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The Cancer Society of New Zealand

The Cancer Society of New Zealand is the largest non-government, non government funded cancer control organisation in New Zealand. The mission of the Cancer Society is:

To improve community well-being by reducing the incidence and impact of cancer.

Te whakapai ake i te oranga hapori mā te whakaiti ake i te pupūtanga me te pānga o te matepukupuku.

The Cancer Society 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.

One of the areas we focus on when working to reduce the incidence of cancer of physical activity and nutrition. We consider there are many things that impact on what people eat and consider that food labelling as a form of food advertising is an important factor in food choice. Food labelling is a vehicle that can either confuse people or assist them to make healthier food choices. Clearer food labelling can also be a means of encouraging the food industry to innovate and develop healthier food products. The Cancer Society is concerned about the potential for false, misleading, deceptive, or simply misconstrued food labelling, which has the potential to contribute to unhealthy food choices, leading to the development of obesity and consequent chronic disease, including cancer (Ministry of Health & Auckland University, 2003). The high rates of obesity in New Zealand (Ministry of Health, 2008) and the link between obesity and cancer make this issue of extreme importance to the Cancer Society of New Zealand.

Please note our responses are only to questions considered relevant to the Society.

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

The Cancer Society notes the FSANZ Mission Statement (*'A safe food supply which supports the health of people in Australia and New Zealand'*) and its stated overarching objectives in developing and reviewing food regulatory measures, in priority order are;

- the protection of public health and safety; and
- the provision of adequate information relating to food to enable consumers to make informed choices; and
- the prevention of misleading or deceptive conduct.

The Cancer Society supports these objectives noting that meeting broader public health objectives should be the main priority of the food regulatory system. The Cancer Society believes priority should be given to creating a labelling system which supports healthy lifestyle behaviours and does not undermine healthy choices. If FSANZ fails to develop a food labelling system which supports healthy choices it is failing to meet both its mission and priority objectives.

Diet-related disease is a leading contributor to the burden of disease and premature mortality and is best illustrated by increasing obesity levels. Food and drink intake in both New Zealand and Australia contributes substantially to burden of disease as measured by disability adjusted life years (DALYs) (Begg et al, 2007). In New Zealand it has been estimated nutrition plays a role in about 11,000 deaths a year (two in every five deaths), of which approximately 8000-9000 reflect poor diet. The report notes that while the burden from these nutrition-related risk factors is large, the potential benefits from modest improvements in our diet are also considerable. Even modest improvements in diet could prevent hundreds of deaths annually within just a few years (Ministry of Health, 2003). In Australia the added contribution of selected food and drink related risk factors are considered to be a greater proportion of the burden of disease than tobacco or alcohol (Australian Institute of Health and Welfare (AIHW), 2008). These results suggest current strategies designed to enable consumers to choose healthy foods and drinks are not adequate. This burden of disease carries significant costs. In New Zealand the Ministry of Health has estimated about \$460 million in direct health care costs resulted from obesity in 2004. Australian data from 2008 estimated the total financial cost of obesity at \$8.3 billion (which included productivity losses, health system costs, carer costs, taxation revenue foregone, and other indirect costs (Access Economics, 2008). The cost of obesity increased to \$58.2 billion when the cost of lost wellbeing was included.

The public health objectives associated with food labelling should include, not only the short-term objectives of protecting consumers from food-borne illness and informing nutritional choices, but also the long-term objectives of reducing the harm caused by diet-related chronic disease. Regulatory mechanisms are an essential part of protecting public health and health promotion as they are an important driver in changing and improving the food environment in the community. Changing the food environment facilitates population level improvements in diet.

Addressing diet-related chronic diseases requires an urgent and comprehensive approach. Food labelling is as a vital component of any comprehensive approach aimed at enabling consumers to make healthier food choices, improving public health and reducing the health, social and economic costs of diet-related chronic disease.

