



Public Health Association
AUSTRALIA

**Submission from the Public Health Association of Australia to
the Food Regulation Secretariat**

**Front of Pack Labelling (FOPL) Policy Guideline Consultation
Paper**

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Introduction

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles.

The PHAA is a national organisation comprising around 1500 individual members and representing over 40 professional groups concerned with the promotion of health at a population level. This includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. The PHAA has been a key proponent of a preventive approach for better population health outcomes championing such policies and providing strong support for the government and for the Preventative Health Taskforce and NHMRC in their efforts to develop and strengthen research and actions in this area across Australia.

The PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian New Zealand Journal of Public Health draws on individuals from within the PHAA who provide editorial advice, review and who edit the Journal.

In recent years the PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all aspects of government and promoting key policies and advocacy goals through the media and other means.

This submission has been developed by PHAA's Food and Nutrition Special Interest Group, convened by Ms Andrea Begley and Ms Christina Pollard from Curtin University.

PHAA congratulates the Food Regulation Standing Committee (FRSC) working group for a consultation paper that clearly supports public health and provides a very clear and comprehensive review of the evidence for FOPL. PHAA welcomes the opportunity to provide input to the consultation paper for a front of pack labelling (FOPL) policy guideline.

Summary of questions from the consultation paper to guide responses:

1. Please comment on the adequacy of the current situation.

PHAA believes that the current voluntary system of a variety of FOPL schemes does not help all Australians achieve a diet consistent with the NHMRC's Dietary Guidelines for Australians (Adults, Children & Adolescents). The current system of several voluntary FOPL schemes only serves to confuse Australians, particularly those with average literacy and numeracy skills. It is necessary to develop one consistent system for Australia (and New Zealand).

PHAA urges FRSC to develop a Policy Guideline for FOPL which proposes Option 4 mandatory interpretive colour coded system for all food and drink products including single food and drinks (e.g. vegetables and water), manufactured compound foods (e.g. breakfast cereals and soft drink) and food and drink products from quick serve restaurants (e.g. hamburgers and milkshakes) in Australia.

2. Additional Comments:

Q1 – Do you agree with the key considerations identified above? Why or why not?

- PHAA agrees with the key considerations in the consultation paper for a FOPL Policy Guideline.
- FOPL provides a most important communication strategy between Australians and the food industry.

Q2 – Are there other key considerations that should be taken into account when developing this policy guideline? If so, please provide details of what should be considered and why.

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- The consultation paper references concerns about the interpretative ability of low education, low income and ethnic minority groups. These groups certainly raise concerns in relation to their prose and document literacy and numeracy levels which enable people to read and interpret the levels of nutrient content for health and compare between products in the same product category.
- However, the functional literacy (including prose, document literacy and numeracy) of all Australians must be considered in developing the policy guideline.
- The 2006 Australian Bureau of Statistics Adult Literacy and Life Skills Survey demonstrated that for prose, document and numeracy levels ½ of Australian adults (46-53%) had levels which indicate their ability to participate fully in society is compromised.
- Therefore non-interpretive schemes will not be useful as an effective nutrition education tool for ½ of all Australian adults. Non-interpretive schemes such as DIGS (%DI) or GDA are not effective communication tools for all Australians to assess the nutrient content of food and drink products.

Q3 – Do you consider that consumers should be supported to enable them to be able to compare foods consistently across the whole food supply or within a food category? Why? Why not?

- PHAA recommends that all Australians would be supported to make healthier food choices by a single simple mandatory interpretive FOPL system that provides consistent information on the nutrient profile of the whole food supply (all food and drink products).
- A single simple uniform FOPL system must also be supported by nutrition education strategies designed to support this regulatory approach.

Q4 – Do you consider that the information provided should relate to individual nutrients, whole foods, other? Please provide details of the information considered important and why. Why not?

- FOPL must relate to key nutrients linked to diet-related disease as well as those required for good nutritional status. It should take a comprehensive nutrient approach that

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takes into account the total nutrient profile of single foods like fruits and vegetables or a compound product like breakfast cereals.

