

5 HEALTH PROFESSIONALS

Input to the research was sought from four key health professional stakeholder groups: dietitians and nutritionists, GPs, alternative health practitioners (naturopaths and homeopaths) and public health nutritionists working for government and non-government organisations. The findings for each group are discussed in turn.

5.1. Dietitians and Nutritionists

In the main, there was considerable consistency between the views and experiences expressed by dietitians and nutritionists in Australia and New Zealand. The findings summarised in this section reflect this consistency. However, several notable differences between countries did arise, and these are reported separately.

Each of the six groups included a mix of dietitians and nutritionists, representing work in a range of:

- Settings: clinical (public and private hospital), community (community health centres, supermarket tours), private and corporate practice, and consulting to the food industry;
- Nutrition issues, including weight control and weight loss, fitness and sport nutrition; diabetes, high cholesterol, food allergies and intolerances, coeliacs, heart disease, endocrinology, renal disease and eating disorders;
- Clients from different demographic groups: education, socio-economic status, age, and ethnic groups including NESB and recent arrivals.

Many of the participating dietitians practiced in more than one setting, usually through undertaking part time consultancy in two or three different practices, or by combining hospital or community practice with their own private practice. For the purpose of the group discussion, dietitians were encouraged to draw on the breadth of their experience and to consider the range of clients/patients that they see.

It should be noted that many participants referred to themselves as either/and a dietitian or nutritionist. For ease of reporting, all participants are referred as nutritionists, even though the majority (but not all) were qualified dietitians.

5.1.1. How Food Labels are Used in Consumer/Patient Education

All participating nutritionists regarded food labels as very important to their work, primarily as an essential tool for counselling and educating clients and patients. Label information was used in a number of ways:

- In both private practice and hospital settings, in individual and group education strategies used empty food packets and boxes were used as visual prompts and education tools.

“ . . . so I have like a little supermarket basket which is all different packages and we go through different ones”.

“Only in one set of rooms have I got the prompting boxes. In those rooms I get much more questions because they’re there to stimulate ‘what about this’ and ‘what about that’ and the other rooms it’s not as obvious. I think it’s a cue if you can have samples”.

In hospital settings, food prompts are used more frequently for group education, or in certain wards such as cardiology, where the more ‘motivated’ patients are seen.

In settings where real food packets are not practical or available, a hand out checklist is often used. In hospital settings, this may be taken to the ward, as is illustrated in the comment below, however some private practising nutritionists also provide checklists for clients to take home.

“Sometimes we just take a handout like the arrows and boxes thing. Rather than taking up [to the ward] a few packages you might take up a descriptive sheet of how to read the label and what was the relevant part”.

- In order to calculate food composition, mainly in hospital settings or for clients with medical conditions or food allergies.
- In the conduct of Supermarket Tours, where products are removed from the supermarket shelves and label information is used as a teaching tool.
- By those who write for the media, or who write to the media to refute incorrect or misleading information.

When and how nutritionists introduce food label information into counselling practice depends entirely on the nutrition issue and the individual. Many nutritionists commented that food labels are raised by their clients/patients first.

“A lot of people come . . . they won’t actually wait for you to raise it [food labels]. They’ll raise it first. As soon as you start talking about food components at the beginning of the talk, they’ll say ‘what about this’ and ‘what about that’. They’re reading them [labels] a lot more than perhaps we used to”.

“There’s a whole range in people’s ability as to what they can understand so I assess what they can cope with and tailor the information to the patient’s needs”.

“They come back to me and tell me they’ve started to read labels. Then I go “I should talk to you about it”. So I find they’re at a point where they are now educated enough, they know to go looking and reading and they are spending more time in the supermarket [doing this] and they’ll tell me that. They come to me and say they’ve started to read. They bring the boxes and we do the comparisons”.

5.1.2. Current Use of Specific Label Information

The label elements considered by participating nutritionists to be the most important and most useful were the **Nutrition Information Panel (NIP)** and the **ingredient list**. Each was regarded as preferable in different settings, depending on the patient/client and the nutrition issue. Early in the consultation process the ingredient list might be used to educate about sources of nutrients (fat, sugar, carbohydrate and fibre), or relative proportions of nutrients. The ingredient list is often also the focus when dealing with food allergies and intolerances, and when counselling for coeliac disease and other specific medical conditions.