Food labelling has an important role in promoting long term public health (and reducing social and economic costs). It is one of the many interventions which can be used in the prevention of diet related chronic disease.

A food labelling scheme for Australia and New Zealand must contribute to the creation of a supportive environment. Its role is to inform consumers about healthier food and drink choices.

Food labelling must be positioned as part of the broader implementation of food and nutrition policy to address diet-related diseases and risk factors such as obesity.

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 (e.g. education or website)?

Food labelling guides consumer food choice and, therefore, has an important role in assisting consumers to select healthy foods. To achieve this it is necessary to have single mandatory labelling system which applies to all foods and which is designed to give consumers accurate, easily accessible information. Labels must have enough information to assist consumers to clearly identify the foods and beverages they should eat less of to achieve population level improvements in nutritional status and reductions in chronic disease. At a minimum labelling should include sufficient information to allow correct assessment of the 'healthiness' of the food. The label must include an ingredients list, nutrition information panel, and a front-of-pack 'at a glance' system if food labelling is to contribute to reductions in chronic disease.

The information on the label must be adequate to guide consumer decisions at the point of sale where consumers make buying decisions. It is not acceptable for consumers to have to seek out nutrition information from websites or other sources. While motivated consumers may seek out this information those most likely to need assistance in identifying healthy foods are unlikely to do so and some have limited access to web-based information.

While education programmes are an essential part of assisting consumers to understand food labels nutrition education alone, without the support of understandable and consistent information on food labels will not result in improvements in nutrition.

Given that label space is limited priority must be given to nutrition information which is simple and clear.

Q3. How can accurate and consistent labelling be ensured?

Food Standards Australia and New Zealand (FSANZ) states that one of the intended goals of food labels is to provide information that is easy to interpret, understand and use, in order that consumers can make informed choices. Informed choice can only be achieved when label information is complete, accurate and consistent (FSANZ, 2005). The Cancer Society considers comprehensive policies which cover all aspects of food labelling including an adequate monitoring system, consistent enforcement measures and penalties which are high enough to encourage compliance are necessary.

Compliance and enforcement of mandatory labelling legislation should be undertaken as an active process and not left to a complaints process to identify non-compliant products. A stringent regulatory system cannot rely on complaints from members of the public, interested consumer groups or competing manufacturers. An active compliance and enforcement process should include regular tests of the accuracy of information on food labels and take appropriate enforcement action against food companies found to be displaying inaccurate information which is in breach of the regulations.

Present regulation, monitoring and enforcement measures have failed to provide consumers with accurate and consistent labelling. 'More of the same' policies and processes will continue to fail consumers and continue to contribute to the burden of disease associated with poor nutrition.

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

The over-riding principle which guides all food regulation should be to ensure legislation not only protects public health and safety but improves it. The protection of public health in the broadest possible sense (i.e. to include long term effects of poor nutrition and chronic-disease prevention) should be the priority of food label legislation. The food environment for consumers is presently very confusing and there are many potentially misleading and deceptive claims on food labels which persuade consumers to choose foods which compromise their long-term health.

At present many food manufacturers selectively promote certain nutritional or other characteristics of their products which may be perceived to provide health benefits (such as high calcium content, low fat content or the presence of certain vitamins or minerals), while failing to disclose, other than on the Nutrition Information Panel (NIP), other characteristics of their product which make them unhealthy overall, such as high sugar, high salt or low dietary fibre content. This is common on, for example, breakfast cereals, drinks and muesli bar-type products and especially those marketed to appeal to children. Although manufacturers might insist the information is available in the NIP there is evidence (refer Q 26 pp13-15) which shows many consumers are unable to decipher the NIP and use Front of Pack Labels (FOPL) to guide their purchase choices. This type of labeling can drive the consumption of unhealthy foods.

In the present environment manufacturers who do not use this type of misleading or deceptive labelling are at a clear disadvantage when their products are placed next to similar products that manipulatively attract and mislead health conscious consumers.

