Submission from the Public Health Association of Australia to the Food Labelling Review Committee

REVIEW OF FOOD LABELLING LAW AND POLICY

In making this submission the Public Health Association of Australia emphasises the importance of public health as a driver for decisions on food labelling. We accept the use of the National Public Health Partnership definition of public health in the Issues Consultation paper (5 March 2010 p.2) to redefine the policy context for food labelling:

‘the organised response by society to protect and promote health, and to prevent illness, injury and disability. The starting point for identifying public health issues, problems and priorities, and for designing and implementing interventions, is the population as a whole, or population sub-groups’

The most important action to deliver this public health objective is to adopt a ‘traffic light’ system of labelling.
**Contents**

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover Sheet for Submission</td>
<td>4</td>
</tr>
<tr>
<td>Submission Guidelines</td>
<td>5</td>
</tr>
<tr>
<td>Introduction</td>
<td>6</td>
</tr>
<tr>
<td>Background</td>
<td>7</td>
</tr>
<tr>
<td><strong>Part 1: Context &amp; Part 2: Food Labelling Overview</strong></td>
<td>7</td>
</tr>
<tr>
<td>Q1. To what extent should the food regulatory system be used to meet</td>
<td>7</td>
</tr>
<tr>
<td>broader public health objectives?</td>
<td></td>
</tr>
<tr>
<td>Q2. What is adequate information and to what extent does such</td>
<td>10</td>
</tr>
<tr>
<td>information need to be physically present on the label or be</td>
<td></td>
</tr>
<tr>
<td>provided through other means (e.g., education or website)?</td>
<td></td>
</tr>
<tr>
<td>Q3. How can accurate and consistent labelling be ensured?</td>
<td>10</td>
</tr>
<tr>
<td>Q4. What principles should guide decisions about government intervention</td>
<td>11</td>
</tr>
<tr>
<td>on food labelling?</td>
<td></td>
</tr>
<tr>
<td>Q5. What criteria should determine the appropriate tools for</td>
<td>12</td>
</tr>
<tr>
<td>intervention?</td>
<td></td>
</tr>
<tr>
<td><strong>Part 3: Key Roles of Food Labelling</strong></td>
<td>13</td>
</tr>
<tr>
<td>Q6. Is this a satisfactory spectrum for labelling requirements?</td>
<td>13</td>
</tr>
<tr>
<td>Q7. In what ways could these misunderstandings and disagreements be</td>
<td>13</td>
</tr>
<tr>
<td>overcome?</td>
<td></td>
</tr>
<tr>
<td>Q8. In what ways can food labelling be used to support health</td>
<td>13</td>
</tr>
<tr>
<td>promotion initiatives?</td>
<td></td>
</tr>
<tr>
<td>Q9. In what ways can disclosure of ingredients be improved?</td>
<td>15</td>
</tr>
<tr>
<td>Q10. To what extent should health claims that can be objectively</td>
<td>15</td>
</tr>
<tr>
<td>supported by evidence be permitted?</td>
<td></td>
</tr>
<tr>
<td>Q11. What are the practical implications and consequences of aligning</td>
<td>17</td>
</tr>
<tr>
<td>the regulations relating to health claims on foods and</td>
<td></td>
</tr>
<tr>
<td>complementary medicine products?</td>
<td></td>
</tr>
<tr>
<td>Q12. Should specific health warnings (e.g., high level of sodium or</td>
<td>17</td>
</tr>
<tr>
<td>saturated fat per serve) and related health consequences be</td>
<td></td>
</tr>
<tr>
<td>required?</td>
<td></td>
</tr>
<tr>
<td>Q13. To what extent should the labelling requirements of the Food</td>
<td>18</td>
</tr>
<tr>
<td>Standards Code address additional consumer-related concerns, with</td>
<td></td>
</tr>
<tr>
<td>no immediate public health and safety impact?</td>
<td></td>
</tr>
<tr>
<td>Q14. What criteria should be used to determine the inclusion of</td>
<td>19</td>
</tr>
<tr>
<td>specific types of information?</td>
<td></td>
</tr>
<tr>
<td>Q15. What criteria should determine which, if any, foods are</td>
<td>19</td>
</tr>
<tr>
<td>required to have country of origin labelling?</td>
<td></td>
</tr>
<tr>
<td>Q16. How can confusion over this terminology in relation to food be</td>
<td>19</td>
</tr>
<tr>
<td>resolved?</td>
<td></td>
</tr>
<tr>
<td>Q17. Is there a need to establish agreed definitions of terms such as</td>
<td>19</td>
</tr>
<tr>
<td>‘natural’, ‘lite’, ‘organic’, ‘free range’, ‘virgin’ (as regards</td>
<td></td>
</tr>
<tr>
<td>olive oil), ‘kosher’ or ‘halal’? If so, should these definitions be</td>
<td></td>
</tr>
<tr>
<td>included or referenced in the Food Standards Code?</td>
<td></td>
</tr>
<tr>
<td>Q18. What criteria should be used to determine the legitimacy of such</td>
<td>20</td>
</tr>
<tr>
<td>information claims for the food label?</td>
<td></td>
</tr>
<tr>
<td>Q19. In what ways can information disclosure about the use of these</td>
<td>20</td>
</tr>
<tr>
<td>technological developments in food production be improved given the</td>
<td></td>
</tr>
<tr>
<td>available state of scientific knowledge, manufacturing processes</td>
<td></td>
</tr>
<tr>
<td>involved and detection levels?</td>
<td></td>
</tr>
<tr>
<td>Q20. Should alcohol products be regulated as a food? If so, should</td>
<td>21</td>
</tr>
<tr>
<td>alcohol products have the same labelling requirements as other</td>
<td></td>
</tr>
<tr>
<td>foods (i.e., nutrition panels and list of ingredients)? If not,</td>
<td></td>
</tr>
<tr>
<td>how should alcohol products be regulated?</td>
<td></td>
</tr>
<tr>
<td><strong>Part 4: Food Labelling Presentation</strong></td>
<td>22</td>
</tr>
<tr>
<td>Q21. Should minimum font sizes be specified for all wording?</td>
<td>22</td>
</tr>
</tbody>
</table>
Submission from the PHAA to the Food Labelling Review Committee

Q22. Are there ways of objectively testing legibility and readability? To what extent should objective testing be required? .................................................................22
Q23. How best can the information on food labels be arranged to balance the presentation of a range of information while minimising information overload? .........................................................22
Q24. In what ways can consumers be best informed to maximise their understanding of the terms and figures used on food labels? ..................................................................................23
Q25. What is an appropriate role for government in relation to use of pictorial icons on food labels? .........23
Q26. What objectives should inform decisions relevant to the format of front-of-pack labelling? ..........24
Q27. What is the case for food label information to be provided on foods prepared and consumed in commercial (e.g., restaurants, take away shops) or institutional (schools, pre-schools, worksites) premises? If there is a case, what information would be considered essential? ..........25
Q28. To what degree should the Food Standards Code address food advertising? ......................25