The NIP was used more commonly to teach about key nutrients such as fat, sugar and fibre; for use with diabetics (teaching about sugar and carbohydrate); and to educate about fat intake and weight loss. The NIP is also often used to explain or contextualise a nutrition claim, particularly claims such as ‘light’ or ‘94% fat free’. In these situations, nutritionists will often point out to a client the nutritional value of other key ingredients, such as the salt or sugar content of a claimed low fat product, and where appropriate encourage clients to assess the whole nutritional value of a food rather than judge it by just one nutrient.

However, despite its uncontested value as a teaching tool, the NIP was regarded by participating nutritionists as complex, generally not well understood by consumers and easily misused. For these reasons the NIP is rarely used by nutritionists in its entirety. Rather, a nutritionist will select one, two or three nutrient elements of the Panel, such as fat or fibre depending on the nutrition issue in question, and focus on these.

“Because of the complexity I find that I focus on one or two [nutrients]. Because otherwise people can stress about finding exactly the right product. I’m saying to just look at the fat, saturated fat or the fibre – that’s all I want you to focus on”.

Per Serve versus per 100g

Like consumers³, nutritionists were divided in their use and preference for the per serve and per 100g columns in the NIP, however the overall preference tended to be for the per 100g format. Nonetheless both formats were considered useful in different circumstances, and nutritionists supported the inclusion of both columns in the panel. The per 100g column was most valuable because it provides a standard unit for comparing between products and brands, and at times food categories. The following comment provides a common illustration of how food packs and the NIP are used in practice.

“We have folders split up into different food product categories . . . we have low fibre, high fat cereals and high fibre and low fat so we can use it to compare nutrition information panels...we will often talk about the per 100g as a comparative thing more so than the serving sizes because in educating people we’re not so much educating them in terms of really focusing on quantities but more so to choose the highest fibre breakfast cereal”.

The per serve column was considered more useful than the per 100g column when the serve amount expressed in the NIP was practical and realistic, because it enabled people be see what they would be having in a meal.

“You certainly find it [per serve] good in products where it’s not the whole thing. Like where it says four biscuits in the serve or how many slices of bread in the serve so it gives you an idea of what they’re talking about because per 100g doesn’t always mean a lot but it’s good for comparing”.

“Sometimes you need to refer back to the serving size. I’m thinking of the meat pie which weighs 175g which some of us sit down and eat the whole meat pie and they need to look at the 100g to define low fat for them. You can eat half a pie or a full pie so how much fat are you now going to eat? That’s where I would tie in servings”.

However, the variation in the specification of serving sizes between products of a similar nature limited the use of this information and this was frustrating for many nutritionists.

³ Qualitative Research with Consumers, Food Labelling Issues NFO Donovan Research Report to ANZFA December 2001

“For me, the serving size is what is written on my diet sheet . . . so unless the serve on the product list is equivalent to the serve on my diet sheet, and it never is, it’s useless information”.

However, many nutritionists felt that the NIP overall, and the per 100g column in particular was only useful for the minority of people with a high level of motivation and understanding, or those who were ‘obsessed’ with their fat or sugar intake.

Very few participating nutritionists used the percentage of recommended dietary intake (% RDI) amounts found in some NIPs and it was raised spontaneously in only two of the six groups.

Other types of label information used less frequently by some nutritionists, depending on their area of specialisation, included allergen labels and warning statements, food additive codes and nutrient claims. The issues pertaining to their use are addressed in Section 4.1.5 which addresses changes to each type of label under the new Code.

5.1.3. Awareness of ANZFA, the new Code and food labelling changes

In order to assess the degree of awareness and understanding of labelling changes, prior to the influence of the group discussion, participating nutritionists completed an individual written task sheet that asked about their awareness of label changes.

All group participants in Australia and New Zealand had heard of ANZFA, almost all had heard of the joint Food Standards Code and were aware that there have been recent changes to the old Australian Food Standards Code / New Zealand Food Regulations. Most thought that the end of the transition period between the old and new Code was imminent, about half knew it was December 2002. The main label changes that participating nutritionists knew about are listed in order of awareness below:

1. NIPs
2. Allergen labelling
3. Health Claims
4. Percentage labelling
5. Ingredient lists
6. GM labelling

These findings were consistent between Australia and New Zealand. [Technical note – health claims are not covered in the new Code, and are currently under review by ANZFA.]

