

Nutrition Content and Health Claims on Food

Policy Position Statement

Key messages:

The public want simple and reliable information on food labels. Food regulation policy can contribute to public health and chronic disease prevention. Food Standards should protect the public from potentially false or misleading claims.

Reducing consumption of ultra-processed (discretionary) foods and improving dietary balance overall to be consistent with the Australian Dietary Guidelines (ADG), should be the public health priority rather than implying health benefits of a specific food, nutrient or food property.

Unless managed with strong regulation, monitoring and enforcement, Nutrition Content and Health Claims (NHC) may be counterproductive to public health in Australia.

Key policy positions:

1. *Standard 1.2.7 (Nutrition, health and related claims)* in the Australia New Zealand Food Standards Code should be strengthened to ensure it is consistent with the Australian Dietary Guidelines (ADG), particularly that it does not promote 'discretionary foods'.
2. Specifically, *Standard 1.2.7* should be strengthened in the following ways:
 - a. Review the existing Nutrient Profiling Scoring Criteria (NPSC) to ensure it is appropriate for the present Australian food system and that the criteria are consistent with the evidence-based ADGs, ensuring discretionary foods and drinks are not eligible to carry NHC.
 - b. Require products carrying nutrition content claims to comply with an appropriate, robust NPSC; bringing nutrition content claims under the same current nutrition profiling requirements as health claims
 - c. Require pre-approval for all health claims to prevent claims based on poor quality evidence appearing on food packaging and in advertising. Enhance surveillance of food labels and advertising compliance with Standard 1.2.7. The current process does not systematically monitor products and puts the onus on interested public health agencies, the public, and industry competitors to report breaches. Enforcement fines should be significantly increased.
 - d. Evaluate the impacts and outcomes of the regulation on population health in Australia and New Zealand.

Audience:

Federal, State and Territory Governments, regulatory bodies, policy makers and program managers.

Responsibility:

PHAA Food and Nutrition Special Interest Group.

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Note: This position statement should be read in conjunction with the [Nutrition Content and Health Claims on Food background paper](#) which provides evidence and justifications for the public health policy positions in this position statement.

PHAA affirms the following principles:

1. Regulatory provisions allowing health claims on food are at odds with the public health nutrition principles including:
 - Dietary disease risk reduction requires a total diet and dietary pattern approach, not one based on individual foods.
 - All major chronic diseases where diet plays a causative or protective role, and for which labelling and advertising claims could be anticipated, are multi-factorial in nature.
 - Public health nutrition risks result from biological (dietary imbalances), social (more expensive foods displaying claims) and environmental (promotion and marketing) dimensions of nutrition, health and related claims, NHC ^{1,2}.
 - Regulatory frameworks should be designed by governments and independent bodies and not driven by the ultra-processed (discretionary) food industries and global food manufacturers.
2. Unless managed with strong regulation, monitoring and enforcement, NHC may be counterproductive to public health in Australia. Minimum requirements to mitigate risk include:
 - Ensuring products carrying NHC are beneficial for health, consistent with the ADG, and compliant with a robust NPSC.
 - Reviewing the NPSC to ensure discretionary foods and drinks are not able to carry NHC.
 - Requiring nutrition content claims to meet the NPSC.
 - Strengthening the systematic review process and requiring pre-approval for products carrying general level health claims.
 - Rigorous and timely monitoring of the implementation of the regulation and evaluation of its impacts and outcomes on population health in Australia and New Zealand.

PHAA notes the following evidence:

3. Food Standard 1.2.7 – Nutrition, Health and Related Claims came into effect on the 1st March 2016³. The standard describes conditions under which claims may be made on labels or in advertising about the nutrition content of a food ('nutrition content claims') or about the relationship between a food, nutrient or a property of a food and a health effect ('health claim').
4. Nutrition, health and related claims are a divisive public health policy issue. There is no overarching Australian Nutrition Policy guidance on the role of food claims in achieving public health nutrition

priorities. Public debate is limited, and significant questions remain as to whether health claims are primarily a food marketing and promotion tool or if they have any role in public health education.