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

Given that current food labelling laws and policies are failing to protect public health, are not assisting with the reduction of the burden of diet related chronic disease nor protecting consumers from misleading and deceptive labelling practices, stronger regulatory interventions are required. Mandatory interventions are the only effective way of ensuring all manufacturers provide full, clear and honest information for consumers. Voluntary codes of practice, industry driven self regulation and community education programmes have manifestly failed to provide consumers with adequate protection and education programmes to date.

Labelling laws and policies need to be accompanied by extensive public education to increase consumer awareness and understanding. Stand alone nutrition education which is not supported by a change in the food environment is known not to be effective in changing population nutrition behaviours. Behaviour change is most likely to occur when multiple interventions, supported by legislation, are implemented. Improved labelling is only one of the multiple interventions that are required to protect the public.

The financial interests of the food industry must not be prioritised over the need to protect public health and reduce the burden of chronic disease. While the food industry may incur some initial cost when first changing packaging to meet any new requirements, these costs are likely to be passed on to consumers and are unlikely to be unduly burdensome (for industry or consumers). A one-off cost should not be a deterrent to making changes which will have long term benefits in improving consumer information and an opportunity to improve nutritional status.

In February 2009, the World Cancer Research Fund (WCRF) and the American Institute for Cancer Research (AICR) released the most authoritative and comprehensive reports ever published on food, nutrition, physical activity and the prevention of cancer. The review of the evidence relating to obesity related interventions, including food labelling, found changes to labelling systems are not expensive and can be put in place 'fairly quickly'. It is also worth noting that food manufacturers regularly make changes to food packaging to promote competitions and give-aways or to link packaging to advertising campaigns. This practice does not appear to be a financial burden and indicates that packaging can be changed quickly and easily and at little or no cost to consumers.

Ultimately, consumers want, and are entitled to, information that is accurate and guides them towards healthier food choices. Given costs incurred by the food industry are likely to be passed on to consumers anyway, and that it is the health of consumers that is at risk, consumers' interests and needs should be paramount.

Q6. Is this a satisfactory spectrum for labelling requirements?

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?

NB The following response is relevant to Questions 6 & 27

The proportion of meals eaten away from home is increasing but much of the food sold to consumers eating away from home is not required to be labeled. Foods eaten away from home tend to be high in energy, saturated fat, and sodium, served in large portions, and, especially in fast-food chains, priced in a way that makes larger serving sizes more appealing. 'Away-from-home' foods are typically ready-to-eat and consumed 'as is,' and the consumer has less control over, or knowledge of, their nutritional content" (Lin et al., 1999).

The new health bill in the USA contains a requirement for all major restaurant chains to post energy information prominently on their menus. This has been occurring on a state by state basis in the USA for some time but the healthcare reform bill nationalises the law. Nutrition labelling will be required for all standard menu items sold by chain restaurants with 20 or more locations which do business under the same name and offer substantially the same menu items. The requirements will apply to menus and menu boards (including drive-in menu boards), self-service food and food on display, and vending machines

The new law also requires companies which own or operate 20 or more vending machines, and whose vending machines sell items that do not display nutritional information at the point of purchase, must provide a sign in close proximity to each food item or to the selection button that conspicuously discloses the energy contained in the item. The menu or menu board must also include a statement that additional nutritional information is available upon request. Such information must be made available in written form, and must include the nutrition information currently provided on packaged food labels, including (on a per-serving basis) the energy content, total fat, saturated fat, cholesterol, sodium, total carbohydrates, sugars, fiber, and protein.

The Cancer Society recommends the same principles be applied in New Zealand and Australia but with a substantially lower threshold for the number of outlets or vending machine per owner.

