Cancer Council Australia Submission on Labelling Logic recommendations – September 2011

Comments on the recommendations of the Labelling Logic report

1. About 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.

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.

Cancer Council welcomes this opportunity to provide additional comment of some key recommendations of the Labelling Logic report of the Blewett Review of food labelling laws and policy. This submission will outline the Labelling Logic recommendations that Cancer Council has identified as priorities for action because of their potential to improve consumers’ ability to make healthy choices. We will then provide some more detailed comments on the three specific consultation areas – the issues hierarchy, front of pack labelling and the labelling of alcoholic beverages.

2. Cancer Council priorities for action

The Labelling Logic report contains 61 recommendations for improving food labelling laws and policy to better assist consumers to make healthy and informed choices. Cancer Council has identified a number of recommendations for immediate action because they will have significant potential to improve consumers’ ability to make healthy choices and reduce their risk of developing chronic diseases. These priorities are:

a. Defining and prioritising ‘public health’

The preventive health potential of food labelling should be articulated in legislation by defining the term ‘public health’ in the Food Standards Australia New Zealand (FSANZ) Act 1991 (Recommendation 1). This will reinforce the role of food regulation in protecting populations from chronic conditions such as obesity, heart disease and some cancers; not just from immediate safety risks such as contaminants and foodborne illnesses.
b. Recognising food labelling as an important preventive health measure

Governments should be given greater responsibility for regulating food labelling information that supports or potentially undermines consumers’ ability to make healthy choices, with government regulation or co-regulatory approaches being the most appropriate interventions to afford sufficient consumer protection from misleading claims (Recommendation 2).

Cancer Council believes the following definition should underpin food regulation, as well as food and nutrition policy.

“Public Health is defined as the organised response by society to protect and promote health, and to prevent injury, illness and disability. Public health is distinguished from other roles of the health system by its focus on the health and wellbeing of populations rather than individuals. Public health programs are usually aimed at addressing the factors including social and environmental considerations that determine health and the causes of illness, rather than their consequences, with the aim of protecting or promoting health, or preventing illness”.

c. Developing a Nutrition Policy to guide food labelling decisions

A comprehensive Nutrition Policy should be developed to guide the development and review of food labelling laws, ensuring that food labelling regulations promote healthy choices and are consistent with government healthy eating advice such as the Australian Guide to Healthy Eating and the Dietary Guidelines for Australians (Recommendation 9). The policy should outline a nutrition profiling criteria that would underpin food labelling standards as well as a program for monitoring compliance and surveying consumers’ use and understanding of food labelling elements.

Cancer Council is aware that the Department of Agriculture Forestry and Fisheries is currently developing a National Food Plan. While we believe that a truly comprehensive National Food Plan would prioritise the development of a healthy and nutritious food supply, the recent issues paper did not demonstrate this and falls short of a comprehensive Nutrition Policy.

d. Providing nutrition information on menu boards at fast food outlets

A nationally-consistent approach for the declaration of nutrition information for standard fast food items on menu boards should be developed (Recommendation 18). While energy (kilojoule) information should be the immediate priority, the declaration of saturated fat, sugar and/or sodium content should also be considered. We recognise that the NSW Government has already introduced such a system and we understand that a national approach is already being discussed by members of the Food Regulation Standing Committee.

e. Prohibiting claims about nutrition content and health benefit on unhealthy foods

The draft standard for nutrition and health claims on food labels, as currently proposed by FSANZ, should be amended to extend the application of the nutrient profiling criteria to products making nutrition content claims (Recommendation 20). This would ensure that consumers aren’t misled by the range of unhealthy foods that currently make selective claims such as ‘97% fat free’ on high-salt biscuits or ‘a good source of calcium’, that do not give consumers a true indication of whether a product is unhealthy or not.

