

**FRONT OF PACK LABELLING:  
AN AGREED PUBLIC HEALTH POSITION**

**As agreed at a consensus forum hosted by the  
Australian Chronic Disease Prevention Alliance  
in Sydney on 23 February 2009.**

# Front of Pack Labelling: An Agreed Public Health Position

March 2009

## A. Purpose of this document

Public health organisations from around Australia agreed that it would be valuable to develop general principles for a front of pack food labelling (FOPL) system for Australia.

This document summarises the consensus position, developed collaboratively by the following organisations and individuals at a workshop hosted by the Australian Chronic Disease Prevention Alliance held on 23 February 2009:

- Australian Chronic Disease Prevention Alliance which comprises:
  - Cancer Council Australia
  - Diabetes Australia
  - Kidney Health Australia
  - National Heart Foundation of Australia
  - National Stroke Foundation
- Obesity Policy Coalition
- Public Health Association of Australia
- Dietitians Association of Australia
- Choice (Australian Consumers' Association)
- Institute of Obesity, Nutrition and Exercise, University of Sydney
- Associate Professor Peter Williams, Smart Food Centre, University of Wollongong

This group of organisations is collectively referred to in this document as Public Health Organisations.

Individual organisations could then draw on the consensus document to make submissions to the Food Regulation Standing Committee (FRSC) Working Party in response to their Consultation Paper on FOPL.

## **B. Context**

### **What is Front of Pack Labelling?**

The Australia New Zealand Food Standards Code ('the Code') currently mandates the inclusion of a nutrition information panel (NIP) on all packaged foods, with some exceptions such as very small packages and foods that are packaged for immediate consumption.

This NIP is typically placed on the sides or the back of food packages, and is not immediately visible to consumers.. Further, research investigating comprehension of NIPs indicates that some consumers can find them confusing and difficult to interpret. NIPs were made mandatory on food labels to improve the level of information available to consumers and assist them to make informed choices about the foods they buy. However, food labels also have the potential to actively encourage consumers to make healthy choices by presenting nutrition information in a format that is easy to interpret at a glance. An easier to understand method of labelling foods, for use in conjunction with the NIP, is therefore sought, with moves overseas to develop systems for conveying nutrition information in a more meaningful way on the front of food packages.

In the UK, and elsewhere in Europe and the US, the voluntary introduction of front-of-pack labelling (FOPL) has led to the development of many varying labelling systems by food manufacturers and retailers. The labelling systems that have been introduced in the UK and elsewhere comprise variations of three main labelling schemes, including:

- Colour-coded (traffic light) systems; where the amounts of total fat, saturated fat, sugar and salt/sodium are ranked as either high, medium or low (according to nutrient cut-off points) and assigned a colour-code of red, amber or green accordingly
- Percentage Guideline Daily Amount (%GDA) systems; which display the percentages of the major nutrients that a food provides, based on recommended daily requirements for these nutrients
- 'Better for you schemes' such as Swedish keyhole (government), Heart Foundation Tick (non-government organisation), Eat Smart (industry) and Smart Choices (non-government organisation, government and industry coalition).

In 2006, Percentage Daily Intake (%DI) FOPL was introduced by the Australian Food and Grocery Council (AFGC) into the Australian market as a voluntary labelling scheme, based on a variation of %GDA labelling. This system is based on the recommended dietary intakes of a reference adult (70 kg male) with an energy requirement of 8,700 kJ per day, as per the Code. The %DI system has been adopted by more than 15 major Australian food manufacturers (as at December 2007) and has the support of the major grocery retailers.

## **Why is Front of Pack Labelling important?**

In Australia, chronic disease is estimated to be responsible for 80% of the total burden of disease and injury<sup>1</sup>. Significant contributing factors to chronic disease are poor nutrition and obesity which is steadily increasing in the Australian population.<sup>2</sup>

The provision of nutrition information at the point of sale potentially provides a direct vehicle for assisting consumers to identify healthier food choices<sup>3</sup> and in so doing may improve health outcomes. It is, however, important to recognise that FOPL alone will not address obesity and chronic disease. It is one strategy among many (such as education, changes to food marketing/promotion, increased availability of healthier foods, food reformulation and strategies to increase physical activity) that can assist Australians to reduce their risk of chronic diseases such as heart disease, stroke, type 2 diabetes and some types of cancer.

While FOPL is generally agreed to be of value, different stakeholders vary in their views about the best labelling scheme to assist consumers.

This document details those elements of a FOPL scheme which Public Health Organisations agree are critical for success. These elements or principles are relevant regardless of the type of FOPL adopted or the way that the FOPL scheme might finally be presented.