5. The neoliberal state has shifted the burden of maintaining health from public to private institutions and organisations⁴. The monitoring and enforcement of NHC in Australia relies on the public, public health, or consumer advocacy organisations, or competing food manufacturers to raise concerns. Products reported as potentially misleading the public are already in the marketplace -- and likely to have been so for some time -- and marketed on industry websites and social media platforms such as Facebook. There is no monitoring of the Standard's impact.
6. A systematic review and meta-analysis found NHC increased consumption and/or purchasing of foods with claims, although most studies were in artificial settings (laboratory-based choice experiments)⁵. Another systematic review showed nutrition content claims about fat, sugar and energy can provide a 'health halo' to foods carrying claims, extending beyond the nutrient in the claim⁶.
7. There is inconclusive evidence whether interpretive front-of-pack labelling can reduce the positivity bias conferred by health claims⁷.
8. The public want simple and reliable information on food labels⁸.
9. Implementing this policy would contribute towards achievement of UN Sustainable Development Goals 3: Good Health and Wellbeing.

PHAA seeks the following actions:

10. Establish an overarching National Food and Nutrition Policy that includes evidence-based policy actions to improve food supply and demand, including the role of nutrition information and education to promote public health.
11. Review the existing Nutrient Profiling Scoring Criteria (NPSC) to ensure it is appropriate for the present Australian food system and that the criteria are consistent with the evidence-based ADGs, ensuring discretionary foods and drinks are not eligible to carry NHC.
12. Require products carrying nutrition content claims to comply with an appropriate, robust NPSC; bringing nutrition content claims under the same current nutrition profiling requirements as health claims.
13. Require pre-approval for all health claims to prevent claims based on poor quality evidence appearing on food packaging and in advertising.
14. Enhance surveillance of food labels and advertising compliance with Standard 1.2.7. The current process does not systematically monitor products and puts the onus on interested public health agencies, the public, and industry competitors to report breaches. Enforcement fines should be significantly increased.
15. Evaluate the impacts and outcomes of the regulation on population health in Australia and New Zealand.

PHAA resolves to:

16. Advocate for the strengthening of Standard 1.2.7 to ensure it does not promote energy dense, nutrient poor ultra-processed 'discretionary foods' to the public, counter to Australian Dietary Guideline recommendations.
17. Call for improvements to front-of-pack labelling including mandating the Health Star Rating system and investigating the use of Warning labels to highlight nutrients and foods of concern.

(First adopted 1998, revised in 2002, 2007, 2011, 2014, 2018 and 2021)

References

1. Pollan M. In defense of food: An eater's manifesto: Penguin; 2008.
2. Nestle M. Food politics: How the food industry influences nutrition and health: Univ of California Press; 2013.
3. Food Standards Australia New Zealand. Standard 1.2.7 Nutrition, health and related claims. Canberra: FSANZ; 2016.
4. Frohlich X. The informational turn in food politics: The US FDA's nutrition label as information infrastructure. *Soc Stud Sci.* 2017;47(2):145-71.
5. Kaur A, Scarborough P, Rayner M. A systematic review, and meta-analyses, of the impact of health-related claims on dietary choices. *Int J Behav Nutr Phys Act.* 2017;14(1):93.
6. Oostenbach LH, Slits E, Robinson E, et al. Systematic review of the impact of nutrition claims related to fat, sugar and energy content on food choices and energy intake. *BMC Public Health.* 2019;19(1):1296.
7. Talati Z, Pettigrew S, Neal B, et al. Consumers' responses to health claims in the context of other on-pack nutrition information: a systematic review. *Nutr Rev.* 2017.
8. Pettigrew S, Talati Z, Miller C, et al. The types and aspects of front-of-pack food labelling schemes preferred by adults and children. *Appetite.* 2017;109:115-23.