



Public Health Association
AUSTRALIA

***RESPONSE TO LABELLING LOGIC:
THE REVIEW OF FOOD LABELLING
LAW AND POLICY***

Labelling Review Response Secretariat

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12 September 2011

CONTENTS

Food labelling for Public Health	3
Section One: Immediate priority recommendations	4
Recommendation 1: Defining public health in the Food Standards Australia New Zealand (FSANZ) Act 1991.....	4
Recommendation 2: Food labelling policy guided by an issues hierarchy.....	4
Recommendations 9-10: Development of a comprehensive Nutrition Policy.....	4
Recommendations 50-55: Front of Pack Multiple Traffic Light Labelling	4
Recommendations 20-22: Nutrient profiling for, and MTL on, any products carrying Nutrition, Health or Related Claims	5
Section Two: second stage priority recommendations.....	6
Recommendations 12 -16: Extended nutrition information and ingredient labelling.....	6
Recommendations 18 : Nutrition information on standardised food items in chain food service outlets and vending machines	6
Recommendation 23: Seamless approach for nutrition, health and related claims for foods, complimentary medicines and dietary supplements.....	6
Recommendations 24-27: Alcohol warnings.....	7
Recommendation 28: Preapproval and labelling for new technologies for at least 30 years	7
Recommendations 29-33: Labelling of genetically modified foods	7
Recommendations 40-42: Country of origin labelling	7
Recommendation 54: MLT by encouraged for chain food service outlets	7
Recommendation 61: Establish an independent Food Labelling Bureau	8
Recommendations 3, 4 and 57-60: Compliance and enforcement.....	8
Section Three: Recommendations that need improvement.....	9
Recommendations 5 and 43-49: Presentation requirements.....	9
Recommendation 17: NIP only Mandatory if daily intake claim is made	9
Recommendations 36-42: Consumer values issues	9
Recommendation 19: Code of Practice for words and terms may infer health implications.....	10
Recommendation 48: Guidelines for co-location of mandatory health information	10
Summary table of PHAA Support for Recommendations from Labelling Logic	11

FOOD LABELLING FOR PUBLIC HEALTH

The Public Health Association of Australia (PHAA) welcomes the majority of the recommendations of *Labelling Logic*; the Final Report of the Review of Food Labelling Law and Policy commissioned by the Australia and New Zealand Food Regulation Ministerial Council (ANZFRMC).

The PHAA is particularly pleased with the strong emphasis on public health, especially preventative health in the recommendations of the review. The traditional emphasis on food safety and toxicological issues as the core component of public health and safety in food regulation, while understandably important, is now outdated, and it is time to recognise the vital role food regulation can and does play in population preventative health.

This is especially because of the significant cost of preventable diet related chronic disease (such as heart disease, diabetes and some cancers) to the government and the community. Obesity alone cost Australia \$58.2 billion in 2008 (Access Economics 2008). This cost includes the cost of health care for government and individuals, the psychological and social costs of premature illness and death for individuals and families, as well as the cost to businesses of lost productivity when employees are unwell.

In the UK, the majority of the burden of disease is attributable to poor diet rather than food borne illness. For example, the cost to the National Health Service of food-related disease is £6 billion annually –more than triple that of smoking. This accounted for a third of health service costs, of which only £0.2 billion was due to food borne disease (Rayner and Scarborough 2005).

The situation in Australia is similar. The government's response to the National Preventative Health Task Force report (2010) estimated that diet related chronic diseases:

- are responsible for around 80 per cent of the burden of disease and injury in Australia;
- account for around 70 per cent of total health care expenditure;
- are part of 50 per cent of GP consultations;
- are the leading causes of disability and death in Australia; and
- are associated with around 537,000 person-years loss of participation in full time employment and around 47,000 person years in part time employment each year.