Smaller owner operated takeaway and fish and chip outlets which in New Zealand provide a substantial proportion of takeaway foods could be required to provide either accurate information specific to their own products or generic information which identifies and highlights which menu items are very high in energy and / or fat and sugar. Having to provide generic information for, for example, a standard sized serving of fish and chips or a particular burger may encourage retailers who believe their products are "better" than the generic information to provide more accurate information on their own products. This could act as an incentive for retailers to improve the nutritional content of their products.

Ingredient and nutrition information should be available for consumers for all manufactured food products at the point of sale. If, as with food in small packages, the information is not able to be presented legibly on a label it must be either on display alongside the product or, at the very least, available in the store. Single ingredient, 'natural' foods such as fruit, vegetables, fish and meat which are not manufactured would not require label information.

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

Given the burden of nutrition-related chronic disease on the New Zealand population food labelling should be seen as an opportunity to support other health promotion initiatives.

The other drivers for food labelling law and policy, such as those generally called for by industry: reducing regulatory burden, increasing competitiveness of businesses and increasing harmonisation for trade purposes are designed to protect industry interests and economies. These market economies are not designed to protect public health, and cannot be relied on to do so. Therefore it is the role of food law and policy to protect consumers from these forces. Economic viability of the food industry relies ultimately on the sale and consumption of more food and it is not in industry's interest to reduce food consumption. A large proportion of food-related illness is a result of over consumption of foods and beverages, particularly those that are high in fat, sugar, alcohol and salt and low in essential nutrients. The economic and social impacts of the preventable diseases related to poor dietary patterns are increasing particularly among the most disadvantaged in our society.

Population-wide strategies are required to address 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. 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. A comprehensive and consistent food labelling policy maximises the opportunity to promote the consumption of healthy food to all consumers.

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

The Cancer Society has already made a number of submissions to FSANZ over the long period of discussion on health claims and re-iterates that there is no evidence showing health claims are beneficial to the nutritional status of the population. The Cancer Society does not support permitting the use of health claims on food packaging.

Consumers are often confused by health claims on food labels, according to a review of research carried out on behalf of the British Food Standards Agency. In 2007 year the British Food Standards Agency commissioned a review and analysis of the scientific literature on health claims and research into consumer understanding of food labelling in general. The key findings of this research were:

- There is a lot of contradictory evidence in this area, with few conclusive findings. Understanding of claims is affected by a series of factors, including the consumer profile (sex, ethnic origin, education, etc), whether they are seeking particular information, what this is and why they are looking for it.
- Language is important and research consistently shows that consumers are more likely to understand short and simple claims.
- Prior knowledge and concerns that consumers already have can affect their understanding of claims, as familiarity of the nutrient and the diet-disease relationship can affect consumer understanding.
- Many consumers are confused by health claims, although this changes and understanding can quickly evolve as advertising and usage familiarises consumers with the relationships claimed.
- Consumers generally do not see a clear distinction between nutrition, health and disease risk reduction claims, and can infer a health or disease risk reduction claim from a nutrition claim.

New Zealand research (Gorton, 2007) found that nutrition claims can be misleading and may even encourage increased consumption of the foodstuffs when consumers compensate for the claim by eating more of the food. This is especially the case for low fat products.

Noting that the Cancer Society does not support the introduction of health claims if they are to be permitted they must be very closely managed and based on high levels of evidence. The Cancer Society believes industry self-substantiation of general level health claims would not protect public health and safety and that management of the claims must be through legislation.

An Australian study (Kelly et al, 2009) found 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. It is therefore important general level and high level health claims must meet a nutrient profiling score criteria and that there is disqualifying criteria for all claims including those for nutrition content. This is necessary to ensure foods that fail to meet criteria for healthiness do not carry claims. This would prevent misleading nutrition claims being used to market unhealthy products to consumers.

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

If the over-riding principle for all food labelling is to protect and improve the health and safety of consumers then products which contain high levels of energy, fat, sugar or salt which have potential negative effects on nutritional status should be highlighted. There is particular need to highlight negative aspects of foods which make nutrient claims e.g. low fat or high calcium but which contain substantial amount of sugar or other nutrients which may not be beneficial. Many consumers are unable to assess the overall nutritional value of a food particularly when their attention is drawn to one particular positive aspect of the food.

