutrition information on food products (8). Included studies were those published in the European Union from 2003 to 2006 (n = 58 studies). Consumers supported the concept of FoP food labelling, however differed in their preference for different labelling formats. These differences related to conflicting consumers' preferences for ease of use, being fully informed and not being too dogmatic. While the majority of consumers understand the most common FoP labelling formats, and can relay nutrition information presented in experimental conditions, available research does not indicate how labelling systems would be used in real-world settings or how these would impact on consumers' dietary patterns (8).

This paper updates information from a previous literature review of European studies conducted prior to 2003, which concluded that nutrition labelling could make an important contribution towards healthier choices at the point of sale (1).

United States

The US Food and Drug Administration (FDA) conducted focus groups with adult grocery buyers (n = 8 groups, 7-10 participants) to determine how consumers use nutrition information on food packages (9). From this qualitative research, consumers reported difficulty interpreting Percent Daily Value (comparable to %DI), when integrated into NIPs, as they did not necessarily consume a 2000 calorie diet, on which this indicator is based.

In addition, the FDA held a public hearing in 2007 concerning the use of symbols to communicate nutrition information on food labels. The purpose of the hearing was for FDA to solicit information and comments from interested persons about programs currently in use regarding the use of symbols to communicate nutrition information on food labels.

New Zealand

Researchers from the University of Auckland have conducted consumer testing with grocery buyers (n = 1525) to determine use, understanding and preferences related to different nutrition labels, including the Traffic Light system, %DI and NIPs (10). The Traffic Light system was both consumers' preferred system and also performed the best in assisting consumers to identify healthier food choices. Consumer's ability to interpret %DI was associated with ethnicity, with a poor understanding of this system amongst Asian and Maori people (10).

Also, researchers from Massey University tested consumer's evaluation of the nutritional quality of breakfast cereals, using either Traffic Light labelling, %DI labelling or NIPs (control) (11). While both Traffic Light labelling and %DI labelling enhanced consumers' ability to evaluate the products more accurately compared to the control, Traffic Light labelling performed significantly better.

ii. Local research

Australia

A collaboration of public health and consumer organisations including Cancer Council, Choice, Institute of Obesity, Nutrition and Exercise, University of Sydney, Obesity Policy Coalition and the Public Health Advocacy Institute of Western Australia conducted consumer intercept surveys (n = 790) in shopping centres to assess consumers' preferences for, and ability to use different FoP systems, including two variations of the %DI system and two variations of the Traffic Light system (12). Consumers were presented with different mock food products from the same food category and asked to nominate which was the healthier product using the FoP labelling.

Consumers indicated strong support for a single, consistent FoP labelling system on all food products, and the inclusion of information on total fat, saturated fat, sugar and sodium. While the majority of consumers preferred either variant of the %DI system, consumers' ability to interpret the information on both variations of %DI labelling was significantly lower than for Traffic Light labelling. Further, use of the %DI system was associated with socio-economic status, with those in the most disadvantaged groups less likely to be able to use this system.

The National Heart Foundation have conducted an online survey to determine consumers (n = 600) attitudes towards, and use of different FoP labelling schemes, including %DI, Traffic Light labelling and the Heart Foundation Tick (13). Respondents were asked to select the healthier of two products in each of 10 different food categories, as based on existing food products, using different FoP labels. All FoP systems were equally effective in assisting consumers to identify healthier food products. No one scheme worked equally well for all types of foods. As well, the different labelling systems were equally effectively across all socio-economic groups.

Qualitative research by Food Standards Australia New Zealand (FSANZ) used in-depth interviews with consumers (n = 51) to investigate their perceptions and potential use of %DI

labelling in making food purchase decisions and in making judgements about nutrition content claims on food packages (14). Consumers had difficulty comprehending %DI labelling upon initial exposure, and required assistance and practice to use the information. The inclusion of %DI information for energy further hindered consumer's ability to interpret the information. While consumers had difficulty understanding %DI labelling, this research demonstrated the positive effects that education may have on understanding.

The AFGC have also conducted research to determine consumer awareness of, and perceptions about %DI labelling (15). Two online consumer surveys have been conducted: in 2007 (n = 1222) and 2008 (n = 1208). The majority of consumers were aware of %DI labelling and believed that it was easy to understand. Importantly, this industry research has not objectively assessed consumers' ability to use this labelling, or compared it to other FoP systems.

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AUSTRALIAN CHRONIC DISEASE PREVENTION ALLIANCE

FRONT OF PACK LABELLING:

AN AGREED PUBLIC HEALTH POSITION

As agreed at a consensus forum hosted by the

Australian Chronic Disease Prevention Alliance

in Sydney on 23 February 2009.