Part 5: Administering and Enforcing Food Labelling Standards ........................................26
Q29. In what ways can consistency across Australia and New Zealand in the interpretation and administration of food labelling standards be improved? .........................................................26
Q30. In what ways can consistency, especially within Australia, in the enforcement of food labelling standards be improved? .................................................................................26
Q31. What are the strengths and weaknesses of placing the responsibility for the interpretation, administration and enforcement of labelling standards in Australia with a national authority applying Commonwealth law and with compatible arrangements for New Zealand? .......................26
Q32. If such an approach was adopted, what are the strengths and weaknesses of such a national authority being an existing agency; or a specific food labelling agency; or a specific unit within an existing agency? .................................................................................26
Q33. If such an approach was adopted, what are appropriate mechanisms to deal with the constitutional limits to the Commonwealth’s powers? .................................................................27
Q34. What are the advantages and disadvantages of retaining governments’ primary responsibility for administering food labelling regulations? ..................................................27
Q35. If a move to either: self regulation by industry of labelling requirements; or co-regulation involving industry, government and consumers were to be considered, how would such an arrangement work and what issues would need to be addressed? .........................................................27
Q36. In what ways does such split or shared responsibility strengthen or weaken the interpretation and enforcement of food labelling requirements? ........................................27
Q37. What are the strengths and limitations of the current processes that define a product as a food or a complementary medicine? .................................................................................27
Q38. What are the strengths and weaknesses of having different approaches to the enforcement of food labelling standards for imported versus domestically produced foods? .................28
Q39. Should food imported through New Zealand be subject to the same AQIS inspection requirements? ..............................................................................................................................28

Conclusion ..................................................................................................................28
Attachments ...............................................................................................................28
References ..................................................................................................................29
**Submission from the PHAA to the Food Labelling Review Committee**

**Cover Sheet for Submission**

**REVIEW OF FOOD LABELLING LAW AND POLICY**

This completed form must be included with your submission. If completing by hand, please ensure your writing is clear and legible.

<table>
<thead>
<tr>
<th>DETAILS FOR PUBLICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual name/group name/organisation name for publication on the website</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTACT DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>We need to collect your contact details should further information or clarification be required on your submission. Contents of your submission may be included in subsequent publications. Please provide at least one contact address. If you are making a submission for a group or organisation, please provide contact information for one member of your group or organisation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Mr</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Michael</td>
</tr>
<tr>
<td>Surname/Family Name</td>
<td>Moore</td>
</tr>
<tr>
<td>Postal Address</td>
<td>Postal: PO Box 319 Curtin ACT 2605</td>
</tr>
<tr>
<td>Email Address</td>
<td><a href="mailto:phaa@phaa.net.au">phaa@phaa.net.au</a></td>
</tr>
<tr>
<td>Telephone Number</td>
<td>02 6285 2373</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTERNET PUBLICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please tick this box if you wish for your submission to remain confidential and do not consent to having your submission published on the internet.</td>
</tr>
</tbody>
</table>

If you wish for only parts of your submission to remain confidential and not be published on the website, please outline the confidential sections clearly below (with page numbers where possible). If you wish for only parts of your submission to be treated as confidential, it would be appreciated if you could provide the confidential parts of your submission as a separate document.

<table>
<thead>
<tr>
<th>ANONYMITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please tick this box if you want your submission to be treated as anonymous and you do not consent to having your name, or the name of your organisation, published on the internet with your submission.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>THIRD PARTY PERSONAL INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please tick this box if your submission contains personal information of third party individuals.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EVIDENCE OF CONSENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>You should not include personal information about a third party unless you are able to provide evidence of written consent. Please tick this box if you have attached evidence of written consent.</td>
</tr>
</tbody>
</table>
Submission from the PHAA to the Food Labelling Review Committee

Submission Guidelines

Cover sheet
1. Submissions lodged by email or post must be accompanied by an attached cover sheet. The cover sheet will require you to provide:
   a) the name for publication for the submission;
   b) your contact details should further information or clarification be required;
   c) whether you wish for your submission to be confidential or anonymous;
   d) whether your submission contains third party information relating to individuals;
   e) evidence of consent if your submission contains third party information.
2. Submissions lodged online will also require you to provide the information requested in the cover sheet.
3. Please note that anonymity and confidentiality are not automatic and are possible only through negotiation with the Secretariat.

Lodgement of submissions
4. Submissions may be lodged via:
   Online: www.foodlabellingreview.gov.au
   Email: FoodLabellingReview@health.gov.au
   Post: MDP 150, GPO Box 9848 Canberra ACT 2601

Format of submissions
5. Submissions should be clearly marked ‘Submission’.
6. Submissions sent via post must be either typed or written clearly in black ink on A4 paper.
7. Submissions lodged via email must be in Microsoft Word (DOC), Rich Text Format (RTF) or Portable Document Format (PDF).

Acknowledgement of submissions
8. You can confirm receipt of submissions by contacting the Review Committee Secretariat via email FoodLabellingReview@health.gov.au

Release/Publication of Submissions
9. The majority of submissions will be made available on the Review website and may be referred to in the Review Committee’s report, along with the author’s name and relevant state, unless confidentiality has been negotiated with the Secretariat.
10. Submissions received via post will be available in PDF on the Review website.
11. If you have concerns in having your name published on the internet or if you wish to make a confidential submission, please contact the Secretariat.

Privacy
12. The personal information collected will be used for the purposes of informing the Food Labelling Law and Policy Review Committee of your views regarding the review of food labelling law and policy.
13. If a submission contains information relating to a third party individual, the author of the submission is taken to have obtained the expressed and informed consent of the relevant third party.

Discretion of Review Committee to refuse to publish material
14. The Review Committee reserves the right to refuse to publish submissions, or parts of submissions, which contain offensive language, potentially defamatory material or copyright infringing material.

Conditions of submission
15. By making a submission, you will be taken to have read, understood and agreed to all conditions set out in this guidelines document.
Submission from the PHAA to the Food Labelling Review Committee

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 with 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.

The PHAA acknowledges that it draws on information for this submission from a range of its members with the particular input of members from the Food and Nutrition Special Interest Group. Thanks in particular go to the Convenors of the Group for their advice, coordination and for their input.
Background
PHAA is pleased to provide a submission to the Issues Consultation Paper (March 2010) for the Review of Food Labelling Law & Policy in Australia (Review).

In the government’s response to the National Preventative Health Taskforce’s report released 12th May 2010 there is a commitment to refocusing the health system towards prevention with comprehensive approaches to lifestyle risk factors (Commonwealth Department of Health and Aging, 2010). The report states that chronic diseases are already a major challenge for Australia’s health and hospital system, and the wider economy. It is currently estimated that chronic disease such as cardiovascular disease, diabetes and cancers:

- are responsible for around 80 per cent of the burden of disease and injury in Australia;
- account for around 70 per cent of total health care expenditure;
- are part of 50 per cent of GP consultations;
- are the leading causes of disability and death in Australia; and
- are associated with around 537,000 person-years loss of participation in full time employment and around 47,000 person years in part time employment each year.