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?

Alcohol is a known risk factor for cancer. The International Agency for Research on Cancer (IARC) has recognised alcohol as a Group 1 carcinogen for 20 years and as a risk factor for cancers of the mouth, pharynx, larynx, oesophagus and liver for a decade. A Group 1 carcinogen is the highest classification for harmful substances affecting humans (IARC, 2007).

The 2007 World Cancer Research Fund (WCRF) and American Institute for Cancer Research (AICR) report *Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective* states that the evidence does not show any “safe limit” of intake and that the evidence for alcohol as a cause of specific cancers is stronger now than it was in the mid 1990s. The report notes the evidence for alcohol as a cause of cancers of the mouth, pharynx, larynx, oesophagus, colorectum (in men) and breast (all-age breast cancer) is convincing and that it is also a probable cause for liver cancer and colorectal cancer in women.

The Cancer Society considers that alcohol products should meet the same labelling requirements as other foods, particularly for inclusion of nutrition information panels for relevant nutrients (energy content expressed in kilojoules per standard drink and 100mL) and listing of ingredients. Given the special risks associated with alcohol the Cancer Society supports the need for compulsory health warnings to be included on alcohol labels so consumers can be informed that the product they are purchasing and/or consuming can have a serious impact on their health and wellbeing.

Health information and warning labels need to follow strict guidelines for wording, format, legibility, colours used and size of the label and position on the bottle. Such labels should include;

- a full list of ingredients and nutritional information, including the energy content per container and per 100mLs. This is particularly important in relation to overweight, obesity and allergy concerns.
- consistent and uniform information about the estimated number of standard drinks in relation to the size and legibility, using a clear, consistent logo across all products

In order to maximise the impact of these messages their format and content should be standardised and defined. The labels should be tested with consumers to ensure they are understood, especially by people with low literacy or who speak languages other than English.

A comprehensive review by Stockwell (2006) on the effects of alcohol warning labels concluded that the use of warning labels did raise awareness.

Australian research (National Expert Advisory Committee on Alcohol, 2001) also found evidence to suggest increased awareness of alcohol related harms due to warning labels and in the USA a study (Babor et al, 2003) found warning labels had an impact on cognitive or

behavioural stages necessary for behavioural change, such as intention to change drinking patterns, having conversations about drinking and willingness to intervene with others who are seen as hazardous drinkers. Another review (Agostinelli & Grube, 2002) showed that warning labels have the potential to influence behaviour but that it depends on the label design, the content of the messages, and how well they are targeted at their intended audience.

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.

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

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

NB The following response is relevant to Questions 21 & 22

Labels are of no value if they are unable to be read with relative ease in the store where shopping decisions are being made. Objective testing and consumer research on label style and readability should be carried before final decisions are made on defining font size, style readability provisions in legislation. Testing/research should include those most likely to have difficulty with being able to see, read and understand 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?

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

NB The following response is relevant to Questions 23 & 25

Consumers want food packaging they can use easily and effectively. Labelling and packaging of products are designed by advertising agencies with expert knowledge of what sells products to consumers and what will influence and encourage consumer purchases. The 'marketing' design of labels can be misleading for consumers and should take second place to the presentation of useful information which will assist consumers to make healthy choices. In order to avoid 'information overload' information which is not essential to assist consumers to make health decisions could be made available to consumers by other means.

The use of endorsement icons and other pictorial representations which are used for marketing purposes can be misleading and contribute to label 'clutter' and information overload.

The use of a mandatory Traffic Light Label System (TLLS) would take the place of endorsements and such logo and would therefore reduce the amount of information competing for space on labels.

