Nutrition Content and Health Claims on Food

Policy Position Statement

Key messages: Consumers want simple and reliable information on food labels to assist them to make healthy food choices. Food regulation policy can help protect public health and safety against leading contributors to preventable disease and food standards should protect consumers from false or misleading claims. Reducing dietary excesses and improving dietary balance overall, consistent with the National Health and Medical Research Council’s Australian Dietary Guidelines (ADG), is the public health priority, rather than implying health benefits of a specific food, nutrient or food property.

Key policy positions:

1. Food labelling is needed to assist consumers to make healthy food choices and promote public health including: ingredient labelling and nutrition information panels (including added sugar) and interpretive front-of-pack-labelling.

2. Food Standards Australia and New Zealand’s Standard 1.2.7 (Nutrition, health and related claims) should be strengthened to ensure it is consistent with the advice of the Australian Dietary Guidelines (ADG), particularly that it does not promote ‘discretionary foods’.

3. Specifically, Standard 1.2.7 needs to be strengthened to ensure:
   a. Products carrying nutrition content claims are beneficial for health (consistent with ADG assessed against fit-for-purpose Nutrient Profiling Scoring Criteria)
   b. Pre-approval based on systematic evidence reviews is required for products carrying general level health claims
   c. Discretionary foods and drinks do not carry health claims
   d. Rigorous and timely monitoring of implementation and evaluation of its impact and population health outcome.

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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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 an individual food.
   - 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.
   - Discretionary (ultra-processed) food industries and global food manufacturers drive the Nutrition Content and Health Claims (NCHC) regulatory framework, contributing to public health nutrition risks resulting from biological (dietary imbalances), social equity (more expensive foods displaying claims) and environmental sustainability (use of resources in processing) dimensions.1, 2

2. Unless managed with strong regulation, monitoring and enforcement, NCHC may be counterproductive to public health in Australia. Minimum requirements to mitigate risk include:
   - Ensure products carrying nutrition content claims are beneficial for health by ensuring consistency with the ADGs as well as requiring compliance with an appropriate Nutrient Profiling Scoring Criteria.
   - Review the Nutrient Profiling Scoring Criteria to ensure discretionary foods and drinks are not able to carry nutrition content and health claims and the criteria are consistent with the evidence-based ADGs.
   - Strengthening of the systematic review and pre-approval processes for products carrying general level health claims.
   - Rigorous and timely monitoring of the regulation implementation and evaluation of impacts and outcomes on population health in Australia and New Zealand.

PHAA notes the following evidence:

3. Nutrition labelling to assist consumers to select foods for a healthful diet requires public education and enforcement resources to ensure the information is accurate and properly presented.3, 4

4. Food Standard 1.2.7 – Nutrition, Health and Related Claims (Standard 1.2.7) was introduced on the 1st March 2016.5 The standard describes conditions under which claims may be made or endorsements provided on labels or in advertising about the nutrition content of a food (‘nutrition content claims’) and about the relationship between a food or a property of a food and a health effect (‘health claim’).

5. Nutrition, health and related claims (NHC) 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.
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6. The neoliberal state has shifted the burden of maintaining health from public to private institutions and organisations. The monitoring and enforcement of HNC in Australia relies on consumers, public health or consumer advocacy organisations, or competing food manufacturers to raise concerns. Products reported as potentially misleading consumers are already in the market place and likely to have been so for some time. The groups/individuals are under-resourced and unable to monitor the standard’s impact.

7. In artificial settings health-related claims have a substantial effect on dietary choices; however findings from natural experiments have yielded smaller effects.

8. There is inconclusive evidence whether interpretive front-of-pack labelling can reduce the positivity bias conferred by health claims.

9. Consumers want simple and reliable information on food labels.

**PHAA seeks the following actions:**

10. Australia needs 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. Further research is needed to examine the potential moderating effect of NHC on the relationship between health and nutrition claims, and consumer purchases.

12. All products with nutrition content claims should be consistent with the evidence-based ADGs and meet a Nutrient Profiling Scoring Criteria to prevent discretionary foods carrying claims influencing consumers’ choices.

13. Pre-approval of all health claims is recommended to prevent claims based on poor quality evidence appearing on food pack and in advertising. The current self-substantiation without pre-approval relies on food manufacturer’s understanding of levels of evidence and systematic literature review capability.

14. Surveillance of food labels and advertising compliance needs to be enhanced. The current process does not systematically monitor products and puts the onus on interested public health agencies, consumers, and industry competitors to report breaches. Enforcement fines should be increased.

**PHAA resolves to:**

15. PHAA will advocate for the strengthening of the NHC standard to ensure it does not promote energy dense, nutrient poor ultra-processed ‘discretionary foods’ to consumers, counter to Australian Dietary Guideline recommendations.

16. PHAA will monitor the implementation of the NHC Standard for potential commercial conflicts of interests, to ensure transparency of process, and share information to support public health impacts and avoid unintended negative consequences of NHC.

ADOPTED 2018
References