Cancer Council, as well as other public health and consumer groups, has supported this same approach as recommended in the Labelling Logic report for many years. The
proposed nutrition and health claims standard that only applies nutrient profiling to products making general- and high-level health claims has been under development for almost 20 years and is near completion. However, Cancer Council would prefer to see the existing draft standard implemented immediately rather than having the introduction of this standard further delayed, which would lead to a continuation of potentially misleading health claims being made on food labels. The application of the nutrient profiling to nutrition content claims could be addressed by amending the standard following further consultation.

f. Disclosing the nutrition content and ingredients in alcohol products and warning consumers about unsafe alcohol consumption

New requirements for the labelling of alcoholic beverages should be introduced so that the labelling requirements for alcohol products are at a minimum consistent with existing labelling requirements for foods and non-alcoholic beverages (Recommendations 24-27). We see no justification for alcoholic beverages, particularly alcopops, being exempt from carrying mandatory information such as nutrition information panels (especially kilojoule content) and ingredients lists. Recommendations for warning statements about the health risks associated with alcohol consumption, particularly during pregnancy, support existing government strategies to promote safe alcohol consumption. Alcohol is a particular priority for Cancer Council as alcohol is a recognised Grade 1 carcinogen and in order to reduce cancer risk, Cancer Council advises people to limit their alcohol consumption to a maximum of 2 standard drinks per day, or better still avoid alcohol completely.

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g. Introducing a Traffic Light labelling system to empower consumers to make healthy choices

A front of pack nutrition labelling system that includes Traffic Light colours should be introduced to help consumers make healthy choices at a glance. It should focus on the nutrients of greatest public health concern (e.g. fats, saturated fats, sugars and sodium) and should be mandatory on all food labels. The Labelling Logic report suggests that in the first instance it should be mandatory for products that carry health claims and voluntary for all other foods, however in order to be most effective we believe it should be mandatory on all food labels.

Cancer Council’s own research demonstrates consumer support for a consistent front of pack labelling system, and highlights that consumers are significantly better able to use a coloured Traffic Light system to make healthy choices compared with the food industry’s preferred monochrome Percent Daily Intake (%DI) scheme. More importantly, consumers from lower socioeconomic groups – who we know have a greater burden of obesity and other chronic diseases – were significantly less able to make healthy choices using the %DI system than a system that included Traffic Light colours. Further details on our response to the Labelling Logic recommendations relating to Traffic Light labelling are provided below in response to the specific consultation questions.

3. Issues Hierarchy Framework

This issues hierarchy framework proposed in the Labelling Logic report outlines the spectrum of regulatory approaches that could be applied to different elements of labelling information. The framework proposes that:

- for food safety issues, mandatory measures would be the primary approach
- for preventative health, a mix of mandatory and co-regulatory measures would apply
- for new technology issues mandatory measures with time limits would apply
• for consumer values issues, a mix of co-regulatory and self-regulatory measures would be used.

Cancer Council recognises that there is a spectrum of regulatory approaches available to governments. These include full government regulation, co-regulatory approaches and industry self-regulation. The level of regulatory intervention can be determined by a number of factors, such as industry history of good or poor practice, the degree of existing market failure, and the potential risks for consumers.

Cancer Council agrees with the principle of minimal effective regulation, however we believe that because of the short and long term health implications of unsafe foods and unhealthy choices, the food supply, including food labelling is one area where government regulation is essential to give consumers’ confidence in the safety of the food supply, the level of scrutiny applied to claims about ingredients or health benefits, and their ability to make an informed choice about the foods they buy.

Cancer Council believes that the four categories outlined in the issues hierarchy reflect the different contexts in which food labelling may be important, however we are not convinced that their place in the hierarchy should be the sole determinant of the degree of government regulation required.

While we agree that mandatory measures are vital in ensuring safety of food and regulating preventive health labelling (e.g. nutrition information and health claims), we believe that greater scope should be given in the issues hierarchy for mandatory approaches to consumer values issues.

For example, Cancer Council is concerned that without more specific scope for mandatory approaches to regulating labelling of consumer values issues, industry, government or other stakeholders may define some preventative health or food safety issues as consumer values issues in an effort to avoid the need for government regulation. For example, in 2004 Cancer Council was involved in discussions about the development of policy guidelines on health claims. The discussion papers provided to stakeholders stated that health claims did not relate to public health and safety, but were marketing claims that provided consumer choice. It was argued that they did not need to be subject to a higher degree of government regulation as a labelling issue that directly related to health and safety.

Further information on the decision making process for classifying labelling issues within the hierarchy would help to address this issue.

Another concern with the issues hierarchy is that decisions about regulatory approaches may be guided by regulatory impact statements that overemphasise the costs to businesses because there is limited data collected about the benefit to consumers and public health. The public health benefits of food labelling interventions are often considered in isolation to other public health interventions when labelling interventions (e.g. warning statements about the risks associated with alcohol consumption during pregnancy) are likely to be effective when they are part of a multifaceted strategy that includes consumer information and social marketing.

