Public Health Association of Australia submission on labelling of sugars on packaged foods and drinks

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PHAA submission on labelling of sugars in packaged foods and drinks

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Preamble

1. The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia.

The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

2. Vision for a healthy population

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

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

3. 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.
Introduction

PHAA welcomes the opportunity to provide input to the Food Regulation Standing Committee consultation regarding the labelling of sugars on packaged foods and drinks. Enabling consumers to make informed choices about their consumption of food and drink is vital to improving public health. Over half (52%) of Australians are exceeding the World Health Organization (WHO) recommended intake of sugars, with adolescents and young adults recording the highest sugar consumption. In 2011-12, Australians consumed on average 60 grams or 14 teaspoons of added sugars a day. The majority (81%) free sugars came from energy-dense, nutrient-poor ‘discretionary’ foods and beverages. Diets high in added sugars may displace nutritious foods.

Excess sugar consumption is associated with dental caries and weight gain, which in turn increases the risk of non-communicable diseases (NCDs) such as heart disease, type 2 diabetes, stroke and some cancers. Two-thirds of Australian adults (11.2 million people) were overweight or obese in 2014-15, compared with just over half in 1995. Among children, one quarter were overweight or obese in 2014-15, up from one fifth in 1995. In 2010, 55% of 6 year olds in Australia had experienced decay in their deciduous teeth and 48% of 12 years olds in their permanent teeth.

Obesity was estimated to cost Australia $8.6 billion in 2011-12, in both direct costs such as health expenditure, and indirect costs such as absenteeism. Poor oral health is also extremely costly. There are over 63,000 preventable hospitalisations annually, on top of the $8.7 billion reportedly spent on dental services, much of it directly from the pockets of individuals receiving treatment.

The PHAA has recently outlined its policy position on this subject, which is available online from Friday 28th September 2018 at https://www.phaa.net.au/about-us/SIGs/food-nutrition. In brief, PHAA argues that in order to better support Australians to meet the Australian Dietary Guidelines:

- at a minimum, added sugars should be quantified in the mandatory Nutrition Information Panel, and the statement of ingredients updated to overtly identify sugars-based ingredients on all foods and beverages
- this change should be accompanied by a comprehensive public education campaign that enhances consumers ability to read and interpret this information
- the Health Star Rating system algorithm should be updated to utilise information on added sugars
- further consideration should be given to additional interpretive measures including advisory labels and/or pictorial displays of the amount of sugars, provided these are able to operate in alignment with existing initiatives. These may be particularly relevant in the beverage category.

For the purposes of implementing the options on labelling, PHAA supports adoption of an expansive definition of added sugars, drawing upon that used in the WHO Guideline: Sugars intake for adults and children 2015, i.e. ‘free sugars’ which include not only monosaccharides and disaccharides, but also sugars naturally present in honey, syrups, fruit juices and fruit juice concentrates. In the United States, where any of these sugars are added during the processing of foods, or are packaged as such (e.g. a bag of sugar), they must be quantified in the nutrition information panel (NIP) as added sugars.

PHAA supports development of a daily intake reference value (including upper limit) for added sugars, and/or cut-offs for high/medium/low messaging of added sugars content. However, determination of these reference points should not unduly delay implementation of quantified added sugar information in the NIP and improvements to the ingredients list.
PHAA response to the consultation paper

1. Do you support the statement of the problem presented on page 7?

PHAA supports the statement of the problem “Information about sugar provided on food labels in Australia and New Zealand does not provide adequate information to enable consumers to make informed choices in support of dietary guidelines” with the deletion of the word ‘contextual’ to read: “Information about sugar provided on food labels in Australia and New Zealand does not provide adequate information to enable consumers to make informed choices in support of dietary guidelines”. Information provided about added sugars should be considered core information rather than contextual.

PHAA seeks further modifications to clarify the evidence statements to avoid confusion as follows:

Number 4, change and clarify the phrase ‘a recommended intake’ of sugar, as this could imply that there is a recommendation to consume a specific amount of sugar, whereas the NZ and Australian dietary guidelines recommend to limit added sugars and foods containing the, and NZ goes further to state little or no added sugar and the WHO recommendation is for ‘adults and children to reduce sugar their daily intake of free sugars to less than 5 to 10% of their total energy intake’.2

Health and nutrition surveys in Australia and New Zealand report that over half of the surveyed populations consume ‘amounts of added sugar in excess of the upper limit of 10% of daily energy intake’. While overweight and obesity and dental caries are not solely caused by consumption of excess added sugar, the contribution to excess energy intake these conditions place a significant health and economic burden on society in Australia and New Zealand, in terms of direct and indirect costs.7

