



Glycemic Index Limited
Level 4, 80-84 Chandos Street
St Leonards NSW 2065
Correspondence to
PO Box 183
St Leonards NSW 1590
Tel 02 9020 6100 **Fax** 02 9966 01722
ABN 53 096 268 147

Food Standards Australia New Zealand
PO Box 7186
Canberra BC ACT 2610
AUSTRALIA
Tel +61 2 6271 2222
Email standards.management@foodstandards.gov.au

28 March 2012

Re: Proposal P293 - Nutrition, Health & Related Claims

Dear Food Standards Australia New Zealand,

Thank you for seeking additional input from the Glycemic Index Foundation (GIF) on
Proposal P293 - Nutrition, Health & Related Claims.

Sincerely,

Dr Alan W Barclay, PhD
Chief Scientific Officer
Glycemic Index Foundation



Glycemic Index Limited
Level 4, 80-84 Chandos Street
St Leonards NSW 2065
Correspondence to
PO Box 183
St Leonards NSW 1590
Tel 02 9020 6100 **Fax** 02 9966 01722
ABN 53 096 268 147

**GI Foundation Response to Food Standards Australia New Zealand
Call for submissions – Proposal P293
Nutrition, Health & Related Claims**

Part 1: Revised Standard 1.2.7

The Glycemic Index Foundation (GI Foundation) supports most of the revised drafting contained in Standard 1.2.7. Specifically, the GI Foundation supports:

- Information on food labels that makes it easier for consumers to make informed food purchasing decisions;
- An evidenced based system for managing health claims;
- Pre-approved general and high level claims.
- Periodic addition of further food-health claims as allowed by the European Union as well as via confidential application to allow industry exclusivity and ‘first to market’ advantage;

However, the GI Foundation strongly recommends that Food Standards Australia New Zealand (FSANZ):

- Clarifies the requirements around glycemic index (GI) claims. The GI Foundation notes that:
 - The GI Foundation and its Low GI certification trademark meets the requirements for endorsements listed under Part 3 Division 3.
 - The criteria for endorsements (s22) states that *"An endorsement may be made if it complies with clause 7 (Claims must not be therapeutic in nature) and this Division, but need not comply with any other requirement of this Standard."*
 - currently, foods that utilise the Low GI certification trademark sometimes include additional claims related to GI either on pack or in associated advertising. For example, low GI foods improve feelings of fullness and may assist with weight loss (1) and long-term weight management (2) when consumed as part of a healthy balanced diet. It is not clear from Standard 1.2.7 whether these kind of additional claims on foods that utilise the Low GI certification trademark will be exempt from the nutrient profiling scoring criterion (NPSC). The GI Foundation believes that they should be, as the foods already meet the programs stringent Product Eligibility and Nutrient Criteria which correlates well with FSANZ’s NPSC ($r \sim 0.8$).



Glycemic Index Limited
Level 4, 80-84 Chandos Street
St Leonards NSW 2065
Correspondence to
PO Box 183
St Leonards NSW 1590
Tel 02 9020 6100 **Fax** 02 9966 01722
ABN 53 096 268 147

Requiring the company to meet an additional set of nutrient criteria is onerous and may undermine the intent of the Low GI certification trademark. The GI Foundation requests that FSANZ clarify these requirements for GI claims and endorsements in the drafting of Standard 1.2.7.

- The spelling of glycemic index in Australian Standard Glycaemic index of foods (AS 4694 – 2007) is incorrect. The correct spelling in that document is Australian Standard Glycemic index of foods (AS 4694 – 2007).

- Re-consider the inclusion of other permitted health claims which meet similar levels of evidence from nations other than the European Union such as the United States Food and Drug Administration and Health Canada;

Part 2: Fat-free and %Fat-free claims

The GI Foundation believes that a specific focus on fat-free claims is not warranted as they are no longer the most popular claim on Australian food labels. Master of Nutrition and Dietetics student Mr Bruce Lee surveyed one of Australia's largest supermarkets from August – October 2011 (3). The labels of 2,560 foods in 46 categories were examined for their nutrition, health and related claims. The most common claims were “free from additives” (39.8% of foods surveyed) and “allergy/en free claims” (13.3%). Fat-free claims are now the third most common claim (13.1%) on food labels. For consistency, it would be necessary to also require additive and allergy free claims to be more tightly regulated, as many of the foods that carry these claims are not necessarily healthy choices either.

To require a limited range of claims to be regulated in an inconsistent manner may increase consumer confusion, especially when the nature of those claims changes over time. Therefore, the GI Foundation supports option 1: Status quo.

Options 2 and 3 are not supported for the following reasons:

- An industry voluntary code of practice (option 2) will be successful only if all food companies pledge to adopt the code. A voluntary code can never be 100% effective as imported food products will not be required to comply. The GI Foundation believes that a level playing field is critical and would not be achieved by a voluntary approach;
- The use of sugar as a disqualifying criterion (option 3b and 3d) is neither holistic in assessing the overall nutritional quality of the food/beverage nor evidence based. The only disease associated with high sugar intake independent of energy intake is dental decay (4). While acknowledging that dental decay is a serious issue, it should not be the sole rationale for a sugar criterion. It is also important to note that all fermentable carbohydrates (sugars, oligosaccharides and starches) can induce dental



Glycemic Index Limited
Level 4, 80-84 Chandos Street
St Leonards NSW 2065
Correspondence to
PO Box 183
St Leonards NSW 1590
Tel 02 9020 6100 **Fax** 02 9966 01722
ABN 53 096 268 147

caries (5). In addition, food manufacturers have a range of ingredients, apart from sugar, that can help reduce fat levels in processed foods, that also contribute energy. For example, maltodextrins and other refined oligosaccharides and starches are often used as partial fat replacers yet contain a similar kilojoule content per gram to sugars. Nutritionally, these options do not make sense;

- A category specific approach is technically difficult due to the issues of defining the category and ensuring appropriate inclusion and exclusion of products; and the use of sugar as a means of discerning inclusion within a category criterion is inappropriate as discussed previously;
- The nutrient profiling scoring criteria (option 3a) when inconsistently applied to some nutrient content claims but not others would be inappropriate as discussed previously.

References

- (1) Thomas DE, Elliott EJ, Baur L. Low glycaemic index or low glycaemic load diets for overweight and obesity. *Cochrane Database Syst Rev* 2007 Jul 18;(3):CD005105.
- (2) Larsen TM, Dalskov SM, van Baak M, Jebb SA, Papadaki A, Pfeiffer AF, et al. Diets with high or low protein content and glycemic index for weight-loss maintenance. *N Engl J Med* 2010 Nov 25;363(22):2102-13.
- (3) Lee B. Label Matters: Assessing Nutrition Claims on Australian Foods. Masters of Nutrition and Dietetics research project. University of Sydney, 2011.
- (4) Food for Health: Dietary Guidelines for Australian Adults. Canberra: Commonwealth of Australia; 2003.
- (5) Walsh LJ. Preventive dentistry for the general dental practitioner. *Aust Dent J* 2000 Jun;45(2):76-82.