4. Front of pack labelling

4.1 Cancer Council’s position on front of pack labelling

Cancer Council is particularly interested in recommendations 50 – 54 which relate to the introduction of an interpretive Traffic Light front of pack nutrition labelling system.
Cancer Council agrees with recommendation 50 that an interpretative front of pack labelling system be developed that is reflective of a comprehensive Nutrition Policy and agreed public health priorities. Implementation of this recommendation is reliant on the development of a Nutrition Policy to guide food labelling decisions. As outlined above, Cancer Council believes a Nutrition Policy should be developed as a matter of urgency as it has implications for a number of other recommendations in the Labelling Logic report.

As outlined in our May 2010 submission to the Food Labelling Review Panel, Cancer Council is strongly supportive of the introduction of front of pack food labelling and recommends the following objectives for a front of pack labelling system (which have been adapted from the consensus principles developed through the Australian Chronic Disease Prevention Alliance, of which Cancer Council is a member organisation):

A front of pack nutrition labelling system should:

- **Support consumers in selecting healthier food products.** Front of pack food labelling should educate consumers and assist them to identify healthier food products.

- **Encourage healthier food product formulation.** Front of pack 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).** Front of pack 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 front of pack labelling, based on Nutrient Reference Values and Dietary Guidelines.

- **Be simple and quick for consumers to interpret.** Front of pack 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 front of pack label. This will allow consumers to differentiate between products at a more discrete level.

- **Comprise one consistent system.** To avoid consumer confusion one consistent front of pack labelling system should be introduced rather than a range of systems permitted.

- **Be based on independent consumer research, comparing a range of different front of pack systems.** This research must be transparent and stand up to peer review.
• **Be introduced across all packaged retail grocery food products.** Front of pack 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 front of pack 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 front of pack 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 front of pack labelling scheme will need to be monitored and evaluated to ensure that it meets its stated objectives.

### 4.2 Research supporting Traffic Light labelling

Cancer Council urges the Australia New Zealand Food Regulation Ministerial Council not to be stalled by calls for unrealistic and unattainable proof of the effectiveness of front of pack labelling on consumers’ food purchasing behaviours. Research has clearly demonstrated the efficacy of Traffic Light food labelling in assisting consumers 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.

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 front of pack systems. 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 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.

Researchers from the University of Auckland have conducted consumer testing with grocery buyers ($n = 1525$) to determine use, understanding and preferences related to different nutrition labels, including the Traffic Light system, %DI and NIPs. The Traffic Light system was the preferred system of consumers and also performed the best in assisting consumers
to identify healthier food choices. Consumers’ ability to interpret %DI was associated with ethnicity, with a poorer understanding of this system amongst Asian and Maori people.6

Also, researchers from Massey University tested consumer’s evaluation of the nutritional quality of breakfast cereals, using either Traffic Light labelling, %DI labelling or NIPs (control).7 While both Traffic Light and %DI labelling enhanced consumers’ ability to evaluate the products more accurately compared to the control, Traffic Light labelling performed significantly better.

The UK Food Standards Agency (FSA) have conducted extensive consumer research on front of pack food labelling since 2004: identifying consumers’ preferences for different front of pack labelling formats; performance testing to determine consumers’ ability to use different front of pack labelling systems; and determining how front of pack labels are used by consumers in the supermarket environment.

The most recent and comprehensive research from this organisation, released in May 2009, used a combination of qualitative (shopping bag audits, n = 112; and omnibus survey, n = 4534), observational (in supermarkets, n = 113) and qualitative methods (in-depth interviews, n = 50) to: determine the effectiveness of different labelling systems in allowing consumers to identify products’ nutrient levels; assess consumers’ use of front of pack labels in the retail environment; and determine the effect of the co-existence of multiple labelling formats on consumers’ interpretation.8

Major findings of this research were that:

- Labels using the words “high”, “medium” and “low” as well as Traffic Light colours achieved the highest level of comprehension with consumers (71%). However, labels that combined these nutrient indicators (words and colours) together with percent Guideline Daily Amount performed equally well (70%), and were also one of the most preferred label formats.