Front of Pack Labelling: An Agreed Public Health Position

March 2009

A. Purpose of this document

Public health organisations from around Australia agreed that it would be valuable to develop general principles for a front of pack food labelling (FOPL) system for Australia.

This document summarises the consensus position, developed collaboratively by the following organisations and individuals at a workshop hosted by the Australian Chronic Disease Prevention Alliance held on 23 February 2009:

- Australian Chronic Disease Prevention Alliance which comprises:
  - Cancer Council Australia
  - Diabetes Australia
  - Kidney Health Australia
  - National Heart Foundation of Australia
  - National Stroke Foundation
- Obesity Policy Coalition
- Public Health Association of Australia
- Dietitians Association of Australia
- Choice (Australian Consumers' Association)
- Institute of Obesity, Nutrition and Exercise, University of Sydney
- Associate Professor Peter Williams, Smart Food Centre, University of Wollongong

This group of organisations is collectively referred to in this document as Public Health Organisations.

Individual organisations could then draw on the consensus document to make submissions to the Food Regulation Standing Committee (FRSC) Working Party in response to their Consultation Paper on FOPL.

B. Context

What is Front of Pack Labelling?

The Australia New Zealand Food Standards Code ('the Code') currently mandates the inclusion of a nutrition information panel (NIP) on all packaged foods, with some exceptions such as very small packages and foods that are packaged for immediate consumption.

This NIP is typically placed on the sides or the back of food packages, and is not immediately visible to consumers.. Further, research investigating comprehension of NIPs indicates that some consumers can find them confusing and difficult to interpret. NIPs were made mandatory on food labels to improve the level of information available to consumers and assist them to make informed choices about the foods they buy. However, food labels also have the potential to actively encourage consumers to make healthy choices by presenting nutrition information in a format that is easy to interpret at a glance. An easier to understand method of labelling foods, for use in conjunction with the NIP, is therefore sought, with moves overseas to develop systems for conveying nutrition information in a more meaningful way on the front of food packages.

In the UK, and elsewhere in Europe and the US, the voluntary introduction of front-of-pack labelling (FOPL) has led to the development of many varying labelling systems by food manufacturers and retailers. The labelling systems that have been introduced in the UK and elsewhere comprise variations of three main labelling schemes, including:

- Colour-coded (traffic light) systems; where the amounts of total fat, saturated fat, sugar and salt/sodium are ranked as either high, medium or low (according to nutrient cut-off points) and assigned a colour-code of red, amber or green accordingly
- Percentage Guideline Daily Amount (%GDA) systems; which display the percentages of the major nutrients that a food provides, based on recommended daily requirements for these nutrients
- 'Better for you schemes' such as Swedish keyhole (government), Heart Foundation Tick (non-government organisation), Eat Smart (industry) and Smart Choices (non-government organisation, government and industry coalition).

In 2006, Percentage Daily Intake (%DI) FOPL was introduced by the Australian Food and Grocery Council (AFGC) into the Australian market as a voluntary labelling scheme, based on a variation of %GDA labelling. This system is based on the recommended dietary intakes of a reference adult (70 kg male) with an energy requirement of 8,700 kJ per day, as per the Code. The %DI system has been adopted by more than 15 major Australian food manufacturers (as at December 2007) and has the support of the major grocery retailers.

Why is Front of Pack Labelling important?

In Australia, chronic disease is estimated to be responsible for 80% of the total burden of disease and injury[1]. Significant contributing factors to chronic disease are poor nutrition and obesity which is steadily increasing in the Australian population.[2]

The provision of nutrition information at the point of sale potentially provides a direct vehicle for assisting consumers to identify healthier food choices[3] and in so doing may improve health outcomes. It is, however, important to recognise that FOPL alone will not address obesity and chronic disease. It is one strategy among many (such as education, changes to food marketing/promotion, increased availability of healthier foods, food reformulation and strategies to increase physical activity) that can assist Australians to reduce their risk of chronic diseases such as heart disease, stroke, type 2 diabetes and some types of cancer.

While FOPL is generally agreed to be of value, different stakeholders vary in their views about the best labelling scheme to assist consumers.

This document details those elements of a FOPL scheme which Public Health Organisations agree are critical for success. These elements or principles are relevant regardless of the type of FOPL adopted or the way that the FOPL scheme might finally be presented.

C. Goals and objectives of any FOPL scheme

Public Health Organisations agree that the overarching goals of any FOPL scheme are to

- promote an increase in the number of people eating in accordance with dietary guidelines.
- complement and support other strategies designed to address the increasing prevalence of obesity, poor nutrition and chronic disease

A FOPL scheme can contribute to these overall goals by:

- empowering consumers to make healthier food and drink choices; and
- encouraging industry to improve the quality of the food supply by addressing nutrient composition, product marketing and portion size.