PHAA recommends strengthening number 4 to include reference to the public health impact of excessive intake of added sugar beyond those effects mediated through overweight and obesity or dental caries. Evidence statements and reviews that were used to inform the US and other dietary guidelines processes that were undertaken following the evidence reviews for the NHMRCs Australian Dietary Guidelines released in 2013 may be helpful. For example:

- the role of added sugar in the overall dietary patterns “Conclusion Statement There is strong and consistent evidence that in healthy adults increased adherence to dietary patterns scoring high in fruits, vegetables, whole grains, nuts, legumes, unsaturated oils, low-fat dairy, poultry and fish; low in red and processed meat, high-fat dairy, and added sugars; and moderate in alcohol is associated with decreased risk of fatal and non-fatal cardiovascular diseases, including coronary heart disease and stroke. (Grade I: Strong)”.
- The USDA Food and Nutrition Service (FNS) supported this research in order to answer targeted nutrition education-related questions to inform guidance, policy, and program development related to FNS-administered nutrition education programs. See this review for evidence to support the need for multi-component dietary interventions, including changes to the food environment etc.

Section 1.3 should be modified to reflect this potential confusion.

Statement 1 could be further clarified to differentiate the concepts of added sugars and ‘naturally occurring’ sugars and their relationship to the recommendations of the food based dietary guidelines. For example, currently the FSANZ website includes statements regarding “sugars naturally present in honey,
syrups, fruit juices and fruit juice concentrates’ and sugar manufacturers in the US advertise sugar as ‘natural’.

Evidence suggest that 80-90% of added sugar in the Australian diet came from high-sugar energy dense and nutrient poor foods (EDNP) and that eating occasions are important emphasising the need to consider dietary patterns. Further, Louie et al (2018) highlight the need to consider foods eaten at snack and meal times “While the common perception that most added sugar come from snacks holds true, our results suggest that main meals are also important intervention targets”.

There is a need to decipher for consumers the plethora of nutrition-related information on food labels. For example, in a recent small study of family foods in the marketplace, Pulker et al (2018) found that 95% of ultra-processed foods (UPF) contained added sugars described in thirty-four different ways; 55 % of UPF displayed a Health Star Rating; 56 % had nutrition claims (18 % were compliant with regulations); 25 % had health claims (79 % were compliant); and 97 % employed common food marketing techniques.

The preferred policy option should include at a minimum, improvements to added sugars labelling via the ingredients list (Option 3) and the NIP (Option 4). Both of these options are required to enable consumers to make informed choices in support of dietary guidelines.

In addition, Options 5 (advisory labels) and 6 (pictorial labels) for added sugars also have evidence of effectiveness, and should be considered as part a comprehensive policy responses to added sugars labelling.

2. Are you aware of any form of information about added sugars that is provided on food labels in addition to those identified in Section 1.6?

As noted in Section 1.6, the Statement of Ingredients includes ingredients listed in descending order (by ingoing weight). There is a lack of transparency regarding the types and amounts of added sugar ingredients on food packaging in Australia. Currently consumers have no way of determining the amount of added sugars in a product based on the ingredients list and NIP on food labels, other than for products with nutrient content claims (eg. ‘no added sugar’, low sugar or sugar free). Evidence shows that added sugars may appear in the ingredients list under many different ingredient names, for example, at least 40 different names in one study by Choice and described 34 different ways on family food products. This can be confusing to consumers who would have to know that each of the ingredients constituted an added sugar ingredient and should be summed to reflect the total added sugar content, this is particularly important to assist them to identify the foods containing added sugars and to limit their intake to select a dietary pattern as recommended by dietary guidelines.

Although food manufacturers corporate social responsibility statements suggest a commitment to improving nutrition, currently it is a voluntary business decision for companies to provide any additional information regarding added sugars on food label, making it unlikely that manufacturers and retailers will provide this information.

The use of multiple marketing techniques on food labels, including those on products containing added sugar, can add to the confusion. Pulker et al, 2017 found that 95% of ultra-processed food products contained added sugars, 55% displayed an HSR; 56 % had nutrition claims (18 % were compliant with regulations); 25 % had health claims (79 % were compliant); and 97 % employed common food marketing techniques.

It is also imperative that any information provided to consumers is helpful, not confusing. PHAA is concerned that without a comprehensive definition of added and/or free sugars, voluntary claims on sugars may be applied inconsistently and cause further consumer confusion.
3. Are you aware of other sources of information (publicly available or otherwise) on the added sugars content of foods available in Australia and New Zealand, beside those described in Section 1.8?