If such logo were to be permitted they should be treated in a similar way to health claims to ensure they do not mislead consumers. Evidence should be required to support any such recommendation for a food and disqualifying criteria apply to ensure inherently unhealthy aspects of foods are considered and unhealthy foods not recommended by any endorsement scheme.

While recognising labels need to be attractive they are also a very important way of communicating health information about a product. This opportunity to provide health information should not be compromised by allowing marketing considerations taking priority.

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

The most effective way to assist consumers to understand the terms and figures used on food labels is to introduce an interpretive labeling system like TLLS. The Cancer Society supports the introduction of this type of labeling.

Consumer education would be necessary at the introduction of the TLLS but it is a much simpler concept to get across than the other options and should therefore require less resource. This education would need to be effective for groups that do not presently use and/or understand food labels. New Zealand literature (Signal et al 2008) suggests Maori and Pacific groups do not use food labelling information at present.

There is a need for multi-media education which does not rely on consumers seeking information. The information must be provided in a range of different forms and places to ensure all consumers see and have access to it.

To be effective, consumer education needs to be appropriately developed and delivered to all socio-economic groups, most importantly lower socio-economic groups. It also needs to be developed and delivered in a range of languages and in a culturally appropriate manner.

Q26. What objectives should inform decisions relevant to the format of front-of-pack labelling?

Food labelling should provide clear, simple and easy to interpret information that can be understood by all demographic groups. It is particularly important the needs lower socio-economic groups are considered since the people in these groups have the most health problems. In New Zealand these groups include Maori, Pacific people and people with low incomes. A system that works for these groups will also work for the general population, however, the reverse is not true. Too often decisions are made based on meeting the needs of the 'general population'. These decisions often further disadvantage the population groups that are most in need.

To assist consumers in their interpretation of this labelling, it should be a standardised, simple, mandatory format that complements detailed back-of-pack (NIP) labels. In order to

be of greatest consumer benefit an interpretive, coloured scheme 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 such as TLLS is also likely to encourage the production of healthier food products, as industry would be eager to attain more desirable nutritional profiles and reluctant to promote foods which feature a red light rating.

New Zealand research which tested a range of different FOPL schemes found that overall, multiple TLLS were the most effective and accurately used labels out of those tested. As well as being useful for assessing levels of individual nutrients and comparing products, the TLLS also performed best for people in lower socio-economic groups, for those with less education and for those who would not normally use labels. In this survey Percentage Daily Intake (%DI) labels performed poorly overall and showed no benefits over the current NIP labelling system (Gorton et al., 2008).

Despite industry's use of, and preference for, the %DI system the Cancer Society could find no published evidence that showed this scheme has improved consumer food choices.

Gorton et al (2008) concluded that TLLS performed best in classifying whether a food was healthy or not across all ethnic groups and income levels, for those, with less education and for those who would not normally use labels thereby making the information accessible to all members of the community. TLLS therefore appear to offer an equitable and effective way of providing front-of-pack nutrition information to all New Zealand shoppers.

A recent Australian study tested different FOPL systems including the %DI system and the TLLS which uses colour-coding to indicate nutrient levels. Using the TLLS, participants were five times more likely to identify healthier foods compared with the Monochrome %DI system and three times more likely compared with the Colour-Coded %DI system. (Kelly B et al 2009).

A TLLS allows for quick recognition of healthy food and little nutritional knowledge. In contrast the %DI requires quite complex mathematical calculations and quite sophisticated nutrition knowledge to determine how the recommended daily intakes (generally given on the labels for an adult male) for a number of different nutrients might apply to different family members.

Other New Zealand research also indicates the most at risk populations, Maori, Pacific and low SES consumers (Signal et al 2008), fail to understand the information already on food labels and that simple interpretive labels are more easily understood (Maubach and Hoek 2008).