These are the desired objectives of FOPL.

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1 National Health Priority Action Council (NHPAC) 2006. National Chronic Disease Strategy, Australian Government Department of Health and Ageing, Canberra.
2 Australian Bureau of Statistics. National Health Survey 2004-05: Summary of Results. February 2006.
3 Cowburn G, Stockley L. Consumer understanding and use of nutrition labelling: a systematic review. Public Health Nutr 2005;8:21-8

D. Regulatory Principles underpinning any FOPL scheme

In order to achieve these objectives, Public Health Organisations believe that any FOPL scheme must:

- provide clear, simple, easy to interpret information;
- provide labelling information that is consistent across products and uniformly applied throughout Australia;
- be consistent with broader public health objectives and existing health policies;
- be able to be understood by most demographic groups, especially lower SES;
- promote healthier food choices as well as highlight those foods that are a poorer choice or should be consumed as an occasional food only;
- encourage the food industry to produce healthier food products;
- be strictly enforced to prevent industry non-compliance, to minimise consumer confusion and to ensure that compliant companies and food service organisations are not disadvantaged relative to non-compliant companies. Public Health Organisations strongly believe that any FOPL scheme must:
    - be mandatory, not voluntary. This eliminates loopholes, maximises impact, reduces inequities within industry and better ensures consistency;
    - be underpinned by appropriate sanctions to encourage compliance; and
    - be actively enforced.
- be closely monitored and evaluated against its specified goals and objectives. Public Health Organisations recognise that many public health initiatives, including FOPL, are based on inexact science. It is therefore imperative that the FOPL scheme be closely monitored and evaluated and if necessary, adjusted over time in order to best meet the objective of empowering consumers to make healthier food choices and encouraging industry to improve the quality of the food supply; and
- be part of a broader framework for addressing obesity and chronic disease involving consumer education and policy and legislative initiatives.

E. Key elements of any FOPL scheme

Public Health Organisations believe that any FOPL scheme:

- **Should apply to all foods eligible to carry a Nutrition Information Panel (NIP) and to Quick Service Restaurants.**

All food products eligible to carry a NIP should carry new information on the front of the label as described below, in addition to the mandatory NIP.

Quick Service Restaurants for the purpose of this paper are defined as high volume chain restaurants that have a standardised menu and meal offerings and quality assurance systems in place. In this case the food's overall nutrition rating under the FOPL scheme should be displayed on the menu board at the point of sale.

- **Must include both nutrient information and an interpretive element.**

One of the key differences between FOPL schemes is whether or not they provide an interpretation of the dietary value of a food. Some non-interpretive schemes provide advice on the proportion of selected nutrients contained in a recommended serve of the food, assessed against reference daily amounts (such as Daily Intake Guides). These schemes require consumers to interpret the information and decide if the proportion of the nutrient in the food is appropriate for their individual needs. By contrast, an interpretive scheme aims to interpret nutrient information for consumers and provides an indication of the healthiness of the food within the diet or food category.

Public Health Organisations believe that the FOPL scheme should include nutrient information as well as an interpretive element. Interpretational aids are critical in assisting consumers to assess the nutrient contribution of specific foods to the overall diet. This interpretive element should be based on a ranking of individual nutrients with the possibility of having additional information on the overall product rating.

- **Should be based on a set number of criteria specific to the core food groups**

The criteria should take into account properties unique to that food group, and set benchmarks or standards that are appropriate to the nutritional composition of that food group.

Different nutrient criteria could be developed specifically for core food groups including:

- breads/cereals;
- dairy;
- fats/oils;

- o fruit/vegetables; and
- o meat/poultry/seafood.

FOPL would be required only for products in these food groups that are required to carry a NIP.

Foods that don't fall into one of the above categories would be placed in an "extras" or "other" group.

- **Should, as a minimum, address: Saturated/Trans Fat; Salt/Sodium; and a measure of energy**

There is consensus amongst Public Health Organisations that labelling must address saturated/trans fats (combined measure); salt/sodium; and a measure of energy. What is less clear is how energy is best presented on product labelling. While energy is critical to weight maintenance, consumers generally have a very poor understanding of kilojoules (KJ) as a measure of energy. Sugar and total fat are alternative proxy measures for energy, but they do not take into account the energy contribution of total carbohydrates. Further research and/or consumer education may be required this area.

Soon to be released UK studies on FOPL may also shed some further light on this issue.