The National Preventative Health Taskforce report identifies nutrition as a behavioural risk factor that not only affects health and wellbeing directly, but also contributes to biomedical risk factors such as obesity (Commonwealth Department of Health and Aging, 2010).

Part 1: Context & Part 2: Food Labelling Overview

Q1. To what extent should the food regulatory system be used to meet broader public health objectives?

PHAA believes the main priority of the food regulatory system must be to meet broader public health objectives. Food regulation systems, particularly labelling law and policies, should protect and promote public health by ensuring safe, high quality and nutritious foods are available and promoted to the Australian population in such a way as to assist them to choose a healthy diet.

Food labelling policies and laws influence the safety, availability, nutrient composition and promotion of foods, as well as ensuring appropriate and adequate information is available to consumers.

PHAA support the use of the National Public Health Partnership definition of public health in the Issue Consultation paper (5 March 2010 p.2) to redefine the policy context for food labelling.
Submission from the PHAA to the Food Labelling Review Committee

‘the organised response by society to protect and promote health, and to prevent illness, injury and disability. The starting point for identifying public health issues, problems and priorities, and for designing and implementing interventions, is the population as a whole, or population sub-groups’

PHAA believes that agreeing to and defining broader public health objective is timely and important because without an authoritative definition, public health is open to interpretation during consultations and standards setting in food regulation (Lawrence, 2009).

The protection of public health and safety is the expressed primary objective of FSANZ and the food regulation system as a whole. Meeting this objective has been problematic due to a narrow view of public health, with ensuring food safety as the main emphasis. PHAA urges this review to recommend a broader view of public health within all considerations within the food regulation system. The broad view of public health should be central to the identification of the problem, analysis of risk and carry weight in cost benefit analysis.

There are significant economic costs associated with diet-related disease due to unhealthy food and drink choices (Crowley et al 1992). The economic burden includes not only the direct cost of running Australia’s health care system, but also indirect and intangible costs to individuals and society. Access Economics has calculated that the total cost of obesity in 2008 was $58.2 billion. There are significant savings to be made to the health care system and society by the provision of consistent funding for large scale and local public health nutrition programs (Marks, Coyne & Pang, 2001, Marks et al 2001).

Address broader public health issues (using the NPHP definition) will reinforce and strengthen the application of the current aims of the food regulation system as defined in the 2008 Overarching Strategic Statement of the Food Regulation System,’ in order of priority:

1. Protect the health and safety of consumers by reducing risks related to food;
2. Enable consumers to make informed choices about food by ensuring that they have sufficient information and by preventing them from being misled;
3. Support public health objectives by promoting healthy food choices, maintaining and enhancing the nutritional qualities of food and responding to specific public health issues; and
4. Enable the existence of a strong, sustainable food industry to assist in achieving a diverse, affordable food supply and also for the general economic benefit of Australia and New Zealand (Commonwealth Department of Health and Aging, 2008).

The current system failure, due in part to, the inability of the present food regulation system to prevent or slow chronic diet-related disease patterns, indicates the urgent need to broaden the public health objective of the food regulation system. The present emphasis on industry regulatory burden over the economic and social burden due to poor diet and
resulting ill health has limited the ability of the food regulation system to improve health. Although government acknowledges the burden of chronic diet-related diseases and has highlighted that regulatory options may be appropriate to address them, there has been little action in this area.

The problem in relation to food labelling is food-related illness (including chronic disease) and providing accurate and appropriate information. The regulatory options to address the problem need to consider broader public health priorities and their contribution to improving overall diet quality.

Food and nutrition plays a vital role in the health of all people. There is unequivocal evidence that good nutrition is essential to good health throughout life. Good nutrition is important for infants, children and adolescents to promote growth and development and reduce the potential for diet-related diseases later in life. Good nutritional status helps to protect adults against life-threatening diseases and assists older adults to maintain their vitality, energy, independence and overall well-being.

Diet quality is essential throughout the lifecycle to maintain good nutritional status. Diet quality is defined as “a dietary pattern providing nutritional quality to support growth and development and protect against disease. The concept of ‘diet quality’ extends beyond that of the amounts of macro or micro nutrients, to whole foods, types of foods, dietary variety and the notion of enjoyment.”

PHAA wishes to the Review to note that whilst the promotion of health to inhibit chronic disease is a useful starting point for broadening the public health objectives of the food regulatory system, it does not incorporate wider issues of diet-related disease and the perspective of total diet. An example of a total diet perspective would be the use of food regulation to increase vitamin folate levels in foods to prevent neural tube defects.

PHAA support the need to consider the full range of intervention types, and often a combination of strategies is required when considering when planning what action to take on a public health issue.

*It is imperative that improving nutrition (total dietary patterns) to reduce all diet-related disease AND promote health is the mainstream objective of the food regulation system with emphasis on inhibiting chronic disease in the current context.*

In order to achieve this public health goal the most important action for the Review Committee is to recommend the adoption of a ‘traffic light’ system of labelling.

Nutrition and impact on total diet quality need to be included in the context of all policy and regulatory decisions. There is enormous potential to expand the current use of the food regulatory system to meet the broader public health objectives as part of a multi-strategic approach by the Australian government to a national food and nutrition policy.
Q2.  What is adequate information and to what extent does such information need to be physically present on the label or be provided through other means (eg education or website)?

PHAA believes that the current mandatory requirements on food labels that is in the Food Standards Code such as ingredient lists, nutrition information panels, use by dates, identifying batch numbers should be continued as part of a comprehensive approach to mandatory nutrition information on labels. The food industry currently meets these requirements so the retention of these produces no additional regulatory burden.

In addition, it is PHAA’s view that a mandatory interpretative front of pack labelling traffic light system would substantially strengthen the food regulatory system’s ability to meet broader public health objectives. There is a need to provide support to the population in choosing a diet easily and consistent with the Government’s advice in the Dietary Guidelines for Australians such as being high in fruits and vegetables and low in fat (NHMRC, 2003). The Australian population makes decisions at the point of sale and therefore the food label itself is the primary means this information must be provided (Mhurchu & Gorton, 2007).

PHAA believes that the food label is the primary means nutrition information must be physically present on the label as half of Australians have functional literacy levels that would enable them to easily access education in the form of pamphlets (ABS, 2008) and not all have regular access to the Internet (ABS, 2007).