PHAA is not aware of other sources of information regarding added sugar content of foods that is readily available or easily accessible by consumers. Indeed, it is the lack of such publicly available information that has led to the recommendation for added sugar information to be provided on pack. Such information may be available to companies or researchers currently.

4. Do you agree with the desired outcome of this work proposed?

If not, please suggest an alternative desired outcome and justify your suggestion.

PHAA agrees with and supports the proposed desired outcome of this work - that food labels provide information that will better enable consumers to make informed choices in support of the dietary guidelines.

PHAA suggests that it would be improved by the removal of the word “contextual” to read: “Food labels provide adequate information about sugars to enable consumers to make informed choices in support of the dietary guidelines”. Information provided about added sugars should be considered core information rather than contextual.

With the currently available information it is difficult for consumers to adhere to the Australian and New Zealand dietary guidelines which recommend limiting foods containing added sugars. Providing added sugars information on the Nutrition Information Panel and the ingredients list will assist consumers to make informed choices regarding their dietary intake of sugars.

5. How effective would this option (2) be in addressing the policy issue and achieving the desired outcome?

Please provide evidence to justify your views Option (2) – education on how to read and interpret labelling information about sugars. This option proposes to provide consumers with education on how to read and interpret current labelling information about sugars. This option would not result in any changes to current food labels.

NOT EFFECTIVE

PHAA does not support this option which refers to education about how to read and interpret current labelling about sugars, explicitly noting that it would not result in any changes to current food labels. Current labels provide insufficient and confusing information for consumers about sugars, therefore education on how to read and interpret the current labels will not be effective in addressing the policy issue and achieving the desired outcome.

Education on how to read and interpret improved labels may be a useful part of the policy response, but requires reform of labelling requirements for sugars first.

Multi-component dietary interventions are needed for dietary behavioural change, for example education programs combined with labelling changes once they are made.
6. How would this option (2) impact you?

Please provide impacts and cost relevant to you.

SOMETHING/NOT AT ALL

Addressing health inequity is a priority for the PHAA. Many of the interventions suggested as part of option 2 are technology or web based, for example, government website communications. There is recent evidence highlighting the inequitable access to digital inclusion among Australians, the 2018 Australian Digital Inclusion Index (ADII) shows that the gaps between digitally included and excluded Australians are substantial and widening for some population sub-groups (household income under $60,000, people with a mobile phone only, aged 50 years and over, with less than a secondary school education, disabilities, not in the labour force, Indigenous Australians). 13

Because the current labelling provides insufficient information for people to make informed choices, the provision of an education campaign would simply be a waste of resources, most likely Government or non-profit health organisation resources.

7. How effective would this option (3) be in addressing the policy issue and achieving the desired outcome?

Please provide evidence to justify your views. Option (3) – change to statement of ingredients

THIS OPTION IS EFFECTIVE IN COMBINATION WITH ANOTHER OPTION.

PHAA supports this option because it would provide essential additional information to consumers that would enable them to determine the amount of added sugars on packaging at point of sale, to enable informed choices to be made. This option would overcome the current problem of food manufacturers using at least 40 different names for sugars, 12 10 by overtly identifying added sugars and all individual sugars-based ingredients. Through grouping multiple sugars-based ingredients together, the group would then be identified together for consumers, providing the information they require in a simple format. It is likely that the combined group of sugars would move towards the front of the ingredient list, more transparently identifying the actual sugar content of the product. The adoption of this approach has been successfully implemented in Canada using the brackets approach.

This option should be implemented in conjunction with explicit identification of added sugars on the Nutrient Information Panel. This is essential to enable consumers to see the amount of sugars that has been added to products, and allow them to make easy comparisons between products.

8. How would this option (3) impact you?

Please provide impacts and cost relevant to you.

A LOT

This option provides consumers with more transparency which is a significant benefit. Having all the sugars ingredients listed, and grouped together, provides consistent and easily understood information about the sugars ingredients in the product, without consumers needing to be able to interpret the 40+ individual labels currently applied to sugars. 12 This improved information will enable consumers to make better and faster decisions regarding their food and beverage choices. The public health impacts of this option are likely to be significant as consumers are better able to make informed decisions to improve their health.
9. Referring to Table 1 in Section 3.1, which implementation mechanism would be most appropriate for this policy option (3)?

Please provide the pros and cons of your selected implementation mechanism.

REGULATORY

The existing ingredients list is regulated to ensure consistent and compliant delivery of information. Changes to the ingredients list outlined in this option, should therefore be implemented through an update of Standard 1.2.4 of the Food Standards code.