Consideration should also be given to including other nutrients relevant to particular food groups such as fibre for the bread and cereals food group, sugar for beverages and calcium for dairy and alternatives.. These could readily be identified by FSANZ in consultation with public health professionals and drawing on international experience. However, the overall number of nutrients to be displayed on FOPL should be kept to a minimum, with a focus on key nutrients of greatest public health significance.

The critical points are that the front of pack nutrient labelling must be relevant to the food group, be focussed on key nutrients of greatest public health significance and be clear, simple and meaningful to consumers.

- **Should be based on 100g or 100mL**

Given inconsistencies regarding serving size, it is important that the nutrient criteria for any FOPL scheme be based on 100g or 100mL of the product.

- **Should use dietary modelling to determine nutrient criteria underpinning FOPL, based on Nutrient Reference Values and Dietary Guidelines**

This ensures that the dietary value of the food as a whole as well as its individual nutrients are considered.

- **Development and implementation of any FOPL scheme should be accompanied by a consumer education campaign on how to use the FOPL**

Regardless of the FOPL adopted, further education campaigns would need to be implemented to ensure that consumers understand the FOPL and what it is telling them about the food in the context of their overall diet.

F. Development and implementation of any FOPL scheme

Public Health Organisations believe that:

- FSANZ should be tasked with developing the FOPL scheme within a reasonable time frame, with implementation to be phased in over a further two year period.
- the scheme should be developed in close consultation with relevant stakeholders including Commonwealth and state government food and health authorities, public health organisations, consumer organisations and the food industry. Industry consultation should focus on practical means by which to best implement these agreed FOPL Principles;
- any FOPL options should be subject to thorough consumer testing. It is recognised that existing consumer research has provided mixed results regarding the most effective way for communicating product and dietary information to consumers. Any FOPL scheme that is developed should be market tested to ensure that the preferred approach is the most effective means for communicating the information to consumers;
- the legislative framework to mandate FOPL must:
    - be clear and enforceable;
    - include meaningful sanctions (a robust penalty system);
    - be actively monitored and independently overseen. The results of monitoring activity must be transparent and reported by an independent body or bodies. This will assist in gaining industry support for (and compliance with) the initiative which in turn increases the uniform application of the scheme and reduces consumer confusion;
- in parallel with the development of a FOPL scheme there must be a supporting consumer education initiative. FOPL cannot be implemented in isolation. Other initiatives must also be considered including social marketing campaigns and improving standardisation of serving sizes.
- the FOPL scheme may also be able to complement other schemes or strategies such as children's food advertising. For example, if there were to be an Overall Product Rating as part of the FOPL scheme, this could potentially be used to determine whether a food could be advertised to children through television or other media.

G. Monitoring and Evaluation of any FOPL scheme

Public Health Organisations consider that any FOPL scheme must be accompanied by a clear strategy for monitoring and evaluating the success of the scheme.

Too often legislation is introduced with no clear points of review and limited funding for evaluation. This poses challenges in terms of identifying:

- whether the initiative has been effective or not; and
- whether any changes are needed to the scheme to improve its overall effectiveness or reduce any unintended adverse impacts.

Given the importance of FOPL, we believe that:

- a monitoring and evaluation strategy must be developed in parallel with the development of the FOPL scheme;
- base-line data must be collected prior to implementation of the FOPL scheme (noting that this should not, however, delay the introduction of FOPL);
- a range of short and long term impacts should be considered including:
    - short term product impacts. For example, have there been changes to individual product composition or availability?
    - short term behavioural impacts. For example, do consumers understand FOPL? Has FOPL changed consumer shopping behaviour?
    - long term population health surveys. For example, has FOPL in combination with other related initiatives led consumers to make healthier food choices and in so doing reduced the risk of chronic disease? Are more people within the healthy weight range? Has chronic disease incidence decreased?
- monitoring and review should occur at pre-determined legislated times. For example, the FOPL legislation could require a review at certain intervals (2, 5 and 8 years). Close consideration would need to be given to the indicators and impacts that should be measured and reviewed at each point. For example, there is little value in assessing impact on chronic disease after only one year of implementation. However, two years may be an adequate time in which to consider short term product impacts and behavioural impacts.

H. Next steps

This document outlines the agreed public position of signatory health and consumer organisations on the principles upon which an Australian FOPL scheme should be based.

It is intended that this consensus position be used to inform further discussion on FOPL and in addition form the basis of a response to the FRSC Consultation Options Paper on FOPL released on 24 February 2009..

It is hoped that Public Health Organisations throughout Australia will continue to work closely together (and with their New Zealand counterparts) in the development of a FOPL scheme.

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