Standardised formats on food labels would assist all subgroups in the population to access food label information to make healthier food choices. PHAA has concerns about the interpretative ability of low education, low income and ethnic minority groups to comprehend some labelling systems. These groups certainly raise concerns in relation to their functional literacy levels that enable people to read and interpret the levels of nutrient content for health and compare between products in the same product category. The functional literacy (including prose, document literacy and numeracy) of all Australians must be considered by this review. 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 that indicate their ability to participant fully in society is compromised (ABS, 2008). Functional literacy relates to health literacy which is described as the knowledge and skills required to understand and use information relating to health issues such as disease prevention and treatment (ABS, 2008). Recent measures of health literacy in Australia demonstrate that clear mandated labelling systems combined with education are needed to increase consumer interpretation and confidence (Adams et al, 2009; Barber et al, 2009)

Q3.  How can accurate and consistent labelling be ensured?

It is PHAA’s position that it is possible to ensure accurate and consistent labelling with mandated requirements. Accurate labelling must easily convey nutrition information to the
entire population as supporting people to select healthier food products. PHAA believes there is sufficient evidence to support an interpretative front of pack labelling traffic light scheme to provide at a glance nutrition information to support mandatory back of pack labelling (nutrition information panel and ingredients listing) (Kelly et al 2009).

Consistent labelling requires that food labelling criteria be mandatory across all products and that the continuation of the nutrition information panel per 100g/mL of foods and beverages will enable consumers to compare across all products. Mandatory food labelling criteria would reduce population confusion. The definition of standard serving sizes for different food groups based on the Government’s Dietary Guidelines for Australia would also build consistent in labelling. These approaches should be across all foods and beverages in the supermarket sector but also expanded to include food service (currently excluded in the Food Standards Code.

An accurate and consistent mandatory system across supermarket and food service such as quick serve restaurants would substantially assist Australian’s to select healthy products. This system needs to be backed by law that is enforceable and enables breaches to be easily dealt with. Currently there is a range of information on food labels such as health claims which have not been adequately dealt with.

Building capacity within the regulatory system for the monitoring and surveillance of food labels would also contribute to improved accuracy and consistency.

Additional nutrition education and monitoring and evaluation strategies should be coordinated and implemented by the Commonwealth Department of Health and Ageing to complement proposed revised food label format.

**Q4. What principles should guide decisions about government intervention on food labelling?**

PHAA suggest that the primary principle guiding decisions about government intervention on food labelling should be the precautionary principle, whereby if there are threats of serious or irreversible impact on health, lack of full scientific certainty should not be used as a reason for postponing measures to prevent diet-related disease (REF). The precautionary principle is used in other areas of the Commonwealth Department of Health and Ageing’s business, for example in assessing Environmental Health Risk Assessment Guidelines for assessing human health risks from environmental hazards and Ecologically Sustainable Development (Commonwealth Department of Health and Aging, 2004, 2006).

Other principles to guide decisions about government intervention on food labelling are the broader public health objectives designed to inhibit chronic disease and reduce risk factors such as obesity. The increasing health care costs associated with chronic disease would be strong rationale for primarily considering a broader public health objective. We acknowledge that food labelling law and policy should limit regulatory burden where possible but that the profit driven motives of the food industry must be secondary to
PHAA believes that in order to achieve this broader objective the Review should consider:

- Expanding current mandatory nutrition labelling requirements to include an interpretative front of pack labelling traffic light scheme that enables Australians to make easy healthy food choices in line with the Dietary Guidelines for Australians
- Ensuring mandatory labelling is correct and enforceable by improving the current monitoring and surveillance system for food labelling through a system that is nationally consistent and transparent.

**Q5. What criteria should determine the appropriate tools for intervention?**

PHAA believes that it is the responsibility of the Government to provide the tools for improving food labelling and law based primarily on broader public health objectives. The increasing burden of disease from diet-related diseases demonstrates that tool determination must correlate with the risk to health and be mandatory. Mandatory requirements across all food and beverage products will produce consistent and accurate information.

To illustrate this point, the WA Department of Health’s 2009 Nutrition Monitoring Survey of 1284 adults found overwhelming support for Government to regulate the nutrition information on labels (97%) and health ratings on labels (94%) (Pollard & Daly, 2010).

Self-regulation by the food industry in the past has not been successful from a public health view, for example the Code of Practice on Nutrient Claims in Food Labels and in Advertisements (CoPoNC) (FSANZ, 1995) has resulted in varying formats of claims appearing on food products and potentially increasing public confusion and decreasing consumer confidence (Williams et al 2003; Fabiansson 2006: Williams et al, 2006; Mhurchu & Gorton, 2007)

The voluntary code produced by 11 transnational food companies after the release of the WHO’s Global Strategy on Diet, Physical Activity and Health (2004) has serious loopholes that allow continued promotion of unhealthy foods and is seen as a damage limitation agreement designed to deter governments from mandatory regulation and to grow profit (Monterio, Gomes & Cannon, 2010).

PHAA considers that a recognised form of self-regulation (e.g. codes of practice) can often constitute an important selling point for businesses to attract new customers, and may increase the bargaining power of the business when entering new arrangements with other parties. Also, companies can promote the fact that they are in a self-regulatory scheme as a means of product differentiation. The Government’s Taskforce on Industry Self-Regulation found that an industry self regulating code of practice constitutes a marketing tool and are solutions posed by industry when actual or perceived ‘threat’ of government regulation is imminent, or a ‘push’ by government because of poor industry practices was found to be a further reason for industry to self-regulate (Commonwealth Department of Treasury, 2000).
PHAA believes that Code of Practices don’t work because there is a range of self-regulatory options available to industry and this reason should drive the introduction of a mandatory front of pack nutrition labeling traffic light system for Australia.

**Part 3: Key Roles of Food Labelling**

**Q6. Is this a satisfactory spectrum for labelling requirements?**

No, PHAA believes where possible it would be in the interests of the population to expand food labelling requirements to in conjunction with all foods sold in supermarkets to include the food service (including the quick service industry).

Increasingly Australians are consuming foods prepared outside the home with 28% of total food expenditure made on food from restaurants, cafes, takeaway or fast food outlets (ABS 2006). From the most recent 1995 National Nutrition Survey (ABS 1997), a high consumption of foods prepared outside the home is associated with high intakes of saturated fat, sugar, salt, alcohol (in women) and low intakes of iron, fibre and calcium (Burns et al, 2002). Changes in social and economic conditions within Australia drive the continued demand for convenience or fast foods. It is important that the choice of foods in out-of-home settings include foods that are nutritious and affordable. Evidence suggests that people underestimate the energy content of foods outside the home contributing to larger intakes (Wills et al 2009).

There should be regular monitoring and surveillance of the labeling, nutrition contents of food service as part of a comprehensive food and nutrition surveillance system for Australia.

(Attachment 1: PHAA’s Policy Statement on Food and Nutrition Monitoring and Surveillance in Australia)

**Q7. In what ways could these misunderstandings and disagreements be overcome?**

PHAA believes the current provision of food safety information is sufficient and these requirements should be maintained.