A regulatory approach has several benefits and advantages over voluntary implementation or a code of practice. A regulatory approach provides clear, mandatory requirements which will be consistently applied to all products. This is the only way for consumers to be provided with consistent information across all products they may wish to compare and purchase. A uniform, regulatory approach is also more likely to be trusted by consumers. Health benefits at a population level are unlikely to occur when information is provided inconsistently and on some products only, resulting in poor consumer confidence to use the information in their decision making.

This would also be the simplest and most logical method of implementation, given that the requirements for the statement of ingredients are currently provided by the FSANZ Code, which could be amended to require clearer identification of sugars-based ingredients, using existing administrative and enforcement processes.

There would not seem to be any significant negative impacts of this proposal for consumers, since it would provide information required by consumers to make informed choices to improve their health.

Implementation for industry is likely to be relatively simple because it builds on an existing system, and requires only reordering of existing ingredients based on known recipes. This should not therefore require any additional analysis or change to the layout of the label. Labels are regularly updated on products, and therefore the costs may be minimised by aligning with these usual regular updates.

10. How effective would this option (4) be in addressing the policy issue and achieving the desired outcome?

Please provide evidence to justify your views. Option (4) – added sugars quantified in the NIP

EFFECTIVE

PHAA supports the addition of sugars being quantified in the NIP, as being an effective option to provide consumers with more information to enable informed choice. This option has been successfully implemented in the United States of America and shown to be practically feasible.

There are several reasons why the NIP is an appropriate and useful place to provide information on added sugars to consumers. The NIP is not only the most commonly used information source for comparing products, but the amount of sugar is the most commonly checked information on the NIP with 60% of Australians looking for this information. In a 2017 nationally representative CHOICE survey, 72% of consumers supported listing added sugars in the NIP.

The majority of packaged food in Australia contains added sugars, and therefore the addition of this information to the NIP would be relevant and provide better information to consumers on most of the packaged food and beverages they purchase.
There are likely to be flow on benefits for public health. First and most obviously, because it will enable consumers to compare provides within and among categories, informing their dietary choices. Secondly, it is likely that this information could also be used in other public health programs and campaigns including in the provision of healthy menus in schools and hospitals, and for addition to the Health Star Rating algorithm.\textsuperscript{16}

Where information on added sugars is easily available to and understood by consumers, there will be public health benefits in consumers choosing healthier foods – consumers want to choose healthier options, they just need the information to do so.\textsuperscript{17} This then provides an important incentive for manufacturers to reduce added sugars content through reformulation to obtain a competitive advantage. Reformulation is equitable approach because it benefits the whole population, and has significant benefits for reducing intakes of nutrients associated with chronic disease.

As added sugars information is increasingly provided internationally, Australia needs to keep up. Failure to quantify added sugars on nutrition labels will make it difficult to compare intakes in Australia with other countries, to monitor national intake trends over time, and to assess industry’s positive reformulation efforts.

This option should be implemented in conjunction with improvements to the ingredients list, to allow consumers to see the amount of added sugars in combination with their ingredient-source.

11. How would this option (4) impact you?

Please provide impacts and cost relevant to you.

A LOT

This option will provide consumers with clear and consistent information on the amount of added sugars in the products they purchase, enabling them to make informed choices. The currently available information does not support consumers to adhere to the Australian Dietary Guidelines recommendations for limiting added sugars intake, since there is no clear and consistent information provided on the added sugars content in products. Comparison within and among categories and products will be enabled through the provision of information on added sugars in the NIP, which is essential in giving consumers real choice in a quick reference format.

Public health benefits will flow from this as consumers are better able to make informed choices and choose healthier products.\textsuperscript{17} As noted above, public availability of this information across the food supply may enhance the implementation of related public health initiatives and campaigns which offer further benefits to consumers and Australia’s health. Public health benefits are also likely from the resulting incentive to industry to reformulate to reduce added sugars. These benefits would be seen on an equitable and population-wide basis, including among consumers who do not use NIP information.

12. How would the proposed option (4) impact existing elements of a food label (both mandatory and voluntary)?

Would adopting this option require another element of a food label to be removed from the package? If so, which labelling elements would be removed?

This option builds upon the existing NIP, and would require simply the addition of one line to this NIP – a minor change, with minimal or no negative impacts on other existing elements of the label. Earlier cost-benefit analysis prepared by PwC for the Commonwealth Department of Health in 2014 ahead of Health
Star Rating implementation suggested that a label change of ‘minor complexity’ such as amendment of one line on the NIP without a change to label layout, would cost $2490.39 per SKU.\(^\text{18}\)

13. Referring to Table 1 in Section 3.1, which implementation mechanism would be most appropriate for this policy option(4)?