- Some shoppers use energy to determine the nutritional value of products, although the inclusion of energy has no effect on comprehension.

- Consumers who use labels value them, although other factors also influence purchasing decisions.

- Consumers are most likely to use front of pack labels when they are buying a product for the first time, when comparing between products, when shopping for children and when trying to reduce their intake of certain nutrients or their weight.

- The coexistence of multiple labelling formats introduces considerable difficulty in comprehension for consumers.

Earlier research, using qualitative focus group research, showed strong consumer support for the introduction of a single consistent front of pack food labelling system on packaged food, to be developed by an independent organisation.9,10 Using quantitative consumer performance testing (n = 2,600) the majority of consumers preferred labelling formats with colour coding together with high, medium, and low indicators or information on nutrient levels to assist in the interpretation of colours.11 Colour-coding was perceived to assist consumers in making food purchasing decisions at-a-glance. Some consumers were unable to use the numerical information provided on percent Guideline Daily Amount labelling correctly and were confused by the use of percentages. Consumers supported the inclusion of fat,
saturated fat, sugars and salt on front of pack labels and perceived the strongest need for front of pack labelling on processed foods.

The UK consumer group Which? have also conducted consumer testing \((n = 636)\) to determine consumers’ ability to correctly use and interpret different front of pack labelling systems.\(^1^2\) Labelling attributes including their ease and speed of use, and the level of information provided were assessed, together with consumers’ ability to correctly identify healthy food products. The Traffic Light system was rated better than the other systems for the majority of these performance indicators. Based on this research, the introduction of front of pack labelling using colour coding with high, medium and low indicators and an initial focus on fat, saturated fat, sugar and salt was recommended.

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 front of pack 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.

A study published in the journal, Health Promotion International in 2009, assessed the sales impact of front of pack Traffic Light nutrition labelling on consumer food purchases of ready meals and sandwiches in the UK.\(^1^3\) The study did not show any association between the introduction of the Traffic Light label system and the healthiness of the products purchased.\(^1^3\) 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 front of pack labelling would influence consumer choices over a longer period of time and in conjunction with an education campaign. The authors concluded that this study should not preclude the possibility of Traffic Light labelling delivering public health benefits.\(^1^3\) It is also important to note that there have been no similar studies conducted on the impact of percentage daily intake and whether that labelling system assists consumers to make more purchases of healthier foods.

A more recent study by the same authors focussed on the impact of traffic light labelling information on food choices among consumers who purchased groceries online.\(^1^4\) While the study found that a Traffic Light system did not appear to influence purchasing decisions among the online shoppers in the study they identified a number of limitations of the study that may have influence these findings.\(^1^4\) The Traffic Light labels were only applied to a limited number of supermarket brand products that did not have significant market share. Consumers who purchase groceries online are not representative of the general population with more online grocery shoppers tending to be highly educated relatively wealthy women, who are already health conscious. They also noted that online shoppers are more likely to purchase familiar brands and do not take the time to browse products like in-store shoppers would and that it may take longer to influence shoppers choices than the 10-week duration of this study. Despite this the authors concluded that advocates of different front of pack labelling schemes (including Traffic Light labelling) should focus on the benefits of the
scheme in providing consumer information while evaluation of the impact on food choices is conducted.\textsuperscript{14}

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.

There may however be a role for governments in negotiating a trial of Traffic Light labelling in a limited number of supermarkets from chains other than those who have already indicated that they do not support Traffic Light labels. The Traffic Light colours could be applied to shelf labels rather than on food packaging. Eye tracking technology, shopping centre intercept surveys and/or sales data could be used to evaluate the impact of the Traffic Light information on consumer choices.

4.3 \textit{Mandatory Traffic Light labelling on products carrying health claims only}

As outlined above, Cancer Council supports a mandatory front of pack Traffic Light system however we recognise the pragmatic approach proposed in recommendation 51 where a multiple Traffic Lights front of pack labelling system be voluntary in the first instance, but mandatory where general or high level health claims are made or equivalent endorsements/trade names/marks appear on the label. However, we feel that there are some limitations with this approach.

Primarily, this regulation may deter manufacturers from making a health claim in preference to a nutrition content claim. Our concern here is that while a product making a general or high level health claim would be subject to nutrient profiling and therefore an unhealthy food would not be eligible to carry a health claim, a manufacturer could avoid the requirement to carry Traffic Light labels by simply making a nutrition content claim.