### **C. Goals and objectives of any FOPL scheme**

Public Health Organisations agree that the overarching goals of any FOPL scheme are to

- promote an increase in the number of people eating in accordance with dietary guidelines.
- complement and support other strategies designed to address the increasing prevalence of obesity, poor nutrition and chronic disease

A FOPL scheme can contribute to these overall goals by:

- empowering consumers to make healthier food and drink choices; and
- encouraging industry to improve the quality of the food supply by addressing nutrient composition, product marketing and portion size.

These are the desired objectives of FOPL.

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1 National Health Priority Action Council (NHPAC) 2006. National Chronic Disease Strategy, Australian Government Department of Health and Ageing, Canberra.

2 Australian Bureau of Statistics. National Health Survey 2004-05: Summary of Results. February 2006.

3 Cowburn G, Stockley L. Consumer understanding and use of nutrition labelling: a systematic review. Public Health Nutr 2005;8:21-8

## **D. Regulatory Principles underpinning any FOPL scheme**

In order to achieve these objectives, Public Health Organisations believe that any FOPL scheme must:

- provide clear, simple, easy to interpret information;
- provide labelling information that is consistent across products and uniformly applied throughout Australia;
- be consistent with broader public health objectives and existing health policies;
- be able to be understood by most demographic groups, especially lower SES;
- promote healthier food choices as well as highlight those foods that are a poorer choice or should be consumed as an occasional food only;
- encourage the food industry to produce healthier food products;
- be strictly enforced to prevent industry non-compliance, to minimise consumer confusion and to ensure that compliant companies and food service organisations are not disadvantaged relative to non-compliant companies. Public Health Organisations strongly believe that any FOPL scheme must:
  - be mandatory, not voluntary. This eliminates loopholes, maximises impact, reduces inequities within industry and better ensures consistency;
  - be underpinned by appropriate sanctions to encourage compliance; and
  - be actively enforced.
- be closely monitored and evaluated against its specified goals and objectives. Public Health Organisations recognise that many public health initiatives, including FOPL, are based on inexact science. It is therefore imperative that the FOPL scheme be closely monitored and evaluated and if necessary, adjusted over time in order to best meet the objective of empowering consumers to make healthier food choices and encouraging industry to improve the quality of the food supply; and
- be part of a broader framework for addressing obesity and chronic disease involving consumer education and policy and legislative initiatives.

## E. Key elements of any FOPL scheme

Public Health Organisations believe that any FOPL scheme:

- **Should apply to all foods eligible to carry a Nutrition Information Panel (NIP) and to Quick Service Restaurants.**

All food products eligible to carry a NIP should carry new information on the front of the label as described below, in addition to the mandatory NIP.

Quick Service Restaurants for the purpose of this paper are defined as high volume chain restaurants that have a standardised menu and meal offerings and quality assurance systems in place. In this case the food's overall nutrition rating under the FOPL scheme should be displayed on the menu board at the point of sale.

- **Must include both nutrient information and an interpretive element.**

One of the key differences between FOPL schemes is whether or not they provide an interpretation of the dietary value of a food. Some non-interpretive schemes provide advice on the proportion of selected nutrients contained in a recommended serve of the food, assessed against reference daily amounts (such as Daily Intake Guides). These schemes require consumers to interpret the information and decide if the proportion of the nutrient in the food is appropriate for their individual needs. By contrast, an interpretive scheme aims to interpret nutrient information for consumers and provides an indication of the healthiness of the food within the diet or food category.

Public Health Organisations believe that the FOPL scheme should include nutrient information as well as an interpretive element. Interpretational aids are critical in assisting consumers to assess the nutrient contribution of specific foods to the overall diet. This interpretive element should be based on a ranking of individual nutrients with the possibility of having additional information on the overall product rating.

- **Should be based on a set number of criteria specific to the core food groups**

The criteria should take into account properties unique to that food group, and set benchmarks or standards that are appropriate to the nutritional composition of that food group.

Different nutrient criteria could be developed specifically for core food groups including:

- breads/cereals;
- dairy;
- fats/oils;

- fruit/vegetables; and
- meat/poultry/seafood.

FOPL would be required only for products in these food groups that are required to carry a NIP.

Foods that don't fall into one of the above categories would be placed in an "extras" or "other" group.

- **Should, as a minimum, address: Saturated/Trans Fat; Salt/Sodium; and a measure of energy**

There is consensus amongst Public Health Organisations that labelling must address saturated/trans fats (combined measure); salt/sodium; and a measure of energy. What is less clear is how energy is best presented on product labelling. While energy is critical to weight maintenance, consumers generally have a very poor understanding of kilojoules (KJ) as a measure of energy. Sugar and total fat are alternative proxy measures for energy, but they do not take into account the energy contribution of total carbohydrates. Further research and/or consumer education may be required this area.