Please provide the pros and cons of your selected implementation mechanism.

REGULATORY
The existing NIP is regulated to ensure consistent and compliant delivery of information. Changes to the NIP in this option, should therefore be implemented through an update of the Food Standards code.

A regulatory approach has several benefits and advantages over voluntary implementation or a code of practice. The regulation framework is largely already in place and inclusion of information to inform consumers about the ingredients and nutrients of public health significance is in keeping with the intent of the system to protect and promote public health. A regulatory approach provides clear, mandatory requirements which will be consistently applied to all products. This is the only way for consumers to be provided with consistent information across all products they may wish to compare and purchase. A uniform, regulatory approach is also more likely to be trusted by consumers.\(^\text{14}\) Health benefits at a population level are unlikely to occur when information is provided inconsistently and on some products only, resulting in poor consumer confidence to use the information in their decision making.

This would also be the simplest and most logical method of implementation, given that the requirements for the NIP are currently provided by the FSANZ Code, which could be amended to require quantification of added sugars, using existing administrative and enforcement processes.

There would not seem to be any significant negative impacts of this proposal for consumers, since it would provide information required by consumers to make informed choices to improve their health.

Implementation for industry is likely to be relatively simple because it builds on an existing system, and requires only the addition of one line of information. Labels are regularly updated on products, and therefore the costs may be minimised by aligning with these usual regular updates.

14. How effective would this option (5) be in addressing the policy issue and achieving the desired outcome?

Please provide evidence to justify your views. Option (5) – advisory labels for foods high in added sugars

EFFECTIVE IN COMBINATION WITH ANOTHER OPTION

PHAA supports advisory labels for foods high in added sugars as being an effective option for providing information to consumers to enable informed choice. It should be implemented in conjunction with Options 3 (ingredients list) and 4 (NIP), to provide easily identifiable information to consumers about products high in added sugars. The additional contextual information provided by advisory labels overcomes the need for consumers to interpret the NIP to identify foods which are high in added sugars.

The RIS acknowledges that nutrient-specific labelling on the front-of-pack can assist consumers to identify healthier choices.

Standard 1.2.3 of the Food Standards Code includes provisions for text advisory statements. This regulation could be amended to allow for consistent and prescribed information on the front-of-pack using a combination of words and easily understood symbols.
Examples of this kind of advisory label are evident elsewhere in the world. Nutrient-specific front-of-pack warnings have already been adopted in Chile and Israel. Peru has also now passed legislation adopting a Chilean-style label, and Canada and Brazil are in the final stages of consultation of their own warning-style labels. Finland has had a high salt warning since the 1990s. Each of these examples offer support for the practical, political and legal feasibility of similar measures. There is evidence that they would also be effective in Australia.11

Similar to the likely outcome of Option 3 (ingredients list) and 4 (NIP, an advisory or ‘warning’ style label also has potential to incentivise reformulation by manufacturers. Reformulation has potential to deliver equitable benefits from added sugars reduction across the food supply, regardless of consumer motivation to use labels.

15. How would this option (5) impact you?

Please provide impacts and cost relevant to you.

A LOT

Advisory labels offer consumers a quick reference for identifying healthier choices – interpreting the information in the ingredients list and NIP and providing an ‘at-a-glance’ summary. For people with poor literacy, those from linguistically diverse backgrounds, and across age groups, simple labels that utilise shapes and symbols that are already meaningful to consumers offer additional public health benefits. The addition of added sugar to the Health Star Rating system algorithm and mandating the system would utilise the benefits of pictorial advisory labels while overcoming the issues identified in the 5 year review of the HSR.14

Similar to the likely outcome of Option 3 (ingredients list) and 4 (NIP), an advisory or ‘warning’ style label also has potential to incentivise reformulation by manufacturers. Reformulation has potential to deliver equitable benefits from added sugars reduction across the food supply, regardless of consumer motivation to use labels.

Public health benefits are likely to arise from the provision of simple, reliable advisory labels as they influence consumer choices. Negative pictorial images combined with negative text (graphic text warning) have been found to be the most effective way of persuading people to avoid the unhealthy options and choose healthier food.19 Similarly, graphic warning labels have been found to be effective in reducing selection of sugary drinks.11

16. How would the proposed option (5) impact existing elements of a food label (both mandatory and voluntary)?

Would adopting this option require another element of a food label to be removed from the package? If so, which labelling elements would be removed?