**Q8. In what ways can food labelling be used to support health promotion initiatives?**

PHAA affirms the Australian and New Zealand Food Regulation Ministerial Council, 2009 Policy Statement on Front of Pack Labelling statement that a FOPL scheme can guide consumer choice towards healthier food options and aims to:
Submission from the PHAA to the Food Labelling Review Committee

Guide consumer choice by:

1. Enabling direct comparison between individual foods that, within the overall diet, may contribute to the risk factors of various diet related chronic diseases.

2. Being readily understandable and meaningful across socio-economic groups, culturally and linguistically diverse groups and low literacy/low numeracy groups.

3. Increasing awareness of foods that, within the overall diet, may contribute positively or negatively to the risk factors of diet related chronic diseases.

Be consistent with other health strategies and guidelines by:

4. Supporting and being consistent with the objectives of programs and strategies designed to reduce the risk of diet related chronic diseases.

5. Guiding consumers to the selection of foods consistent with the Australia and New Zealand dietary guidelines

6. Supporting and being consistent with the Australia and New Zealand dietary guidelines and Nutrient Reference Values

Affect the environment in which consumers make choices by:

7. Contributing to the creation of a supportive environment that can guide consumer choice towards healthier foods within the overall diet.

8. Providing incentive for improvements to the healthiness of the food supply (Commonwealth Department of Health & Aging, 2009)

Health Promotion has been described as activities designed to inhibit chronic disease by the promotion of healthy eating in the Issues Consultation Paper (5 March 2010,p.3). Nutrition education is one of a range of activities used in downstream approaches to educate the population on how to select healthy food products that meet the Dietary Guidelines for Australians recommendations in which the food label is used as a key tool. It is therefore essential that food labelling enable easy and quick interpretation of nutrition information for the population. The move to mandatory back of pack labelling such as the nutrition information panel significantly improved the ability of professionals to educate the public.

PHAA believes that regulation activities can improve the food label can improve the further to provide a mandatory interpretative front of pack labelling traffic light scheme that would enable at-a-glance decisions about the nutrient profile of food and beverage products to be assessed.

Standard serving sizes across food groups that reflect the Government’s food selection advice as part of Dietary Guidelines for Australian’s messages would also strengthen nutrition education and contribute to consistency in labelling (Q3).

These approaches would be supported by a Government’s position on nutrient content and health claims being clarified. PHAA has contributed several times to the proposal P293.
Nutrition, Health and Related Claims and the lack of a clear decision is contributing to population confusion and enabling the food industry to label food products with misleading claims (Mhurchu & Gorton 2007).

It is also clear that improving the food label by providing mandatory interpretative front of pack traffic light scheme support health promotion initiatives in conjunction with the current mandatory back of pack requirements provides an benchmark and incentive for the food industry to reformulate existing products to produce healthier products and to develop new healthier products (Lobstein & Davis, 2005). This has the potential to result in significant reformation across the food system in line with recommendations of the National Preventative Health Taskforce.

The ultimate aim of food regulation in the form of improved food labelling is to impact on population food choices and therefore dietary intakes. It is important that Australian develop a national food and nutrition monitoring and surveillance system to provide regular updates on dietary intakes such as national nutrition surveys. Monitoring the use of front of pack and back of pack labelling is assisting the population to make healthier food choices should be included as part of a national food and nutrition monitoring and surveillance system.

**Q9. In what ways can disclosure of ingredients be improved?**

PHAA considers that the present requirements for ingredient listings generally provides information that most of the population requires, there are however several improvements that could be made.

- Vegetable oil is approved for use regardless of the type of oil used in the product. Palm and coconut oil are two types of vegetable oils that are high in saturated fat. In order for the population to meet the Dietary Guideline of reducing saturated fat PHAA would like to see a requirement that the name of the oil be listed not just a generic title. This would then enable Australian’s trying to reduce dietary saturated fat to make an informed choice and avoids a situation that is potentially misleading.

- Whilst the present labelling system does require the labelling of allergens, the listing of sources of derivatives or the full names would again enable Australian’s to make informed choices.

- In regards to additives used in producing food products, PHAA would like to see one consistent system that uses both the full name and additive number on the label.

**Q10. To what extent should health claims that can be objectively supported by evidence be permitted?**

As previously stated PHAA has made numerous submissions to FSANZ relating to Nutrition, Health and Related Claims (P293).
PHAA remains opposed to the introduction of health claims and believes that regulatory provisions to allow health claims on food are a contradiction to the following public health nutrition principles for the following reasons;

- the reduction in risk for disease is affected by the total diet and lifestyle pattern, not by use of an individual food;
- individual foods by themselves do not prevent or cause a disease; all chronic diseases in which diet has been implicated to play a causative and/or preventative role and for which labelling and advertising claims could be anticipated, are multifactoral in nature as to the aetiology and progression;
- the precise role of diet for many such diseases remains to be determined; and
- the role of diet for each individual cannot be predicted because of marked individual variability resulting mainly from hereditary and lifestyle factors.
- the evidence that health claims either inform consumers and improve food choices, beyond promoting specific products, or promote public health is inconclusive at best.
- concern that the population will misinterpret health claims on individual products overall contribution to health.

(See Attachment 2: PHAA’s Policy Statement Health Claims on Food)

PHAA believes that the decision to proceed with some form of health claims on food will have a major impact on the food supply, the food industry, nutrition education, the work of health professionals and the population. For example, the PHAA believes that health claims will promote an understanding of individual foods as drugs - that is a magic bullet effect, which is unrealistic and misleading for most diet-related diseases. Furthermore, this medicalisation of food distorts the importance of balance, variety and moderation in food selection and other public health nutrition messages.

With regard to infant formula there is a lack of clarity on the presence of nutrition and implied health claims and this undermines the promotion and support of breastfeeding and the benefits produced by breastfeeding (Smith, 2007). PHAA would like to see regulation that this food product is to carry no nutrition-related claims as it provides the total diet for a specific population group.

Government policy on the role of information and education to promote public health should be based on sound evidence. Currently evidence is lacking that health claims provide a role in the nutrition education of consumers and thereby benefit the public’s health. There is still no commonly agreed approach internationally to how health claims will be scientifically substantiated by Codex (Grossklaus, 2009).

PHAA supports the primary policy principle stated in the Australian and New Zealand Food Regulation Ministerial Council’s Nutrition, Health and Regulated Claims Policy Guideline that
Submission from the PHAA to the Food Labelling Review Committee

any intervention by government should give priority to protecting and improving the health of the population (Commonwealth Department of Health and Aging, 2003)

Q11. What are the practical implications and consequences of aligning the regulations relating to health claims on foods and complementary medicine products?

PHAA strongly maintains that there is a conceptual difference in promoting foods in line with the Dietary Guidelines for Australians for preventative health versus the regulation of complementary medicine for disease treatment under the present system. There are some products that are not regulated by FSANZ as a food BUT these products are sold alongside food in retail outlets and the differences in regulations adds to the population’s confusion about the purpose of labelling. These products include a range of dietary supplements and weight loss products.

