



Submission from Cancer Council Australia

Review of Food Labelling Law and Policy

Cancer Council Australia

Cancer Council Australia is Australia's peak national non-government cancer control organisation. Its members are the eight state and territory cancer organisations working together to undertake and fund cancer research, prevent and control cancer and provide information and support for people affected by cancer.

Cancer Council Australia's goal is to lead the development and promotion of national cancer control policy in Australia, in order to prevent cancer and reduce the illness, disability and death caused by cancer.

Cancer Council welcomes the decision by the Council of Australian Governments (COAG) and the Australia and New Zealand Food Regulation Ministerial Council (Ministerial Council) to undertake a comprehensive review of food labelling law and policy which will consider options to reduce the regulatory burden in food labelling *without* compromising public health and safety.

Our organisation is interested in food labelling as a vehicle to assist consumers to make healthier food choices, and as a means of encouraging the food industry to innovate and develop healthier food products. Cancer Council is concerned about the potential for false, misleading, deceptive, or simply misconstrued food labelling, which has the potential to contribute to unhealthy food choices, and the development of obesity and consequent chronic disease, including cancer. The high rates of obesity in Australia and the link between obesity and cancer make this issue of extreme importance to Cancer Council Australia.

Government action needed to ensure healthy food choices are the easy choices

Public health goals are of paramount importance as the review of food labelling policy and law is undertaken.

Data from the 1995 National Nutrition Survey and the NSW Health Survey (2007) indicate approximately 80-90% of Australian adults eat less than the recommended five serves of vegetables per day, and 50% of adults eat one serve or less of fruit per day, compared to the recommended two serves.^{1, 2} Further, socioeconomically disadvantaged and indigenous women are more likely to have very low fruit intakes (less than one serve per day), as are both men and women in very remote areas.¹

More recently, the 2007 Australian National Children's Nutrition and Physical Activity Survey indicated that children and adolescents' intake of fruit and vegetables was also poor; with only 1-2% of older children meeting the recommend three serves of fruit, when juice was not included in this count.³ Only about one-quarter of younger

children and 1–11% of older children met the guideline for vegetable intake. Also of concern, the consumption of sodium in all age groups exceeded the recommended upper level of intake.³

The high, and increasing, prevalence of overweight and obesity in Australia has also been documented. The 2007-08 National Health Survey, which measured the height, weight, and hip and waist circumference of respondents aged 5 years or more, identified that 68% of adult men and 55% of adult women were overweight or obese.⁴ Importantly the distribution of overweight and obesity is not shared equally amongst all population groups, with people in the most disadvantaged socioeconomic groups having higher levels of obesity than those in the most advantaged group.⁵ The 2007 Children's Nutrition and Physical Activity Survey, indicated that 23% of Australian children aged 2 to 16 years are overweight or obese (17% overweight and 6% obese).³ Further, 17% of children had a waist circumference above recommendations. This figure is particularly worrying as fat carried around the waist area is associated with increased health risks.⁶

Poor nutritional status and related overweight and obesity are associated with significant health consequences including certain cancers and other chronic diseases. Further, overweight and obesity is associated with negative psychosocial consequences, such as low self-esteem and depression. In 2008, the total financial cost of obesity was estimated at \$8.3 billion,⁷ which includes productivity losses, health system costs, carer costs, taxation revenue foregone, and other indirect costs. The cost of obesity increased to \$58.2 billion when the cost of lost wellbeing was included.⁷

Population-wide strategies are required to address these nutrition-related diseases, with particular emphasis given to the equity of these approaches for the most disadvantaged population groups, who bear a disproportionate burden of diet related chronic disease in Australia. Food labelling is an important vehicle for promoting healthy food choices, with the potential to impact on large population numbers and all socio-demographic groups. Cancer Council urges the Review Panel to ensure that this review of food labelling policy maximises the opportunity to promote the consumption of healthy food choices, including fresh fruit and vegetables, rather than be restricted to considering only packaged and processed foods.

Considerations for the labelling review

Cancer Council Australia believes there needs to be an overarching policy to encompass all aspects of food labelling. The current arrangement where separate policy guidelines for different aspects of food policy are developed, such as for front of pack labelling, and nutrition and health claims, is cumbersome, difficult to navigate and fails to provide a clear direction for the promotion of public health. The development of an overarching food labelling policy would ensure that the fundamental principles of public health and consumer protection are maintained and increased.