In Cancer Council’s view, and as research by FSANZ confirms, consumers make very little distinction between the benefits of a product making a health claim compared to the implied health benefits of a product making a nutrition content claim.\textsuperscript{15} For example, many consumers would see a ‘good source of calcium’ claim and infer from that claim that the product will be beneficial for bone and dental health.

Cancer Council is aware that the Australia New Zealand Food Regulation Ministerial Council has requested FSANZ review their recommendation that products carrying nutrition content claims need not be subject to nutrient profiling to determine whether they are healthy enough to make a claim. We also recognise and support the recommendation of the \textit{Labelling Logic} report that proposes nutrient profiling be applied to products making nutrient content claims in an effort to prevent unhealthy foods making nutrient content claims and potentially misleading consumers about the health benefit of an otherwise unhealthy food.

This issue also highlight the need to progress the health claims standard as a matter of urgency. A health claims standard has been under development since the early 1990’s. Almost 20 years later, Australian consumers are still waiting on a standard yet during this time we have seen manufacturers increasingly use these claims to promote their products with little protection for consumers from potentially misleading nutrition and health claims on unhealthy foods and in marketing.
4.4 Consumer education to support a Traffic Light labelling system

Cancer Council supports Recommendation 52 that government advice and support be provided to producers adopting the multiple Traffic Lights system and that its introduction be accompanied by comprehensive consumer education to explain and support the system. Traffic Light labelling is one of a number of tools that should form part of the Commonwealth government’s obesity prevention strategy. Consumer education about how to use the Traffic Light system and food labels generally to make healthy choices would be another important part of this strategy.

Recent media reports highlight the food industry's vocal opposition to a Traffic Light labelling system. One argument they perpetuate is that a Traffic Light system would portray soft drinks like Coca Cola as a healthier alternative to milk. This argument is false as it fails to acknowledge the other healthy eating advice that consumers would receive through communications such as the Australian Guide to Healthy Eating which clearly advises that milk is an important part of a healthy diet while soft drinks are considered an unhealthy or ‘extra’ food that shouldn’t be a regular part of a healthy diet.

Despite the food industry’s assertions, a Traffic Light system would in fact support the healthy eating messages in the Australian Guide to Healthy Eating recommendations that Australians should consume reduced fat dairy products by guiding them to healthier milks which have a lower total fat and saturated fat content. In fact, if for the purposes of Traffic Light labelling, milk is considered a ‘food’ as it is in the Australian Guide to Healthy Eating and the Food Standards Code (as opposed to a drink), some milk products would actually be labelled more favourably under a Traffic Light labelling system when compared with Coca Cola which is considered a drink. See the example below.

This comparison is based on the nutrition information available on the www.pura.com.au and www.livepositively.com.au. The Traffic Light nutrition criteria used is the UK FSA criteria. The food criteria is applied to all three milk products while the drink criteria is applied to the Coca Cola. As you can see Coca Cola is the only product that is awarded a red light while the two reduced fat milk products achieve green lights only.

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Pura Original Milk per 100mL</th>
<th>Pura Light Start Milk per 100mL</th>
<th>Pura Skim Milk per 100mL</th>
<th>Coca Cola Per 100mL</th>
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</thead>
<tbody>
<tr>
<td>Total Fat (g)</td>
<td>3.6g (Amber)</td>
<td>1g (Green)</td>
<td>1.5g (Green)</td>
<td>0g (Green)</td>
</tr>
<tr>
<td>Saturated Fat (g)</td>
<td>2.4g (Amber)</td>
<td>0.6g (Green)</td>
<td>1.0g (Green)</td>
<td>0g (Green)</td>
</tr>
<tr>
<td>Sugars (g)</td>
<td>4.9g (Green)</td>
<td>5g (Green)</td>
<td>5.6g (Green)</td>
<td>10.6g (Red)</td>
</tr>
<tr>
<td>Sodium (mg)</td>
<td>44mg (Green)</td>
<td>45mg (Green)</td>
<td>46mg (Green)</td>
<td>10mg (Green)</td>
</tr>
</tbody>
</table>

4.5 Further development of the existing Traffic Light labelling system

It is also important to highlight that just as FSANZ revised the UK FSA Nutrient Profiling System for the purposes of the proposed health claims standard, Australia could also build on the work of the UK FSA to enhance their Traffic Light system so that it addressed concerns (which are largely from the food industry) about the UK FSA system being overly simplistic.