Similarly in a recent European study results clearly indicated that labels help to identify healthier foods better than un-labelled food. As with the Australian study (Kelly et al, 2009) this study compared different labelling systems. This study found the multiple TLLS showed

the best performance. For most of the pair-wise comparisons the TLLS format showed the highest percentage of correct choices, and also the overall number of correct decisions was highest in this format (Borgmeier and Westenhoefer 2009).

Consumers prefer, and are better able to understand, the TLLS and it assists consumers to identify healthier food products at point of sale. Non-interpretive systems, such as %DI, are not understood by many consumers and especially by those in the most disadvantaged groups in which Nutrition related chronic diseases are more prevalent. The %DI is too difficult for consumers with low literacy and numeracy skills. Information prepared by the 2007/08 FRSC FOPL Working group noted that in the UK around half of the population do not understand percentages.

Long term benefits in improved nutrition and health will only occur if the labelling system is easy for all consumers to understand. Improved nutrition status could potentially result in substantial cost savings in health care costs and productivity.

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

In a comprehensive evaluation of the evidence relating to food labelling schemes the World Cancer Research Fund and the American Institute for Cancer Research recommended that governments should “ensure accuracy, uniformity, and availability of product information in all advertising and promotion and on food labels” that:

“As with advertising and marketing of processed foods, voluntary codes are evidently not effective in leading to adequate or universally applied labelling systems. The main action here needs to be taken by governments” (WCRF/AICR 2009).

The Cancer Society believes there is potential to expand labelling regulation in other areas such as advertising and that food labelling systems should be used in broader contexts to guide responsible advertising of food and drink products. Food labels and advertising are both tools for the food industry to communicate to consumers their product attributes and both are part of the marketing of that product. All marketing of food should be covered by the same principles to ensure the consistency of health messages and to avoid consumers being misled.

Part 5 Enforcement

Enforcement of food labelling must be a government responsibility and must be monitored and enforced by legislation and not industry self regulation

Voluntary and self regulation methods of enforcement are unreliable and ineffective. Where voluntary agreements fail, regulation is needed, especially to protect the health of vulnerable groups (World Cancer Research Fund International 2009).

As the present failures of labelling indicate market incentives are not a reliable mechanism for ensuring manufacturers comply with food labelling schemes. It is even more likely to fail if a scheme required manufacturers to display ‘negative’ nutrition information. Competition

among producers has certainly not been sufficient to eliminate misleading information that food manufacturers currently highlight on food packaging. It is common practice for food companies to selectively promote 'positive' nutritional characteristics of a product, while failing to disclose other 'negative' characteristics which make a product unhealthy overall. Food companies are unlikely to disclose nutrition information that consumers may perceive negatively unless regulations require them to do so.

As already stated in order to be effective, government also needs to ensure food labelling laws are adequately and consistently enforced, supported by a robust penalty system, evaluated, and where appropriate, accompanied by targeted consumer education.

The Cancer Society believe it is imperative the financial interests of the food industry not be permitted to outweigh the urgent need for food regulation to protect consumers, improve public health and reduce the burden of chronic disease in New Zealand and Australia.

Q29. In what ways can consistency across Australia and New Zealand in the interpretation and administration of food labelling standards be improved?

Consistency across Australia and New Zealand in the interpretation and administration of food labelling standards could be improved by the introduction of a single interpretative food regulatory agency. The development of overarching labelling policy guidelines which promote the public health function of food regulation would also be another step forward to addressing this issue of variable interpretation and administration.

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

The Cancer Society believes that Food Standards Australia New Zealand (FSANZ) should be responsible for enforcement and be given extra capacity to be the single interpretative agency on food labelling standards. At the moment, FSANZ sets the standards and more recently has started developing interpretative guidelines to accompany new standards, while enforcement of compliance and monitoring is the responsibility of state and local council jurisdictions. As state health departments and local councils make interpretation judgements on food standards, this has led to widely differing interpretations across the country. FSANZ's expertise in food regulatory matters would mean they are well placed to take on a more significant role in enforcement of food labelling standards.

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