PHAA is concerned that differences in regulation of health claims between foods and complementary medicine products may produce situations whereby manufacturers use one system to gain a marketing advantage.

PHAA does not support the use of health claims across foods that the population are required to eat as opposed to complementary medicine products that people make a conscious choice to use. However in saying that there needs to be clarity and equity between these two systems given the increasing trends towards products that blur the food/complementary medicine boundary. There needs to be a clear distinction between food and complementary medicine.

Q12. Should specific health warnings (e.g., high level of sodium or saturated fat per serve) and related health consequences be required?

PHAA believes that a mandatory front of pack labelling scheme that provides at-a-glance interpretation of the positive and negative nutrient content will enable the population to identify foods in line with the Dietary Guidelines for Australians is required.

There are major issues in interpretation when a product is high in one nutrient (e.g., high in sodium) but promoted as a good source of other nutrients (particularly where the product has been fortified with vitamins/minerals). The other common outcome of highlighting one nutrient is that products will have been reformulated to be lower in that nutrient (e.g. fat or sugar) but still have high energy and sodium levels comparable to the original product. Surveys demonstrate that subgroups in the population misinterpret nutrient content claims for one nutrient in regard to being able to judge the overall healthiness of the food (Gorton et al, 2010)
PHAA believes that regulatory provisions to allow individual nutrient health warnings are similar to those of health claims on food are a contradiction to the following public health nutrition principles for the following reasons:

- the reduction in risk for disease is affected by the total diet and lifestyle pattern, not by use of an individual food;
- Individual foods by themselves do not prevent or cause a disease; all chronic diseases in which diet has been implicated to play a causative and/or preventative role and for which labelling and advertising claims could be anticipated, are multifactorial in nature as to the aetiology and progression;
- the precise role of diet for many such diseases remains to be determined; and
- the role of diet for each individual cannot be predicted because of marked individual variability resulting mainly from hereditary and lifestyle factors.

PHAA supports a nutrient profiling approach that ranks foods based on their nutrient composition (positive & negative characteristics). Research has shown that it is possible to use nutrient profiling with individual foods to guide the selection of healthier food choices (Drewnoski and Fulgoni, 2008; Lobstein and Davies, 2010). It is also possible to consider the regularity of consumption and amounts of specific foods used by specific groups when profiling nutrients. PHAA considers that a mandatory front of pack labelling traffic light system developed using a nutrient profiling approach would overcome the limitations of specific health warnings for one nutrient.

Q13. To what extent should the labelling requirements of the Food Standards Code address additional consumer-related concerns, with no immediate public health and safety impact?

It is essential that the protection of public health considering the broader public health objectives of health safety and health promotion be the primary concerns with a revision of food labelling law and policy. Australian’s do express interest in using other criteria that are of interest to PHAA (Wilson et al, 2004). There are concerned with the Australian food system and its future potential to provide healthy foods to the population with least impact on the environment.

The WA Department of Health’s 2009 Nutrition Monitoring Survey of 1284 adults found overwhelming support for Government to regulate the supply of environmentally friendly foods (83%) and genetically modified foods (81%) (Pollard & Daly, 2010).

A 2010 report prepared for the UK Food Standards Agency found that CoOL is an important indicator for consumers of both the quality and safety of food (Food Standards Agency, 2010). A key feature of country of origin labelling is the traceability of food products, particularly the ability to track the food chain. It also commented that the literature reviewed for the report on CoOL contains evidence of ‘consumer ethnocentricism’, ‘food
nationalism’ and ‘food patriotism’. This generally refers to the belief that one’s own country or region produces safer and better food than other countries or regions. (Food Standards Agency, 2010). CoOL is an important consideration in food choice driven by population values.

Additional information such as CoOL, environmental stability and methods of production such as genetic modification are of interest to PHAA, however these consideration of these additional consumer concerns should not be to the disadvantage of food safety and health promotion provisions. More research on population values and preferences is needed. This information could in the meantime be provided by other methods such as brochures, websites or future barcode scanning information systems for those that wish to seek this out.

Q14. What criteria should be used to determine the inclusion of specific types of information?

The primary criteria for determination of the inclusion of specific types of information should be

- Protection and promotion of public health and safety
- Evidence of population concern, research on population concerns and how present forms of CoOL are interpreted would guide decision making on future criteria.

Q15. What criteria should determine which, if any, foods are required to have country of origin labelling?

No comment

Q16. How can confusion over this terminology in relation to food be resolved?

No comment

Q17. Is there a need to establish agreed definitions of terms such as ‘natural’, ‘lite’, ‘organic’, ‘free range’, ‘virgin’ (as regards olive oil), ‘kosher’ or ‘halal’? If so, should these definitions be included or referenced in the Food Standards Code?

PHAA agrees that there should be definitions of these terms in the Food Standards Code to clarify when they can be used for the population and the food industry where possible and provides a clear mandate for use.

Lite/light is a classic example of where an ambiguous term is used in multiple situations and demonstrates why industry Codes of Practice (such as Code of Practice on Nutrient Claims in
Submission from the PHAA to the Food Labelling Review Committee

Food Labels and in Advertisements (CoPoNC)) only produce deceptive and unsubstantiated claims. The use of such terms (including others such as ‘fresh’ and ‘real’ (real fruit) don’t result in consistent application thereby increasing population confusion and essentially producing a barrier to healthy food choices. PHAA considers these terms nebulous and that there use by the food industry is to produce a marketing advantage not the protection and promotion of public health.

There will be some terms for which is difficult to establish a definition of sufficient clarity for inclusion the Food Standards Code and enforceable by law. These may be best dealt with by other avenues such as Trade Practices Act or the ACCC.

PHAA is concerned about claims that simulate a nutrition or health claim, for example the use of the word ‘lite’ which may indicate the colour or may infer a nutrient characteristics, e.g. less fat content. This highlights the need for an overarching Food Labelling Law and Policy for Australia/New Zealand.

Q18. What criteria should be used to determine the legitimacy of such information claims for the food label?

The criteria to determine the legitimacy of such information claims should be the aims of the Food Regulation System as defined in the 2008 Overarching Strategic Statement of the Food Regulation System’, in order of priority:

1. Protect the health and safety of consumers by reducing risks related to food;
2. Enable consumers to make informed choices about food by ensuring that they have sufficient information and by preventing them from being misled;
3. Support public health objectives by promoting healthy food choices, maintaining and enhancing the nutritional qualities of food and responding to specific public health issues; and
4. Enable the existence of a strong, sustainable food industry to assist in achieving a diverse, affordable food supply and also for the general economic benefit of Australia and New Zealand (Commonwealth Department of Health and Aging, 2008).

Q19 In what ways can information disclosure about the use of these technological developments in food production be improved given the available state of scientific knowledge, manufacturing processes involved and detection levels?

PHAA believes that when new technologies are introduced in production of food such as GM and the processing of food that have no long term history of human consumption products
produced by these methods that manufactures provide information indicating the production or processing method and that education campaigns are designed to educate Australians on the need for these new technological developments.