One enhancement to the UK system that was tested by Cancer Council in its 2009 research was to apply an overall Traffic Light rating based on the overall nutritional profile. This could be determined using the FSANZ Nutrient Profiling system. Cancer Council research
demonstrated that this approach, while not as well understood as the Traffic Light system above, was more helpful that the food industry’s monochrome % Daily Intake system.\(^5\)

Food manufacturer Sanitarium does not support the Australian Food and Grocery Councils %DI labelling system. It has instead investigated how a Traffic Light system can be enhanced by taking into consideration the content of fruit and vegetable, nuts, grains and seeds; dietary fibre, saturated fats, added sugars and sodium and determine an overall Traffic Light rating accompanied by advice to ‘eat often’, ‘eat occasionally’ or ‘eat sparingly’.\(^7\) Sanitarium’s own research demonstrated that this system was well understood by consumers and helped guide them towards healthier choices.\(^7\)

The Sanitarium research was endorsed by the Public Health Association of Australia and demonstrates leadership within the food industry to develop a system that guides consumers towards healthier choices. This demonstrates that the public health community is prepared to work with food manufacturers who are genuinely prepared prioritise consumer health issues above company profits, in order to improve the health of Australians.

4.6 Monitoring and evaluation of a Traffic Light labelling system

Cancer Council supports recommendation 53 that ongoing monitoring and evaluation of the multiple Traffic Lights system be undertaken to assess industry compliance and the effectiveness of the system in improving the food supply and influencing consumers’ food choices. Monitoring and evaluation is vital to understanding consumers’ ability to interpret the Traffic Light system and use it to make healthy choices. However, if Traffic Light labelling is only required on products carrying health claims – at least in the first instance – it will be more difficult to evaluate its effectiveness as it would only appear on a limited number of products and therefore consumer exposure to and use of the system will also be limited.

4.7 Traffic Light labelling in fast food outlets

Cancer Council supports recommendation 54 that chain food service outlets across Australia and New Zealand be encouraged to display the multiple Traffic Lights system on menus and menu boards. While we agree with the Labelling Logic recommendation that it be mandatory where general or high level health claims are made or equivalent endorsements/trade names/marks are used, we feel there is consumer benefit in extending mandatory provisions to all products that are required to carry a kilojoule label. In reality, very few fast foods or quick service snack foods make health claims. It would also create consumer confusion if only some menu items featured Traffic Light information. Consumers would not have comparable information for products that didn’t carry health claims.

5. Alcohol

It is estimated that 5,070 cases of cancer (or 5% of all cancers) are attributable to long-term, chronic use of alcohol each year in Australia. Earlier this year, Cancer Council’s position statement on alcohol and cancer was published in the Medical Journal of Australia.\(^4\) The position statement is informed by our expert assessment of available scientific evidence relating to alcohol consumption and cancer risk for a range of different cancer types, including the evidence report of the World Cancer Research Fund.\(^18\)

In summary, there is convincing evidence that alcohol use increases the risk of cancers of the mouth, pharynx, larynx, oesophagus, bowel (in men) and breast (in women), and probable evidence that it increases the risk of bowel cancer (in women) and liver cancer.\(^18\)
Convincing and probable are the highest levels of evidence as determined by the World Cancer Research Fund and American Institute for Cancer Research and denote that the relationship is causal or probably causal in nature.

Consistent with the recommendations of the National Preventative Health Taskforce\textsuperscript{19}, health information and warning labels should be mandatory under the \textit{Food Standards Code}. Health information and warning labels need to follow strict guidelines about wording, format, legibility, colours used and the size of the label and position on the package (bottle, can, cask etc).