Soon to be released UK studies on FOPL may also shed some further light on this issue.

Consideration should also be given to including other nutrients relevant to particular food groups such as fibre for the bread and cereals food group, sugar for beverages and calcium for dairy and alternatives.. These could readily be identified by FSANZ in consultation with public health professionals and drawing on international experience. However, the overall number of nutrients to be displayed on FOPL should be kept to a minimum, with a focus on key nutrients of greatest public health significance.

The critical points are that the front of pack nutrient labelling must be relevant to the food group, be focussed on key nutrients of greatest public health significance and be clear, simple and meaningful to consumers.

- **Should be based on 100g or 100mL**

Given inconsistencies regarding serving size, it is important that the nutrient criteria for any FOPL scheme be based on 100g or 100mL of the product.

- **Should use dietary modelling to determine nutrient criteria underpinning FOPL, based on Nutrient Reference Values and Dietary Guidelines**

This ensures that the dietary value of the food as a whole as well as its individual nutrients are considered.

- **Development and implementation of any FOPL scheme should be accompanied by a consumer education campaign on how to use the FOPL**

Regardless of the FOPL adopted, further education campaigns would need to be implemented to ensure that consumers understand the FOPL and what it is telling them about the food in the context of their overall diet.

## **F. Development and implementation of any FOPL scheme**

Public Health Organisations believe that:

- FSANZ should be tasked with developing the FOPL scheme within a reasonable time frame, with implementation to be phased in over a further two year period.
- the scheme should be developed in close consultation with relevant stakeholders including Commonwealth and state government food and health authorities, public health organisations, consumer organisations and the food industry. Industry consultation should focus on practical means by which to best implement these agreed FOPL Principles;
- any FOPL options should be subject to thorough consumer testing. It is recognised that existing consumer research has provided mixed results regarding the most effective way for communicating product and dietary information to consumers. Any FOPL scheme that is developed should be market tested to ensure that the preferred approach is the most effective means for communicating the information to consumers;
- the legislative framework to mandate FOPL must:
  - be clear and enforceable;
  - include meaningful sanctions (a robust penalty system);
  - be actively monitored and independently overseen. The results of monitoring activity must be transparent and reported by an independent body or bodies. This will assist in gaining industry support for (and compliance with) the initiative which in turn increases the uniform application of the scheme and reduces consumer confusion;
- in parallel with the development of a FOPL scheme there must be a supporting consumer education initiative. FOPL cannot be implemented in isolation. Other initiatives must also be considered including social marketing campaigns and improving standardisation of serving sizes.
- the FOPL scheme may also be able to complement other schemes or strategies such as children's food advertising. For example, if there were to be an Overall Product Rating as part of the FOPL scheme, this could potentially be used to determine whether a food could be advertised to children through television or other media.

## **G. Monitoring and Evaluation of any FOPL scheme**

Public Health Organisations consider that any FOPL scheme must be accompanied by a clear strategy for monitoring and evaluating the success of the scheme.

Too often legislation is introduced with no clear points of review and limited funding for evaluation. This poses challenges in terms of identifying:

- whether the initiative has been effective or not; and
- whether any changes are needed to the scheme to improve its overall effectiveness or reduce any unintended adverse impacts.

Given the importance of FOPL, we believe that:

- a monitoring and evaluation strategy must be developed in parallel with the development of the FOPL scheme;
- base-line data must be collected prior to implementation of the FOPL scheme (noting that this should not, however, delay the introduction of FOPL);
- a range of short and long term impacts should be considered including:
  - short term product impacts. For example, have there been changes to individual product composition or availability?
  - short term behavioural impacts. For example, do consumers understand FOPL? Has FOPL changed consumer shopping behaviour?
  - long term population health surveys. For example, has FOPL in combination with other related initiatives led consumers to make healthier food choices and in so doing reduced the risk of chronic disease? Are more people within the healthy weight range? Has chronic disease incidence decreased?
- monitoring and review should occur at pre-determined legislated times. For example, the FOPL legislation could require a review at certain intervals (2, 5 and 8 years). Close consideration would need to be given to the indicators and impacts that should be measured and reviewed at each point. For example, there is little value in assessing impact on chronic disease after only one year of implementation. However, two years may be an adequate time in which to consider short term product impacts and behavioural impacts.

## H. Next steps

This document outlines the agreed public position of signatory health and consumer organisations on the principles upon which an Australian FOPL scheme should be based.

It is intended that this consensus position be used to inform further discussion on FOPL and in addition form the basis of a response to the FRSC Consultation Options Paper on FOPL released on 24 February 2009..

It is hoped that Public Health Organisations throughout Australia will continue to work closely together (and with their New Zealand counterparts) in the development of a FOPL scheme.

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