



Public Health Association
AUSTRALIA

**Public Health Association of Australia
submission on application A1134 –
Increased Concentration of Plant Sterols
in Breakfast Cereals**

Contact for recipient:

Food Standards Australia New Zealand
A: PO Box 5423, Kingston ACT 2604
E: submissions@foodstandards.gov.au

Contact for PHAA:

Michael Moore – Chief Executive Officer
A: 20 Napier Close, Deakin ACT 2600
E: phaa@phaa.net.au **T:** (02) 6285 2373

24 January 2017

Introduction

The Public Health Association of Australia

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. PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups.

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 public events 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 and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

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

Vision for a healthy population

The PHAA has a vision for a healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

PHAA Response to Application A1134

The Public Health Association of Australia (PHAA) thanks Food Standards Australia New Zealand (FSANZ) for the opportunity to comment on Application A1134 - Increased Concentration of Plant Sterols in Breakfast Cereals.

We apologise that we have not been able to undertake a full examination of the Assessment Report and relevant supporting documentation. However, we offer the following statement for your consideration.

As indicated in all previous submissions by PHAA to FSANZ regarding the addition of plant sterols to foods (e.g. Application A 1019 - Exclusive Use of Phytosterol Esters in Reduced Fat Cheese Products), PHAA opposes the use of plant sterols in foods and drinks. PHAA considers plant sterol fortified foods to be unnecessary for the prevention and management of chronic disease, including for risk factors such as elevated blood cholesterol, and maintains that the consistently agreed scientific evidence supports a diet high in fruits and vegetables and wholegrains, moderate in lean meat and dairy foods (or alternatives) and low in saturated fat and sugar, as being the most effective in providing positive health outcomes among the general population.

Accordingly, we do not support the proposed variation to the Food Standards Code (FSC) outlined in the Assessment Report for A1134 prepared by FSANZ. Thus, we reject the approval of the initially exclusive, and then general use of increased amounts of plant sterols in breakfast cereals (i.e. the substitution of conditions 3, 3A and 3B for the currently existing condition 3, in the table to section S25 of the FSC).

PHAA considers the benefits to government and non-government organisations, as well as the general public, of this position include:

- less chance of overconsumption of these products by both target and non-target groups
- less chance of incidental consumption by children, pregnant and lactating women, and persons with low blood cholesterol
- less confusion among the general public about food and nutrition
- reduced burden on enforcement officers
- reduced diversion of government resources away from campaigns such as the promotion of increased consumption of fruits and vegetables.

Further, PHAA maintains its concerns regarding the medicalisation of the food supply by increasing the amount of plant sterols in both portion controlled and non-portion controlled breakfast cereals, as well as the range of foods fortified with plant sterols. One reason for this concern is that such

products encourage self-diagnosis and treatment of high blood cholesterol by the public, rather than the seeking appropriate dietary and medical advice.

Should FSANZ's recommendations regarding the variation to the FSC outlined in A1134 be approved by both the FSANZ Board and the Australia and New Zealand Forum on Food Regulation (the Forum) however, PHAA supports the restriction of the application to healthier breakfast cereal options. This would assist with preventing the use of a 'health halo' by manufacturers of breakfast cereals that are inconsistent with the Australian Dietary Guidelines. For this purpose, it would make sense to use the Nutrient Profiling Scoring Criteria (NPSC) that are currently used for health claims. However, we note a slight difference between these criteria and those recommended in A1134 perhaps requiring further consideration by FSANZ for consistency. PHAA would also recommend that cereals specifically marketed to children should not be permitted to have added phytosterols to ensure that children are not inadvertently exposed.

Once again PHAA thanks FSANZ for the opportunity to comment on Application A1134. We refer you to our previous submissions regarding plant sterols in foods for further detail regarding our reasoning for rejecting the proposed amendment to the FSC.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.



Michael Moore BA, Dip Ed, MPH
Chief Executive Officer
Public Health Association of Australia

24 January 2017