An advisory label specific to sugar may displace other voluntary labels on the front-of-pack, for example, the DGI or Health Star Rating logo. Multiple advisory labels may cause confusion, so the potential public health benefits of each system would need to be assessed, including the potential of a mandated HSR.
17. Referring to Table 1 in Section 3.1, which implementation mechanism would be most appropriate for this policy option (5)?

Please provide the pros and cons of your selected implementation mechanism.

REGULATORY

Regulation would be required as the implementation mechanism for this option, since industry is unlikely to voluntarily adopt an advisory label which provide health warning information. This has been achieved in other jurisdictions - Chile, and Finland. The Food Standards Code has existing provisions relating to advisory statements that could be amended to include standardised presentation and prescribed wording. A regulatory approach would provide clear, mandated requirements for all food and beverage products, providing consistency and equity in benefits, while also enhancing consumer trust in the label, strengthening its effect.

Australia has successfully achieved updated Country of Origin labelling through the World Trade Organization processes, suggesting that this should not be a barrier to adopting a regulatory approach.

18. How effective would this option (6) be in addressing the policy issue and achieving the desired outcome?

Please provide evidence to justify your views. Option (6) pictorial approaches to convey the amount or types of sugars in a serving of food

EFFECTIVE IN COMBINATION WITH ANOTHER OPTION

The provision of visual representation of the amount of added sugar is highly supported by consumers and may be of particularly value for people with low literacy and numeracy skills. In a 2017 nationally representative CHOICE survey, 75% of consumers supported providing images of teaspoons of sugar reflecting the teaspoons of added sugars within the product.12 This, along with graphic warning labels, text warning labels, and HSR labels have all been found to be effective in reducing selection of sugar sweetened beverages in young adults in Australia.11

The most effective method of conveying simple interpretive information on sugar content – through advisory labels or pictorial approaches – requires further research and should be evaluated based on evidence of efficacy and consumer testing of these approaches.

19. How would this option (6) impact you?

Please provide impacts and cost relevant to you.

A LOT

Pictorial approaches offer consumers a quick reference for identifying healthier choices – interpreting the information in the ingredients list and NIP and providing an ‘at-a-glance’ summary. For people with poor literacy, those from linguistically diverse backgrounds, and across age groups, simple labels that utilise shapes and symbols that are already meaningful to consumers offer additional public health benefits.

Similar to the likely outcome of Option 3 (ingredients list) and 4 (NIP), a pictorial approach also has potential to incentivise reformulation by manufacturers. Reformulation has potential to deliver equitable benefits from added sugars reduction across the food supply, regardless of consumer motivation to use labels.
Public health benefits are likely to arise from the provision of simple, reliable advisory labels as they influence consumer choices. Negative pictorial images combined with negative text (graphic text warning) have been found to be the most effective way of persuading people to avoid the unhealthy options and choose healthier food. Similarly, graphic warning labels have been found to be effective in reducing selection of sugary drinks.

20. How would the proposed option (6) impact existing elements of a food label (both mandatory and voluntary)?

Would adopting this option require another element of a food label to be removed from the package? If so, which labelling elements would be removed?

Pictorial approaches specific to sugar may displace other voluntary labels on the front-of-pack, for example, the Health Star Rating logo. Multiple pictorial labels may cause confusion, so the potential public health benefits of each system would need to be assessed, including the potential of a mandated HSR.

21. Referring to Table 1 in Section 3.1, which implementation mechanism would be most appropriate for this policy option (6)?

Please provide the pros and cons of your selected implementation mechanism.

REGULATORY

Regulation would be required as the implementation mechanism for this option, since industry is unlikely to voluntarily adopt a pictorial label which provides health warning information. This has been achieved in other jurisdictions Chile, and Finland. The Food Standards Code has existing provisions relating to advisory statements that could be amended to include standardised presentation and prescribed wording. A regulatory approach would provide clear, mandated requirements for all food and beverage products, providing consistency and equity in benefits, while also enhancing consumer trust in the label, strengthening its effect. Australia has successfully achieved updated Country of Origin labelling through the World Trade Organization processes, suggesting that this should not be a barrier to adopting a regulatory approach.