The PHAA fully supports the principles and criteria outlined by *Labelling Logic*, particularly the Food Labelling Hierarchy, and notes the increasing need to address food related diseases caused by poor diet. Given the importance of food labelling, law and policy the PHAA would like to make the following comments of support and recommendations with respect to the ANZFRMC's response to, and implementation of, the recommendations in *Labelling Logic*.

SECTION ONE: IMMEDIATE PRIORITY RECOMMENDATIONS

The PHAA believes the following recommendations are priorities for immediate action.

RECOMMENDATION 1: DEFINING PUBLIC HEALTH IN THE FOOD STANDARDS AUSTRALIA NEW ZEALAND (FSANZ) ACT 1991

PHAA believes that amending the *FSANZ Act* to include a definition of public health will clarify, and provide a legal underpinning for, the role of food regulation in protecting and promoting the health of the population. It will also greatly assist in broadening the interpretation of FSANZ's priority objective, i.e. the protection of public health and safety, which is vital for ensuring preventative health is incorporated in all food regulation deliberations.

We fully support the use of the National Public Health Partnership definition outlined in the Food Labelling Issues Paper to be incorporated in the *FSANZ Act 1991*. That is:

"Public health is the organised response by society to protect and promote health, and to prevent illness, injury and disability."

RECOMMENDATION 2: FOOD LABELLING POLICY GUIDED BY AN ISSUES HIERARCHY

The PHAA strongly supports the food labelling hierarchy proposed in the report placing preventative health as a high risk consideration.

RECOMMENDATIONS 9-10: DEVELOPMENT OF A COMPREHENSIVE NUTRITION POLICY

Australia urgently requires an updated Food and Nutrition Policy to provide overarching direction for a multifaceted approach for preventing chronic disease. The last policy was developed in 1992. The PHAA recommends the Commonwealth Government develop a Nutrition Policy as part of an effective National Food Plan currently being developed by the Department of Agriculture, Fisheries and Forestry. The current focus of the National Food Plan is business development and it requires the integration of health as a central driver. The PHAA also supports the labelling review panel's recommendation that the FSANZ Act be amended to include the need for FSANZ to "have regard to" this Nutrition Policy when developing or reviewing labelling standards.

RECOMMENDATIONS 50-55: FRONT OF PACK MULTIPLE TRAFFIC LIGHT LABELLING

Front of Pack Multiple Traffic Light Labelling (MTL) is a fundamental preventative health measure, and will provide a simple, clear message on food labels for all consumers when trying to make healthy food choices. Consumers currently have to plough through a myriad of complex labelling they don't understand, and MTL has been shown to be effective in assisting a wide range of consumers, to understand what are, and make, healthy food choices. This will build on the NIP and provide easily understood

interpretation of nutrients of public health significance such as kilojoules (energy), fat sugar and salt.

The PHAA supports the recommendation of the review panel that all foods and drinks using a general or high-level health claim be required to carry MTL. However, it urges the Ministerial Council to go further and make the system mandatory for all foods and drinks. While the PHAA appreciates there will be a lot of resistance from the food industry in implementing mandatory MTL, it is time for consumers' health to be put before corporate wealth.

RECOMMENDATIONS 20-22: NUTRIENT PROFILING FOR, AND MTL ON, ANY PRODUCTS CARRYING NUTRITION, HEALTH OR RELATED CLAIMS

The PHAA remains opposed to the introduction of health claims. There is no evidence that health claims inform consumers, improve food choices or promote public health. In fact nutrition, health and related claims are no more than a highly effective marketing tool for the food industry.

However, the PHAA understands that ANZFRMC have finalised a policy, and FSANZ is finalising a standard for nutrition health and related claims. There are also a significant number of claims already in the marketplace that have not been regulated. Given the apparent inevitability of proceeding with health claims in Australia, the PHAA supports the food labelling review panel's recommendation that all foods and drinks that carry a general or high-level health claim (which according to the Ministerial Council policy includes nutrition content claims) comply with an agreed nutrient profiling system, trigger relevant information disclosures in the nutrition information panel or ingredient list, and require front of pack labelling information (specifically MTL). PHAA also notes that this information could be used for support of recommendation 50-55.