- Key nutrients for consideration are total fat, saturated fat, sugar (including added sugars) and salt.
- Energy density (kilojoules per 100g) is an additional criterion necessary for FOPL due to increasing obesity levels in Australia. However, it may not be necessary to interpret this in terms of daily amounts.
- FOPL must be designed to indicate those foods Australians should eat less of to improve nutritional status and obtain reductions in diet-related disease.
- It is essential to retain the Nutrition Information Panel (NIP) as a complementary nutrition education tool as Back of Pack Labelling (BOPL). FOPL must articulate with BOPL.

Q5 – Are there other aims that should be considered? Please provide details of other aims and why they should be considered.

- FOPL must contribute to an increased likelihood that Australians will achieve food and drink intakes consistent with the NHMRC's Dietary Guidelines for Australians (Adults, Children & Adolescents). Aim 2 is also a primary concern.
- All the aims specified are appropriate for the purposes of the FOPL. Some of the aims will achieve the same outcome so there is potential to combine some aims. For example Aim 5 and 6 could be combined to read: *Guide consumers to food and drinks consistent with Government Advice contained in the Dietary Guidelines for Australia and New Zealand, Australian Guide to Healthy Eating and Nutrient Reference Values.*
- A Ministerial Policy Guideline on FOPL should also consider how this system will work with current and pending health and nutrition claims regulation.
- A Ministerial Policy Guideline on FOPL should also consider how this system could be used in broader contexts such as a guide for responsible advertising of food and drink products in Australia.

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- A Ministerial Policy Guideline on FOPL should also consider how this system would be used in the broader context of bringing forward public health nutrition as a consideration in all food regulatory assessments.

Q6 – To what degree are these aims or any other aims you believe should be considered consistent with or different to current FOPL schemes? Please explain how and why.

- A mandatory interpretive FOPL system such as the United Kingdom’s Traffic Light System would enable all Australians to make instant decisions on the healthiness of food and drink products, limit the need for extensive use of nutrition knowledge at the point of purchase and be available for use by all Australians regardless of literacy and numeracy skills. A mandatory interpretive system meets Aim 2 and is the only scheme which would provide a consistent incentive for all manufacturers to improve the healthiness of their products and therefore the food supply in Aim 8.
- Voluntary non-interpretative FOPL such as the %DI scheme does not meet Aim 2 as it can be misunderstood because it requires interpretation. Since this type of scheme is not used on all food and drink products it may inadvertently indicate that these foods are more important or recommended. In addition, it has the potential to actually promote healthier versions of unhealthy foods which may not be consistent with dietary guidelines. This limits the ability to meet Aim 1.
- Voluntary non-interpretative FOPL such as the %DI scheme is based on average energy requirements for adults which limits interpretation for all Australians with varying energy requirements, particularly children. It is therefore difficult to meet Aim 5 and Aim 6 in the consultation paper. This type of FOPL directs Australians to websites for more personalised information. The 2006 Australian Bureau of Statistics Census of Population and Housing demonstrates that low income households are less likely to have internet access. DI% schemes severely limit the ability of Australians to use FOPL to meet Aims 1, 2 and 3.
- Voluntary non-interpretative FOPL is based on serve sizes which differ between manufacturers. This difference also makes it difficult to meet Aim 5 and Aim 6 or indeed the overall goal of improving public health.
- Voluntary interpretive FOPL like the National Heart Foundation’s *Pick the Tick* does provide Australians with an ‘at a glance’ tool but because there is no corresponding Cross on products unsuitable for heart health this interpretive scheme does not provide Australians with a guide as to which food and drink products they should eat less of or in

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smaller quantities. Therefore it is difficult to meet Aim 3 with this scheme as Australians are not given guidance as to which foods increase the risk factors of different diet-related diseases. These types of schemes also have differing criteria and application based on specific interests of their organisations. Their voluntary nature means that they will have no major influence on Aim 8.

- The current voluntary FOPL system in Australia creates confusion for consumers as we have competing labelling schemes such as %DI and the National Heart Foundation's *Pick the Tick*. This makes Aim 2 impossible to meet.

Q7 – Should there be a priority list for the aims provided in the policy guideline? If so what should it be?