22. How effective would this option (7) be in addressing the policy issue and achieving the desired outcome?

Please provide evidence to justify your views. Option (7) – digital linking to off label web-based information about added sugars content

NOT EFFECTIVE

PHAA would not support this option in isolation from the adoption of options 3 and 4. Addressing health inequity is a priority for the PHAA. Many of the interventions suggested as part of option 2 are technology or web based, for example, government website communications. There is recent evidence highlighting the inequitable access to digital inclusion among Australians, the 2018 Australian Digital Inclusion Index (ADII) shows that the gaps between digitally included and excluded Australians are substantial and widening for some population sub-groups (household income under $60,000, people with a mobile phone...
only, aged 50 years and over, with less than a secondary school education, disabilities, not in the labour force, Indigenous Australians). Reliance on digital linking to off-label information or websites raises equity concerns with access to the information and logistical challenges with providing the information at the point of sale. For example, it would rely on the availability of wifi from within a supermarket environment, which is limited in supermarkets and would therefore be unlikely to be used by consumers at the point of purchase or to make an informed choice. Further, consumers often shop in a hurry and most shoppers spend fewer than ten seconds selecting each item — not enough time to review. These concerns mean that it is unlikely to be used and would therefore be ineffective in providing additional information to consumers to enable informed choice.

The experience of the Country of Origin Label Reform in Australia in 2016 should inform the policy decision here. The Explanatory Memorandum for that legislation specifically noted that neither industry nor consumers are ready for a solution that relies solely on digital information. Consumers do not want to use digital solutions when shopping and industry felt their IT systems were not equipped to disseminate this level of information and would require significant investment to do so.

23. How would this option (7) impact you?

Please provide impacts and cost relevant to you.

NOT AT ALL

Public health benefit from this option would be minimal as it will not allow the majority of consumers to make informed choices. This option would show minimal if any advancement from the status quo. As consumer interest in information about added sugars increases, the costs of not providing this information increases. The cost to industry producers of healthier products also increases as consumers are less able to make an informed choice.

24. How would the proposed option (7) impact existing elements of a food label (both mandatory and voluntary)?

Would adopting this option require another element of a food label to be removed from the package? If so, which labelling elements would be removed?

No response

25. Referring to Table 1 in Section 3.1, which implementation mechanism would be most appropriate for this policy option(7)?

Please provide the pros and cons of your selected implementation mechanism.

No response

26. Are there additional options that should be considered to address the policy issue and achieve the desired outcome?

If so, please describe your suggested option and how it addresses the policy issue and would achieve the desired outcome. Please also describe the cost of implementing your proposed option.
A comprehensive public education campaign should accompany the adoption of options 3 and 4, to enhance the consumer’s ability to read and interpret the information.

27. Is the description of the strengths and weaknesses of the proposed options (compared to the status quo) accurate?

Please justify your response with evidence

Options 3, 4, and 5 are preferable to the status quo

28. Are there additional strengths and weaknesses associated with the proposed options (compared to the status quo)?

Please describe what these are?

Options 3, 4, and 5 are preferable to the status quo

29. If you proposed a different option at question 26, please detail the strengths and weaknesses of your proposed option, compared to the status quo.

Australia has not had a comprehensive education campaign regarding the nutrition information on food labels since the adoption of the NIP, suggesting that many of adults who are now caring for children have not been exposed to the information. It is thus timely that the changes to the regulation of the food label to address the public health problem of excessive added sugar in the diet of Australians is communicated to the public. Educating the public regarding the food regulation labelling changes will further reinforce the importance of the need for the change and encourage behavioural changes.

30. Should the proposed options apply to all packaged foods in the Australian and New Zealand food supply, or only particular foods or food categories?

If so, which option(s) should apply to particular foods or food categories and what would these foods or food categories be?

Options 3, 4, 5 & 6 to apply to all packaged foods

Consumers choose between all foods. In order to make informed choices about healthier options, consumers need clear, consistent, accurate and easily understood information about the ingredients, including sugars and added sugars, in the products they are choosing between. Evidence suggests that added sugars are ingredients in a large proportion of foods, including those that consumers would be unaware of, for example, tomato sauce or in flavourings on savoury crackers. With increasing food innovation and pre-prepared meals and the potential for these to replace home prepared meals, it is essential that consumers have the information available to choose between all food and beverage categories. To maximise the public health benefit of providing such information, it should not be restricted to particular foods or food categories. Options 3 (ingredients list) and 4 (NIP) should be applied to all packaged foods, and options 5 (advisory labels) and/or 6 (pictorial approaches) should be applied to all packaged foods meeting a pre-determined criterion of being high in sugar. The cut-off point for that determination should be evidence-based, on risks to health.

The inclusion of added sugars in the HSR algorithm would strengthen that system and may enable it to provide more useful information to consumers, as a mandated system across all packaged foods. Alternatively, interpretive labels such as advisory or pictorial labels on added sugar should be adopted.
There is existing evidence that these approaches are beneficial in enabling consumers to make healthier choices regarding sugar sweetened beverages. It is likely that these behavioural cues would also be successful across other food categories.