The PHAA is also concerned that recommendation 22 appears to make it more difficult for governments to use mandatory health messages on food labels than it is likely to be for the food industry to make health claims for marketing purposes. While such government action does require public funds, so does regulating and enforcing industry initiated health claims.

SECTION TWO: SECOND STAGE PRIORITY RECOMMENDATIONS

The PHAA believes the following key priority recommendations should be adopted as soon as practicable.

RECOMMENDATIONS 12 -16: EXTENDED NUTRITION INFORMATION AND INGREDIENT LABELLING

The PHAA supports the provision of information about nutrients of public health significance on food labels, particularly dietary fibre, trans fats, added sugars and added fats. From a public health perspective, including total and naturally occurring fibre content, and trans fatty acid content in the Nutrition Information Panel as recommended, will provide important information for consumers about the nutritional quality of packaged foods, and the role they may or may not play in chronic diseases such as heart disease, diabetes and some cancers.

Likewise, it is important for consumers to know the types of added sugars, added fats, and added vegetable oils in specific food products via bracketed lists in the ingredient list. Oils such as palm and coconut oil are high in saturated fat and increase the risk of developing heart disease. Currently, these oils are only required to be labelled as "vegetable oil", which does not give consumers a fully informed choice. Also, because vegetable oil has no cholesterol, often a "cholesterol free" claim is associated with their use, which misleads consumers into thinking that a particular food is a "healthy choice" when it is not.

RECOMMENDATIONS 18 : NUTRITION INFORMATION ON STANDARDISED FOOD ITEMS IN CHAIN FOOD SERVICE OUTLETS AND VENDING MACHINES

PHAA supports the provision of nutrition information on standardised food items from chain food service outlets and vending machines. Foods and drinks purchased from chain food service outlets and vending machines provide a significant number of calories/kilojoules (including so-called "healthy option" menu items), and are readily available in a range of locations.

RECOMMENDATION 23: SEAMLESS APPROACH FOR NUTRITION, HEALTH AND RELATED CLAIMS FOR FOODS, COMPLIMENTARY MEDICINES AND DIETARY SUPPLEMENTS

As stated earlier, the PHAA does not support the use of nutrition, health and related claims on foods and drinks. Claims made on complimentary medicines and dietary supplements are often questionable and lacking in scientific basis. However, if health claims on foods proceed, there should be clarity and equity between the systems used for foods, complimentary medicines and dietary supplements.

The Ministerial Council also needs to ensure consumers can clearly distinguish between foods and complimentary medicines such as dietary supplements and weight loss products that are not regulated by FSANZ as a food but sold alongside food in retail outlets. And,

the ongoing issue of New Zealand's dietary supplements regulations needs to be addressed before any seamless approach for health care claims can be implemented.

RECOMMENDATIONS 24-27: ALCOHOL WARNINGS

The PHAA is very supportive of the panel's recommendations re including warning messages on alcohol labels, particularly for at risk groups. We also support the labelling of energy content on all alcoholic beverages. PHAA supports the use of Nutrition Information Panels (NIP) on alcoholic drinks mixed with other beverages.

PHAA is concerned that no recommendation regarding existing health claims on low carbohydrate/kilojoules beers is made. Given the government's National Preventative Health Task Force recommendations on increasing public awareness and reshaping attitudes to promote safer drinking culture in Australia, warning statements rather than health claims should be the preferred strategy.

RECOMMENDATION 28: PREAPPROVAL AND LABELLING FOR NEW TECHNOLOGIES FOR AT LEAST 30 YEARS

The recommendation that as a general principle all foods or ingredients that have been processed by new technologies be required to be labelled for 30 years from the time of their introduction into the human food chain is supported by PHAA. Consumers should have the right to choose whether to consume such products or not.