Government regulatory intervention in the regulation of food labelling should be driven by public health and consumer protection principles and must:

- I. Provide clear, simple and easy to interpret information that can be understood across all demographic groups, particularly lower socio-economic groups.

- II. Be mandatory in nature and underpinned by adequate compliance and enforcement mechanisms that are consistent across Australia.
- III. Be closely monitored and evaluated against specific goals.
- IV. Be accompanied by useful and wide-reaching consumer education.

Public health considerations

Cancer Council Australia encourages the Review Panel to be cognisant of the recent recommendations made by the National Preventative Health Taskforce, particularly in relation to front-of-pack food labelling. This Taskforce highlighted the need for a clear and comprehensive food labelling system to enable consumers to make informed purchasing decisions and influence consumers' behaviour; and the need for the reformulation of food products, listing interpretative food labelling as one mechanism to achieve this objective.⁸

Effective regulations around food labelling have the potential to facilitate healthier lifestyle choices, in a manner parallel to that observed with the introduction of labelling information on cigarette packages. Evidence indicates that health warnings on tobacco product packaging has been effective in highlighting health risks associated with cigarettes, supporting the intention to quit, discouraging uptake of smoking and importantly, increasing cessation rates.⁹ These health warnings are more effective and more likely to be noticed if they are prominently displayed. Similarly, nutrition information has the potential to alter consumers' food purchasing and consumption behaviours, provided that this information is given in a format that is understandable and immediately visible to consumers, such as traffic light front-of-pack food labelling.

Rather than focus ensuing discussions about food labelling on debating how labelling information (or lack thereof) contributes to ill health and chronic disease, Cancer Council encourages this review to focus on creating labelling systems that support healthy lifestyle behaviours and systems that do not undermine healthy choices.

To this end, a clearer definition of 'public health' is required in the Food Standards Code. Cancer Council is concerned that, on occasion, FSANZ and more broadly, the Government, have taken an overly simplistic and narrow view of aspects relating to food labelling policy, with resultant implications on public health. For example, while food safety issues are an important public health component, other issues such as the prevention of weight gain are also critical. We recommend that one definite outcome of this review should be the repositioning of parameters to define public health, and emphasising the importance of these parameters in all aspects of food labelling policy and regulation.

Consumer needs

Cancer Council Australia recommends that the Review Panel expand and clearly define the principle relating to the provision of consumer information. Food labelling should provide clear, simple and easy to interpret information that can be understood across demographic groups, particularly lower socio-economic groups. In addition, it is vital that any changes and improvements to labelling systems be accompanied by a comprehensive consumer education strategy.

In order to protect consumers from misleading information, labelling regulations should be mandatory and underpinned by adequate compliance and enforcement mechanisms that are consistent across Australia.

FSANZ – Central agency role

Cancer Council Australia supports the recent proposed COAG reform to increase the powers of FSANZ to provide interpretative rulings on food standards which bind all jurisdictions undertaking monitoring and enforcement activities related to food standards. By ensuring FSANZ is able to act as a central agency, this is an optimum role that government can play. This will assist with compliance with food labelling regulations and avoid variable interpretations in different jurisdictions.

Other labelling opportunities

Front-of-pack / traffic light labelling

There are some key labelling opportunities for promoting public health goals of which the Review Panel should be aware. These include Front-of-Pack (FoP) labelling, nutrient profiling, standard serving sizes and nutrition information panels.

As the Review Panel would be aware, the National Preventative Health Taskforce has recommended the introduction of comprehensive FoP labelling on food products as an obesity prevention strategy. Specifically, the Taskforce recommended: *“a food labelling system to guide people to healthier food and drink choices rather than further confuse them or provide insufficient information on important nutritional messages....The scheme must be actively enforced with appropriate penalties, and closely monitored and evaluated against its specified goals and objectives.”*

There have been divergent views among public health experts and industry groups on the best FoP labelling system for consumers. Last year, Cancer Council, in collaboration with public health and consumer organisations, conducted intercept surveys ($n = 790$) at shopping centres to assess consumers' preferences for, and ability to use different FoP systems.¹⁰ Participants were exposed to mock food packages displaying one of four different front-of-pack labelling systems, including two variations of the Percentage Daily Intake (%DI) (Monochrome %DI and Colour-Coded %DI), and two variations of the Traffic Light system (Traffic Light and Traffic Light + Overall Rating).