In the 2010 report produced for the UK Food Standards Agency a recommendation was put forward that GM labelling needs to be accompanied by relevant and understandable information about GM production methods. That is to say consumers better understand the GM label if the label also declares the reason why GM techniques are being used e.g., to reduce the fat content of a product or lower

The labelling system should be improved to the standards desired by consumers, so that consumers can easily identify foods containing ingredients originating from GM animals and plants, and from animals fed GM feed. There should be thorough enforcement of the labelling laws by FSANZ and State health departments and an annual budget set-aside for this.

**Q20. Should alcohol products be regulated as a food? If so, should alcohol products have the same labelling requirements as other foods (i.e., nutrition panels and list of ingredients)? If not, how should alcohol products be regulated?**

Yes. Alcohol should be regulated as a food. Alcohol contributes significantly to the energy (kJ) content and density of the diet. (29kJ.g). Alcohol should have the same labeling requirements as food and other beverages included nutrition information panels and ingredient listing. The Dietary Guidelines for Australians recommend that the population limit alcohol consumption (NHMRC, 2003).

Regulating alcohol as a food and improve the ability of the population to easily and quickly assess energy contribution to dietary intakes could contribute significantly to the activities designed to reduce alcohol consumption and resulting alcohol harm as part of a national alcohol policy reformation. There are issues with the existing health claims on low carbohydrate/kilojoule beers.

The government’s National Alcohol Strategy 2006-2011 states that due to the different ways that alcohol can affect people, there is no amount of alcohol that can be said to be safe for everyone (Commonwealth Department of Health and Aging, 2006). It would be also effective for alcoholic drinks to carry warning statements on labels designed to inform groups at risk, for example pregnant and lactating women, children) of the potential short and long term harm of consumption.

The government’s National Preventative Health Taskforce recommendations for increased public awareness and reshaping attitudes to promote a safer drinking culture in Australia would be supported further by labeling alcohol as a food and the introduction of warning statements.
Part 4: Food Labelling Presentation

Q21. Should minimum font sizes be specified for all wording?

PHAA agrees that a minimum font size should be specified for all wording. The font size used on a label is somewhat dependent on the size of the product. This is an area in which testing with the population may provide evidence on minimum font sizes for various components of the label that enable quick and easy decisions.

The current variability in size of nutrition information panel and ingredient listing fonts would be improved by a mandated minimum font size. FSANZ should continue to regulate the required minimum font size for warning and advisory statements as currently listed in the Food Standards Code.

PHAA does not support a situation that would require larger packaging to solely accommodate a minimum font size as this would have environmental impacts and be likely to result in a more expensive product for the population.

Q22. Are there ways of objectively testing legibility and readability? To what extent should objective testing be required?

Yes, there are standardised ways to test for legibility and readability. Further research initiated/commissioned by FSANZ could provide the answers to the legibility and readability of food labels and how this contributes to health literacy in achieving the aims of the food regulation system. Health literacy is defined by the as the knowledge and skills required to understand and use information relating to health issues such disease prevention and treatment (ABS, 2008). Health literacy assessments now include a test on interpreting food labels for nutritional value (Barber et al, 2009). PHAA considers that it is possible to design specific tools to assess legibility and readability of food labels that would provide evidence on the design of standardised formats, font size etc for food labels.

Q23. How best can the information on food labels be arranged to balance the presentation of a range of information while minimising information overload?

The Review should prioritise on broader public health objectives (food safety and health promotion) by standardising the format of labels to enable Australian’s to locate information in consistent layouts.
Submission from the PHAA to the Food Labelling Review Committee

The 2010 report to the UK Food Standards Agency demonstrates the time available for food purchasing affects consumer’s use of food labels (FSA, 2010). In supermarkets most consumers show a superficial level of processing the information that they do read on labels.

PHAA believes there is sufficient evidence that an interpretive front of pack labelling traffic light scheme would provide a large amount of information on the nutrient profile of a product quick and easily. This type of system would also account for the proportion of the population with poor functional literacy levels and for children with developing literacy levels.

The Review should also consider the need to limit the use of the label for marketing purposes such as the placement of a range of claims and logos, apart from manufacturer name/address and website for further information as one way of minimising information overload and preventing confusion.

Q24. In what ways can consumers be best informed to maximise their understanding of the terms and figures used on food labels?

Consistent formats, use of 100g/mL and standardised serving size in food groups.

Interpretive at-a-glance front of pack labelling would overcome issues with the current mandatory requirements requiring too much time for processing in a shopping environment which provides limited opportunities for assessing products for their overall contribution to total diet.

Q25. What is an appropriate role for government in relation to use of pictorial icons on food labels?

PHAA believes that inconsistent use of some logos (i.e. only on products who have paid for logo) increases consumer confusion and produces scepticism regarding the Government’s role in food regulation. There are now a host of logos/pictorial icons on food labels as part of an increase in the number of food labelling schemes intended to inform the public about a product’s nutritional value, ethics, production standards and origin.

Too much information on food labels can lead to confusion, misunderstanding and uncertainty, however. Scepticism on behalf of the population should provide a clear rationale for government involvement in regulating the use of logos/pictorial icons on food labels. It is the government’s role to regulate, coordinate and limit the use of such icons to produce consistency and accuracy in food labelling.
Q26. What objectives should inform decisions relevant to the format of front-of-pack labelling?

PHAA acknowledges the policy principles set out by the Australia New Zealand Food Regulation Ministerial Council policy statement setting out the objectives of a FOPL. The FOPL scheme development should be guided by these principles and objectives.

PHAA considers that there are key criteria for front of pack labeling.

- FOPL must relate to key nutrients linked to diet-related disease as well as those required for good nutritional status. 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 should take a comprehensive nutrient approach that takes into account the total nutrient profile of single foods like fruits and vegetables or a compound product like breakfast cereals. 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.

- Be based on individual nutrient criteria with different criteria applied to different food groups. 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. Current voluntary non-interpretative FOPL such as the %DI scheme is based on average energy requirements for adults that limit interpretation for all Australians with varying energy requirements, particularly children.

PHAA believes that a coloured coded traffic light system is understandable and meaningful across socio-economic groups, culturally and linguistically diverse and low literacy/low numeracy groups. This fits with the government’s social inclusion agenda that aims to make sure all Australians have the resources and opportunities to generate long-term health gains. Primary targets of the social inclusion agenda are children and vulnerable groups such as ATSI groups (Commonwealth Government, 2009).

FOPL must be a fully enforceable regulation via a mandatory scheme that can benefit all Australians. Compliance of food producers and manufactures must be monitored and non-compliance enforced by the current enforcement agencies.
FOPL is one strategy designed to improve the nutritional status of all Australians. FOPL must be positioned in and be consistent with broader implementation of food and nutrition policy to address diet-related diseases and risk factors such as obesity.