31. Is the description of the pros and cons of the different implementation mechanisms in Table 1 accurate?

Please justify your response with evidence

PHAA is in broad agreement with Table 1, but notes some additional points. The limitations of Code of Practice arrangements in Australia are evident across a number of food and drink related areas. Voluntary codes relating to the advertising of unhealthy food and drink to children have been largely unsuccessful from a public health perspective. Participation is also not effectively monitored and enforced, reducing the efficacy of the codes in protecting Australian children from unhealthy advertising. The Health Star Rating system is another example of a Code of Practice in Australia. As the 5 year review report highlights, this system is not meeting its full potential which may require amendments and it being mandatory to realise. The cost for business of compliance is also a consideration, and the table highlights that these are lower for both voluntary implementation and codes of practice. This lower cost will likely only occur where businesses elect not to participate. The ongoing costs to consumers, and the flow on costs to our health system, of not having improved sugars information available to enable informed choices, must be prioritised.

With the alignment of the proposed options to the existing provisions of the Food Standards Code, regulatory implementation in the form of standardised procedures for updating that Code provides appropriate process and flexibility for these kinds of labelling changes. Regulation provides the benefits of clear and consistent information, high compliance and coverage, meaningful sanctions for non-compliance, a joint approach between both jurisdictions; and agreement on technical challenges such as a clear definition of added sugars.

The experience of the Country of Origin Labelling requirements is helpful in terms of mechanisms for minimising unnecessary costs to business in complying with new regulation. In these changes, a 2 year period for updating labels was agreed upon. During this transition period, interim approaches such as the use of stickers may assist manufacturers to meet requirements. The World Trade Organization procedural requirements are able to be successfully negotiated, as evidenced by the example of Country of Origin in Australia and also mandatory changes to sugars labelling in other countries.

32. Are there other pros and cons associated with the different implementation mechanisms?

Please describe what these are

No response

33. Are there any other benefits or costs associated with the proposed labelling options which have not been identified above?

The public health benefit from the proposed labelling changes, particularly in relation to changes in consumer nutrition knowledge, attitudes, beliefs and behaviours and in the longer-term diet-related
diseases (and the social and economic benefit associated with these health gains) should be considered as a priority – Options 3, 4, 5 and 6. Enabling consumers to make informed, healthier choices, will make it easier for Australians to follow the Australian Dietary Guidelines. It should be noted that the proposed changes to the label are within the current context of food labelling in Australia and New Zealand and already being adopted by other countries, therefore should be considered as an incremental change to address the contemporary challenges of the food system. The increased emphasis on the prevention of overweight and obesity is an additional policy driver. 

The potential for these options to create an incentive for manufacturers to reformulate their products to reduce the added sugar content is likely to lead to meaningful reductions in added sugars across the food supply and is consistent with many manufacturers’ corporate social responsibility statements regarding the desire to improve health and nutrition. Reformulation has potential benefits to population health without requiring individual behavioural change. The combination of these benefits will contribute to reducing the huge burden of diet-related disease on both individual Australians and our health system.

34. Should there be exemptions or other accommodations (such as longer transition periods) made for small businesses, to minimise the regulatory burden?

If so, what exemptions or other accommodations do you suggest?

There is an urgent need to implement changes to the food system to address the increasing dietary disease burden. This urgency should take priority.

35. What would be the cost per year for the industry to self-regulate (e.g. voluntary code of practice-industry driven)?

Please justify your response with hours of time, and number of staff required. Please specify which country (Australia or New Zealand) your evidence is based on.

No response

36. Would industry pass any of the costs associated with implementing the proposed options on to consumers?

What is the basis for your view?

No response
Conclusion

PHAA supports as a priority options 3 and 4 in combination, as well as option 5 and 6 as discussed above. We recommend that the Standing Committee prepares for the consideration of the Ministerial Forum policy advice which has the following elements:

- added sugars should be quantified in the mandatory Nutrition Information Panel, and the statement of ingredients updated to overtly identify sugars-based ingredients on all foods and beverages (Option 3 and 4)
- this change should be accompanied by a comprehensive public education campaign that enhances consumers ability to read and interpret this information
- the Health Star Rating system algorithm should be updated to include a criterion on added sugars
- further consideration should be given to additional interpretive measures including advisory labels and/or pictorial displays of the amount of sugars, provided these are able to operate in alignment with existing initiatives. These may be particularly relevant in the beverage category (Options 5 and 6)

The PHAA appreciates the opportunity to make this submission.

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

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References


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