Consumers indicated strong consumer support for nutrition information to be included on the front of food packages, particularly saturated fat, sugar, total fat and sodium, and for a single, consistent front-of-pack food labelling system across all food packages.

While consumers thought the Colour-Coded %DI food labelling system (a variation of the industry preferred %DI) would be easiest to use, their actual ability to use the nutrition information for either variant of the %DI system was significantly poorer than for the Traffic Light system. Consumers using the Traffic Light system were five times more likely to correctly identify healthier food products compared to consumers using the standard %DI system, and three times more likely to correctly identify the healthier products compared to consumers using the Colour-Coded %DI system. Further, use of the %DI system was associated with socio-economic status, with those in the most disadvantaged groups less likely to be able to use this system.

A copy of the published research is included with this submission.¹⁰

Based on findings from this and other previous international research, and in line with the recommendations of the National Preventative Health Taskforce, Cancer Council Australia recommends that FoP food labelling be introduced into the Australian grocery market. To assist consumers in their interpretation of this labelling, one consistent labelling format which uses Traffic Light symbols and a coloured schema should be used. This labelling can support consumers by providing them with accurate nutrition information in an understandable format, and ultimately, will assist consumers to select healthier food products. The introduction of interpretative nutrition labelling is also likely to encourage the production of healthier food products, as industry would be eager to attain more desirable nutritional profiles.

In March 2009, Cancer Council made a submission to the Food Regulation Standing Committee for a Front of Pack Labelling Policy Guideline. Our recommendations for a policy directive on FoP food labelling were, and remain that, FoP labelling should:

- **Support consumers in selecting healthier food products.** FoP food labelling should educate consumers and assist them to identify healthier food products.
- **Encourage healthier food product formulation.** FoP food labelling should aim to spur healthier product development by the food industry.
- **Provide an interpretation of nutrition information for consumers.** An interpretive scheme, such as Traffic Light symbols and coloured schema, should be used to provide at-a-glance interpretation of nutrient information.
- **Complement rather than replace Nutrition Information Panels (NIPs).** FoP labelling must complement, not replace, existing nutrition information currently on the back or sides of food packages.
- **Be based on individual nutrient criteria, with different criteria applied to different food groups.** These food groups should reflect the core food groups denoted in the Dietary Guidelines, with an additional category for extra foods, and category specific nutrient criteria that consider the properties unique to that food group, with an emphasis on the nutrients which have the greatest public health significance within each food group. Dietary modelling should be used to determine the nutrient criteria underpinning FOP labelling, based on Nutrient Reference Values and Dietary Guidelines.
- **Be simple and quick for consumers to interpret.** FoP labelling must provide at-a-glance interpretation of nutrient information for consumers.
- **Be based on 100 g/mL of foods.** Factual information about the levels of key nutrients should be based on 100g or 100mL of the food or beverage product to avoid any manipulation of serving size information by food manufacturers.
- **Specify the absolute nutrient content of foods.** The absolute quantity (g/mL/mg/kJ) of each nutrient should be included on the FoP label. This will allow consumers to differentiate between products at a more discrete level.
- **Comprise one consistent system.** To avoid consumer confusion one consistent FoP labelling system should be introduced rather than a range of systems permitted.
- **Be based on independent consumer research, comparing a range of different FoP systems.** This research must be transparent and stand up to peer review.
- **Be introduced across all packaged retail grocery food products.** FoP should be introduced initially across all packaged retail grocery food products that are eligible for Nutrition Information Panels, with intent to extend labelling to restaurant chains with standard menu items.

- **Be accompanied by public education.** An extensive public education campaign must accompany the implementation of FoP food labelling to inform consumers how to interpret the labelling system in the context of other government healthy eating guidelines.
- **Be statutory in nature and fully enforced.** Only mandatory, legally enforced FoP food labelling regulations will ensure that the system is equitably applied across all food products, giving maximum benefit for consumers. Compliance with the regulations will need to be independently monitored and enforced.
- **Be monitored and evaluated.** The FOP labelling scheme will need to be monitored and evaluated to ensure that it meets its stated objectives.