PHAA also agrees with the public health position on front of pack labelling of the Australian Chronic Disease Prevention Alliance (ACDPA, 2009).

**Q27. What is the case for food label information to be provided on foods prepared and consumed in commercial (e.g., restaurants, take away shops) or institutional (schools, pre-schools, worksites) premises? If there is a case, what information would be considered essential?**

PHAA supports the case for food label information to be made mandatory on commercially provided foods and beverages. This would include ingredient listings, nutrition information panels and interpretative front of pack labelling traffic light scheme could be provided at the point of sale such as on menus or boards displaying food choices, not necessarily the food/beverage itself.

Many commercial food producers provide nutrition information via in-store brochures or websites but recent research has demonstrated that only 0.1% of people go to the effort of seeking this level of detail via these means (Roberto et al 2009:).

Evidence shows that energy density information at the point of sale has been shown to consistently impact people’s choices resulting in consumption of fewer kilojoules (Roberto et al 2010; Pulos & Leng 2010; Tandon et al 2010).

**Q28. To what degree should the Food Standards Code address food advertising?**

PHAA acknowledges that there is a gap in the regulation of food advertising. Whilst it is not the responsibility of FSANZ to regulate food advertising there are a several issues that FSANZ could mandate that would enable more effective food advertising to promote healthier food products. It would also enable jurisdictions to effectively enforce breaches to the Food Standards Code that appear in advertising.

- Mandatory regulation of nutrient content claims to not be allowable on foods and beverages that do not meet an overall healthiness rating.
- Mandatory interpretive front of pack labelling system has the potential to be adapted or extended to food advertising thereby creating a consistently supportive environment for population food choices.
Q29. *In what ways can consistency across Australia and New Zealand in the interpretation and administration of food labelling standards be improved?*

It is important that there is consistency in the interpretation and administration of food labelling standards across Australia and New Zealand to prevent population confusion due to potential misleading or prohibited labelling claims to be used in Australia.

PHAA is not aware that there is much evidence that inconsistency between countries is contributing to Australian's ability to interpret food labels.

Q30. *In what ways can consistency, especially within Australia, in the enforcement of food labelling standards be improved?*

PHAA considers that FSANZ has significant expertise in all food regulatory public health issues. FSANZ is well placed to expand its role in food regulation. Consistency could be improved by

- Information in the form of interpretative guidelines to ensure compliance across jurisdictions due to differing interpretations of the Food Standards Code
- Clarification of the role of levels of government with who deals with issues at state level-health or local government.

It is also important to give consideration to the limited resources available for enforcement.

Q31. *What are the strengths and weaknesses of placing the responsibility for the interpretation, administration and enforcement of labelling standards in Australia with a national authority applying Commonwealth law and with compatible arrangements for New Zealand?*

A national authority provides the following strengths

- Improve consistency of interpretation and be a point of coordinated education on labelling standards

Q32. *If such an approach was adopted, what are the strengths and weaknesses of such a national authority being an existing...*
agency; or a specific food labelling agency; or a specific unit within an existing agency?

PHAA maintains that a new agency is not justified at this time. The costs incurred with the establishment of a ‘new authority’ should not outweigh the benefits.

Q33. If such an approach was adopted, what are appropriate mechanisms to deal with the constitutional limits to the Commonwealth’s powers?

No comment.

Q34. What are the advantages and disadvantages of retaining governments’ primary responsibility for administering food labelling regulations?

PHAA strongly supports the retention of government’s primary responsibility for administrating food labelling regulations.

Q35. If a move to either: self regulation by industry of labelling requirements; or co-regulation involving industry, government and consumers were to be considered, how would such an arrangement work and what issues would need to be addressed?

PHAA does not support an industry self-regulation model or co-regulation model. The protection and promotion of public health and safety is at odds with a primarily profit driven industry. The Australian and New Zealand food industry is too large and highly fragmented. There would be difficulty in engaging all stakeholders to work effectively to regulate food labelling requirements.

Q36. In what ways does such split or shared responsibility strengthen or weaken the interpretation and enforcement of food labelling requirements?

PHAA believes that split or shared responsibility would weaken the interpretation and enforcement of food labelling requirements.

Q37. What are the strengths and limitations of the current processes that define a product as a food or a complementary medicine?

See Q11.
Submission from the PHAA to the Food Labelling Review Committee

Q38. What are the strengths and weaknesses of having different approaches to the enforcement of food labelling standards for imported versus domestically produced foods?

PHAA maintains that whilst a viable food supply is economically important, that the enforcement of food labelling standards be considered in the context of a national food and nutrition policy on which one strategy is food regulation systems.

Q39. Should food imported through New Zealand be subject to the same AQIS inspection requirements?

It should be subject to some inspection standards but not required to also progress through an AQIS inspection resulting in double handling.

Conclusion

Food regulation systems, particularly labelling law and policies, should protect and promote public health by ensuring safe, high quality and nutritious foods are available and promoted to the Australian population in such a way as to assist them to choose a healthy diet.

Food labelling policies and laws influence the safety, availability, nutrient composition and promotion of foods, as well as ensuring appropriate and adequate information is available to consumers.

The most important step for the Review Committee in terms of public health for the Review Committee is to recommend the adoption of a ‘traffic light’ system of labelling.

14 May 2010
Michael Moore BA, Dip Ed, MPH
Chief Executive Officer
Public Health Association of Australia

Attachments

Attachment 1:
PHAA’s Policy Statement Food and Nutrition Monitoring and Surveillance in Australia

Attachment 2:
PHAA’s Policy Statement Health Claims on Food
References


Australian Bureau of Statistics (ABS) 2006 Household Expenditure Survey, Australia: Summary of Results 2003-2004 Catalogue Number. 6530.0

Australian Bureau of Statistics (ABS), 2007, 8146.0.55.001 - Patterns of internet access in Australia, 2006,


Barber MN, Staples M, Osborne RH, Clerehan R, Elder C, Buchbinder R. Up to a quarter of the Australian population may have suboptimal health literacy depending upon the measurement tool: results from a population-based survey. Health Promot Int. 2009 Sep;24(3):252-61.


Commonwealth Department of Health and Aging, 2006, Ecologically Sustainable Development Produced by the NICNAS Communications Team

Submission from the PHAA to the Food Labelling Review Committee


Submission from the PHAA to the Food Labelling Review Committee


Grossklaus, R, 2009, Codex recommendations on the scientific basis of health claims. Eur J Nutr, 48, suppl 1; s15-s22


Marks GC., Coyne T and Pang, G. 2001.Type 2 Diabetes Costs in Australia- the potential impact of changes in diet, physical activity and levels of obesity. Canberra, Australian Food and Nutrition Monitoring Unit.


Tandon PS, Wright J, Zhou C, Rogers CB, Christakis DA, 2010, Nutrition menu labelling may lead to lower-calorie restaurant meal choices for children, Paediatrics, 125 (2):244-248