RECOMMENDATIONS 29-33: LABELLING OF GENETICALLY MODIFIED FOODS

The PHAA supports the general recommendations for the labelling of genetically modified foods.

RECOMMENDATIONS 40-42: COUNTRY OF ORIGIN LABELLING

The PHAA considers the recommendation that all primary food products for retail sale require mandatory labelling and that these requirements might be better enforced under the *Competition and Consumer Act 2010* rather than Food Standards Code is appropriate.

RECOMMENDATION 54: MTL BY ENCOURAGED FOR CHAIN FOOD SERVICE OUTLETS

The PHAA believes MTL should be compulsory for all foods sold in chain food service outlets and vending machines, not just where a general or high-level health claim is made or equivalent endorsements/trade name/marks are used. To facilitate this the Nutrition Information Panel is required. PHAA is also concerned at the inference of this recommendation, that general or high-level health claims might be allowed on fast foods, and urges the Ministerial Council not to extend health claims legislation to these sorts of foods and drinks.

RECOMMENDATION 61: ESTABLISH AN INDEPENDENT FOOD LABELLING BUREAU

The PHAA can see the merit in establishing an Independent Food Labelling Bureau, particularly given the limited capacity and enthusiasm within the current system to address food labelling law. This is particularly the case given the imbalance of the public health aspects of the current system in favour of food safety and away from the prevention of chronic disease.

RECOMMENDATIONS 3, 4 AND 57-60: COMPLIANCE AND ENFORCEMENT

The PHAA supports the panel's recommendations regarding ensuring all food standards are equally and effectively monitored and enforced through the provision of sufficient resources. Many jurisdictions struggle to keep up with the volume of work in contributing to food standard and policy development, as well as monitoring and enforcement. Also, enforcement officers would benefit from additional training that will be necessary to enforce new issues such as health claims.

Given the significant financial, social and psychological burdens of chronic disease, PHAA would also like to recommend more resources for, and stronger regulatory enforcement of, aspects of food labelling policy and standards aimed at reducing chronic disease, such as Front of Pack MTL.

SECTION THREE: RECOMMENDATIONS THAT NEED IMPROVEMENT

RECOMMENDATIONS 5 AND 43-49: PRESENTATION REQUIREMENTS

The PHAA supports the use of the perceptible information principle. Given the ageing population in Australia, PHAA is concerned that the recommendations for presentation, including legibility and readability of food labels do not go far enough. A minimum font size of 3.5 mm for mandated information is not large enough for most seniors, particularly on large packages such as breakfast cereal boxes.

The labelling review panel has made no recommendation regarding the placement of warning and advisory statements. Often these statements are hidden on the bottom of packages, or under the fold of a wrapper, where the majority of consumers would not see them. PHAA urges the Ministerial Council to address this regulatory loophole.

A set of guidelines developed in consultation with industry regarding other presentation factors as per recommendation 45, completely ignores the important role consumers would need to play in ensuring legibility and readability of labels. Also, PHAA believes industry self-regulation via guidelines and codes of practice are ineffective measures.

RECOMMENDATION 17: NIP ONLY MANDATORY IF DAILY INTAKE CLAIM IS MADE

The PHAA **does not support** this recommendation and believes it is important for Nutrition Information Panels and the amount of nutrients per serve to be included on all products regardless of whether a nutrition or health claim is made. This is important for MTL. PHAA is concerned by the use of the term 'daily intake' claim here.

RECOMMENDATIONS 36-42: CONSUMER VALUES ISSUES

While consumer values issues may not always be "scientifically based", there are several issues that are important from a food security, environmental and public health nutrition point of view. For example, genetic modification, organic production and country of origin labelling are important drivers of food choice, and significantly impact on the environment and food security. If such issues are not given a reasonable degree of attention and importance, then consumers will lose confidence in the ability of the government to regulate our food supply.

PHAA suggests that for Recommendation 38 the food labelling hierarchy should be applied if values-based claims have public health significance.