Recognising that FoP labelling *alone* is unlikely to be sufficient in achieving necessary behaviour change, relating to either food purchasing behaviours or food consumption patterns, the major aim of FoP labelling is rather to increase consumers' awareness, interpretation and understanding of food labels. In turn, this knowledge, in concert with other government healthy lifestyle initiatives, will ultimately assist consumers in making informed food choices.

Again, we urge the Review Panel not to be stalled by calls for unrealistic and unattainable proof of the effectiveness of FoP labelling on consumer's food purchasing behaviours. Research has demonstrated the efficacy of traffic light food labelling in assisting consumer's to interpret nutrition information and identify healthy food products, under survey conditions. This research is important in establishing that traffic light labelling can assist in developing a better informed population.

The Review Panel will no doubt be aware of the recent study published in the journal, *Health Promotion International*, that assessed the sales impact of front-of-pack Traffic Light nutrition labelling on consumer food purchases of ready meals and sandwiches in the UK.¹¹ The study did not show any association between the introduction of the Traffic Light label system and the healthiness of the products purchased.¹¹ The authors of the paper emphasised the many limitations of this study. In particular, that it was conducted on a small sample of products, with only about 4% of the total range of ready meals examined in the study. It would be expected that if Traffic Light food labels were mandatory on most food packages, consumers would be more likely to compare information if it is well recognised and used across a range of products and food categories. Furthermore, the study measured only the immediate impact of the Traffic Light labels (i.e. 4 weeks after they were introduced). In reality, it is likely that FOPL would influence consumer choices over a longer period of time and in conjunction with an education campaign. The authors concluded that that this study should not preclude the possibility of Traffic Light labelling delivering public health benefits.¹¹ It is also important to note that there have been no similar studies conducted on the impact of %DI and whether that labelling system assists consumers to make more purchases of healthier foods.

Waiting until we have evidence of the effectiveness of this system on consumers' purchasing behaviours in real-world settings (difficult provided the rejection of this system by food retailers in Australia) is not only unnecessary, given the demonstrated benefits to consumer knowledge and sovereignty, but will hamper the potential public health benefits that are likely to be associated with the introduction of this labelling.

Nutrient profiling

The review of food labelling law and policy must also consider nutrient profiling modelling systems, in order to promote public health goals. Cancer Council Australia was impressed with the nutrient profiling system developed by the Food Standards Agency in the UK and subsequently improved by FSANZ, as part of the developmental work for P293 Nutrition and Health Claims. However, Cancer Council would like to see this nutrient profiling system finalised and ratified for use in Australia. This nutrient profiling system offers the potential for an independently developed and recognised tool for classifying healthy and less healthy food products. Such a tool is invaluable for defining foods eligible to carry nutrition and health claims, and also has broader purposes, such as providing researchers with a standardised classification tool for defining the healthiness of products.

Standard serving sizes

In undertaking the review of food labelling law and policy, the Review Panel must recognise that the lack of standardised serving sizes is a significant omission for food labelling in Australia. The development of standardised serving sizes, based on the actual consumption behaviours of Australians, is required to ensure that food manufacturers provide consistent serving size labelling on their products. This is an area where government and FSANZ could play a key role.

Nutrition and health claims

The issue of nutrition and health claims on food labels has been long running, and Cancer Council has made numerous submissions to FSANZ about the proposed standard for regulating nutrition and health claims. Cancer Council supports FSANZ's recommended approach that the regulation of general level and high level health claims be pre-approved by FSANZ within the standard. Cancer Council agrees that industry self-substantiation of general level health claims does not protect public health and safety. Cancer Council, like FSANZ, remains committed that these general level and high level health claims must meet the nutrient profiling score criteria.

However, Cancer Council remains concerned about the lack of disqualifying criteria for nutrition content claims, and would encourage the Review Panel to recommend that nutrition content claims only be permissible on foods that meet criteria for healthiness.

A published Australian study has shown that the majority of foods making nutrition content claims in television advertisements were non-core foods, promoting desirable aspects of the foods composition while ignoring the less desirable components.¹². Obviously this is an area that needs to be addressed, so that public health goals can be realised and to prevent misleading nutrition claims as a means to market unhealthy products to consumers.

Contact details

Cancer Council wishes the Review Panel well in conducting its labelling review, as it is very important that there is effective regulation to protect consumers from potentially misleading food labelling and promote public health principles.

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