The introduction of health information and warning labels should be part of a wider alcohol control strategy that includes advertising and sponsorship bans and targeted pricing and taxation measures, in line with the recommendations of the National Preventative Health Taskforce.\textsuperscript{19}

5.1 \textit{Warning labels on alcoholic beverages}

Cancer Council supports recommendation 24 that generic alcohol warning messages be placed on alcohol labels as part of a comprehensive multifaceted national campaign targeting the public health problems of alcohol in society. As outlined below we support warning statements relating to the risks associated with alcohol consumption during pregnancy, on labels, at point of sale and in consumer education materials, as outlined in recommendation 25. However, we believe that warning statements regarding alcohol consumption during pregnancy should be one of a number of warning statements based on the 2009 National Health and Medical Research Council (NHMRC) Alcohol Guidelines.\textsuperscript{20}

In relation to warning labels:

\textbf{a)} Warning labels should be compulsory on all alcohol products so consumers can be informed that the product they are purchasing and/or consuming can have a serious impact on their health and wellbeing.

\textbf{b)} Warning labels should include health messages based on the 2009 NHMRC Alcohol Guidelines\textsuperscript{20} for low risk drinking including:

\begin{itemize}
  \item medical side effects of alcohol
  \item risks during pregnancy
  \item increased risk of physical violence
  \item risks to safety when operating machinery, driving, swimming etc.;
  \item social, health and injury problems.
\end{itemize}

\textbf{c)} Cancer Council proposes, in order to maximise impact, awareness and comprehension of the warning labels; they need to be:

\begin{itemize}
  \item placed on the main label (as opposed to the neck label)
  \item boxed
  \item of letters no less than 3mm high
  \item textual and graphic
  \item attention-getting
  \item full colour or black writing on white background to ensure written messages stand out
  \item occupying a considerable portion of the package surface, with the minimum size of labels stipulated
  \item rotated with different messages
\end{itemize}
• easy to comprehend - they need to be tested with consumers to ensure they are understood especially by people with low literacy or who speak languages other than English.

d) Warning labels should address social as well as health and safety issues, such as risk to third parties, as well as to the drinker themselves.

e) Alcohol warning labels should be reinforced by warning posters and signs in licensed premises.

5.2 Nutrition and ingredient information on alcoholic beverages

Cancer Council is concerned about the limitations of the current labelling approach to alcohol. At the present time, alcohol labelling requirements are less stringent than those applied to many foods. The labelling requirements fail to recognise or acknowledge that alcohol is a high-risk product. A more effective approach to alcohol labelling could be based on the approach taken to tobacco under the consumer protection provisions of the Australian Consumer Law 2011 (Cth).

Cancer Council believes that alcohol products should meet the same labelling requirements as other foods, particularly the inclusion of nutrition information panels for relevant nutrients (energy content expressed in kilojoules per standard drink and 100mL) and listing of ingredients. Labels on alcoholic beverages should carry a full list of ingredients and nutritional information, in accordance with Standard 1.2.8 of the Food Standards Code, including the energy content per container and per 100mL. This is particularly important in relation to overweight, obesity and allergy concerns.

Cancer Council supports the mandatory inclusion of nutrition information panels on all alcoholic beverages, not just those alcoholic beverages which make a claim. Our rationale for this is because alcohol contains a significant amount of energy (29kJ/g) and is a significant source of energy for regular drinkers. Alcohol provided approximately 9% of energy in adult males in the 1995 National Nutrition Survey who were alcohol consumers. Most drinkers are not aware that alcohol is a significant source of energy, so the inclusion of information on the high energy content of alcoholic beverages should be readily available.

We support recommendation 26 that would require the energy content to be declared on all alcoholic beverages, provided it is presented in a format consistent with the nutrition information panel. We also support recommendation 27 that drinks that are mixtures of alcohol and other beverages comply with all general nutrition labelling requirements, including disclosure of a mandatory nutrition information panel. They should also carry ingredients lists.

Cancer Council’s position is very strongly supportive that there should be no nutrition or health claims permitted on alcohol. We support recommendation 55 that would require any beverage containing alcohol be exempt from nutrition-related front-of-pack labelling requirements. We believe that this should be extended to apply to health claims but Cancer Council understands that the proposed health claims standards already prohibits alcoholic beverages from carrying health claims. Cancer Council does not support the use of nutrition claims such as carbohydrate claims on alcoholic beverages. These products are not necessarily lower in energy or alcohol content and these claims may be misleading to consumers.
References


(3) National Health and Medical Research Council. Dietary Guidelines for Australian Adults. 2003 [cited 25-7-0011];


(20) National Health and Medical Research Council (NHMRC). Australian Guidelines to Reduce Health Risks from Drinking Alcohol. 2009. Australia, NHMRC.