Further, the PHAA recommends that consumers be more involved in the development of agreed standards and self-regulatory measures recommended by the panel. As the PHAA does not support industry self-regulation, it agrees with the recommendation that a monitoring regime for self-regulatory measures be established and more prescriptive modes of regulation be triggered where self-regulatory approaches fail. Appropriate time frames may need to be stipulated for this approach to be effective.

RECOMMENDATION 19: CODE OF PRACTICE FOR WORDS AND TERMS MAY INFER HEALTH IMPLICATIONS

Industry self-regulation models or co-regulation models are not supported by the PHAA. There is little evidence of their effectiveness, and the Code of Practice on Nutrient Claims is a prime example of ineffectual industry self-regulation.

Therefore, it is hard to understand why the panel would recommend another Code of Practice covering the consistent use of definitions for simple words and terms that may infer health implications as suggested in recommendation 19. The PHAA supports a consistent mandatory approach to all food labelling issues.

RECOMMENDATION 48: GUIDELINES FOR CO-LOCATION OF MANDATORY HEALTH INFORMATION

As previously stated, industry initiated guidelines make no difference to what appears on the food label, and the use of government resources to facilitate the development of such a set of guidelines would be wasted.

The PHAA agrees co-location of mandatory health information would be advantageous, but recommends compulsory standards, or none at all.

SUMMARY TABLE OF PHAA SUPPORT FOR RECOMMENDATIONS FROM LABELLING LOGIC

The PHAA support for recommendations is summarized below.

Recommendation	Fully Supported	Supported in principle with modification required	Not Supported
Policy Drivers of Food Labelling			
1.	<input type="checkbox"/>		
Principles and Criteria			
2	<input type="checkbox"/>		
3	<input type="checkbox"/>		
4	<input type="checkbox"/>		
5	<input type="checkbox"/>		
Public Health and Safety			
6	<input type="checkbox"/>		
7	<input type="checkbox"/>		
8	<input type="checkbox"/>		
9		<input type="checkbox"/>	
10	<input type="checkbox"/>		
11	<input type="checkbox"/>		
12	<input type="checkbox"/>		
13	<input type="checkbox"/>		
14	<input type="checkbox"/>		
15	<input type="checkbox"/>		
16	<input type="checkbox"/>		

17			<input type="checkbox"/>
18	<input type="checkbox"/>		
19		<input type="checkbox"/>	
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23	<input type="checkbox"/>		
24	<input type="checkbox"/>		
25	<input type="checkbox"/>		
26	<input type="checkbox"/>		
27	<input type="checkbox"/>		
New Technologies			
28	<input type="checkbox"/>		
29	<input type="checkbox"/>		
30	<input type="checkbox"/>		
31	<input type="checkbox"/>		
32	<input type="checkbox"/>		
33	<input type="checkbox"/>		
34	<input type="checkbox"/>		
35	<input type="checkbox"/>		
Consumer Values Issues			
36	<input type="checkbox"/>		
37	<input type="checkbox"/>		
38		<input type="checkbox"/>	
39	<input type="checkbox"/>		
40	<input type="checkbox"/>		
41	<input type="checkbox"/>		

42	<input type="checkbox"/>		
Presentation			
43	<input type="checkbox"/>		
44	<input type="checkbox"/>		
45	<input type="checkbox"/>		
46	<input type="checkbox"/>		
47	<input type="checkbox"/>		
49	<input type="checkbox"/>		
50	<input type="checkbox"/>		
51		<input type="checkbox"/>	
52	<input type="checkbox"/>		
53	<input type="checkbox"/>		
54		<input type="checkbox"/>	
55	<input type="checkbox"/>		
56	<input type="checkbox"/>		
Compliance and Enforcement			
57	<input type="checkbox"/>		
58	<input type="checkbox"/>		
59	<input type="checkbox"/>		
60	<input type="checkbox"/>		
61	<input type="checkbox"/>		

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