- PHAA believes that a priority list for the aims provided in the policy guideline should consist of
 - 1. Aim 5 - Guide consumers to food and drinks consistent with the Australian and New Zealand dietary guidelines.
 - 2. Aim 2 - Be understandable and meaningful across socio-economic groups, culturally and linguistically diverse and low literacy/low numeracy groups.
 - 3. Aim 7 - Contribute to the creation of a supportive environment that can guide consumer choice towards healthier food and drink options.

Q8 – While decisions about whether or not a scheme will be developed will not be made at this time, do you have a view on whether any such scheme should be mandatory or voluntary to achieve the aims of FOPL? Why?

- PHAA believes that FOPL must be made mandatory for all Australians to benefit from it and increase the effectiveness of this regulatory approach to improving the nutritional status of Australians.
- The mandatory FOPL scheme must apply to all food and drink products to ensure that every product carries FOPL. This would include foods traditionally presented with limited labelling such as fruits and vegetables, and all food and drink products available in quick serve restaurants.

Q9 - What other issues should be taken into account if a scheme is developed.

Please provide details and why they should be considered.

- It is important to consider the diverse population in Australia in relation to social, cultural and age groupings. Consideration must be given to the nutrition education of children and their literacy and numeracy skill development that enables children to select healthy food and drink choices. It is essential that an extensive nutrition education campaign accompany the implementation of any FOPL scheme, with the primary aim for Australians to be able to effectively use FOPL in the context of government dietary advice like Dietary Guidelines.
- A FOPL scheme must be applied to all food and drink products in Australia. Whole single foods such as fruits and vegetables, manufactured compound foods and drinks like breakfast cereals and soft drinks and foods produced by the quick serve industry that have quality assurance programs in place (and already participant in voluntary FOPL schemes) all must be included.
- FOPL must be a fully enforceable regulation via a mandatory scheme that can benefit all Australians. Compliance of food producers and manufacturers must be monitored and non-compliance enforced by the current enforcement agencies.
- FOPL is only one strategy designed to improve the nutritional status of all Australians. FOPL must be positioned in a broader implementation of food and nutrition policy to address diet-related diseases and risk factors such as obesity. It is essential that any FOPL scheme be evaluated in relation to meeting Aims 5 and 6.

Q10 – Do you consider that there should be Ministerial policy guidance on FOPL? If so why and what type? If not please explain why

- Yes it is imperative for Australia to have a Ministerial Policy Guideline on FOPL.
- FRSC must take the lead on developing a system to improve the nutritional status of all Australians. FSANZ has demonstrated product assessment capability and is well placed to undertake this work for the Ministerial Council.

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- The Ministerial Policy Guideline would highlight the aims and objectives of FOPL and call on FSANZ to develop the system to meet specified aims.
- Other countries are developing consistent approaches to FOPL, for example the EU. Australia and New Zealand are in a position to develop a comprehensive and effective system.

Q11 – Please indicate which policy option you prefer and why

- PHAA prefers Option 4- Provide guidance that Australia/NZ FOPL should be colour coded interpretive. Option 4 is the only option that could meet all the aims and Specific Policy Principles based on international research and evaluation of current schemes.
- Option 4 will only be effective if FOPL is made mandatory.

Q12 – Are there other options that should be considered? If so what and why?

- FRSC should ask FSANZ to consider how the FOPL scheme can build on the Nutrition Profile Calculator already proposed for P293 Nutrition, health and related claims.

Q13 – What are the impacts &/or cost &/or benefits of pursuing each of the options above or any other option that you believe should be considered? Please be explicit as to whether these impacts, cost & benefits are for consumers, industry, government and/or others?

- Option 4 would have a significant positive impact on the ability of Australians to interpret food labelling to assist them to consume a diet consistent with the NHMRC's Dietary Guidelines for Australians.

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- NOT introducing mandatory FOPL using a non-interpretative scheme increases the risk of continued increasing health care costs due to the high costs of diet-related diseases.
- A mandatory system provides a uniform approach equitable for all food producers and retailers and will positively encourage the reformulation of food and drink products consistent with the NHMRC's Dietary Guidelines for Australians, whilst acknowledging those foods and drinks which are already consistent with the Dietary Guidelines, for example fruits and vegetables.

Please do not hesitate to contact PHAA should you have any queries or require additional information with regard to this submission.



24 March 2009

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