As anticipated, in each group there were one or two nutritionists that were very well informed and could be regarded as relative 'experts' on food labelling changes. This expertise was gained as a result of their role on consultative committees that have provided comment to ANZFA, or through having to become informed in order to continue their work consulting to the food industry or writing for the media. However, many participating nutritionists were not familiar with the specific aspects of the changes or the detail underpinning the changes. For many of those who knew of labelling changes, their awareness was limited to knowing the main implication of a labelling change, such as mandatory NIPs but not the finer detail such as the inclusion of saturated fat or standard inclusion of the 7 nutrients. No participant was aware of all of the changes, although many acknowledged that they had been informed at some stage. In practice most had retained the key information and implications of changes that directly affected their work, meaning that they might know about three or four changes but not all.

After ascertaining the level of individual awareness of the labelling changes, the moderator provided participants with a summary of the changes (based on the ANZFA Guides) and the understanding, usefulness and anticipated implications of each change were then discussed in detail. Before outlining these findings (Section 4.1.5) comment is provided on the overall reactions to the changes.

Participating nutritionists were generally positive about the changes, and felt that they are a step in the right direction. There was general agreement that the changes to the NIP and allergen labelling would be of particular benefit to nutritionists in their work practice.

Importantly, amongst those who were initially not well informed about the changes, there was some concern that consumers would be further overloaded with information and that labels would be harder to read, not easier, thereby making nutrition information less accessible to the public. These concerns were particularly salient amongst nutritionists working with older people where legibility as a barrier to information was a problem.

I'm not sure exactly how it's changing except if you're going to get more information it means small print and more writing ... it's not making it more accessible. That's the difficulty of it".

However, these concerns were not so strongly felt after these participants had the changes explained to them, with practical applications provided by the Moderator. Most in the end adopted a 'lets wait and see' attitude, reserving judgement until they see what the labels look like in practice.

5.1.4. Reactions to and Perceived Implications of Specific Labelling Changes

1. NIPs

Nutritionists participating in the research strongly endorsed the inclusion of mandatory NIPs and the inclusion of saturated fat in the NIP. These two changes were considered to be significant steps forward firstly, in facilitating nutritionists' own ability to educate clients/patients and second, in terms of wider consumer benefit.

"...the nutrition information panel on all products with the exception of small and take away foods, that's fantastic. That's a leap forward in my opinion".

"I think a big thing too, for me is saturated fat. That whole issues has been so problematic to educate people about...it was a nightmare...but now to have saturated fat listed on the label it makes it so much easier. That's a big issue for most. Diabetes, heart disease – it's central. It will be interesting to see because of the changed laws whether any of my patients actually ask me any more questions".

"I think from a consumer's point of view it [saturated fat listing] might be helpful, especially if you don't know the background to know where saturated fats come from and you haven't spoken to a dietitian or anything and that will give you the information straight out in front of you without having to read any further".

It was hoped that over time further benefits for broader consumer education (beyond the small segment of the population that nutritionists see as clients/patients) would emerge as the general public slowly becomes more aware of this type of label information and begins to use it more to inform their food decisions.

"Now we have, say, a label on chocolate for example which are things that you don't think are nutritional foods. I think it's those foods that bring it to people's attention. As we've always said, the extremists and those obsessive people are there anyway. What one can really only hope for is that the middle group ... I think if everything is labelled it will make people say 'well, this has to be something' It's mainly that we might do something with some of this middle group who may not be as big as we like it to be [in terms of seeking and using nutrition label information]".

Some participants expressed concern over the following issues related to the NIP:

- Perpetuation of inappropriate serve sizes specified in grams, rather than in cup measurements or useful food specific units (mentioned in the New Zealand groups specifically);
“30 grams doesn’t mean anything. That’s not how people dispense food at home. They don’t weigh it”.
- Removal of potassium as a required nutrient (mentioned particularly by those nutritionists working in renal disease);
- Exclusion of fibre as a required nutrient;
- No further (mandatory) breakdown of fats (to mono and polyunsaturated), although this complaint was not intended to undermine the endorsed benefit of having saturated fat now declared in the NIP. There was no awareness of the requirement on manufacturers to provide a mono and polyunsaturated fat breakdown for products that make a fat claim.

Most participating nutritionists were also pleased that cholesterol was not listed as one of the seven required nutrients and thought that this may help to re-focus the public away from cholesterol intake and instead on to saturated fat intake. This view was also supported in the General Practitioner focus group (Section 4.2).

2. Ingredient List

About half of the participating nutritionists knew of the main change to the ingredient list label with regards to the listing of water according to ingoing weight rather than being listed last in the list. Some were unsure if the requirement referred to added water or to all water (the Code requires added water to be declared).

In the main there were no foreseeable problems or negative reactions to this change, except from a few participants who were working with the food industry and reported concerns their food industry clients have in ascertaining and interpreting this requirement (see Section 5 for further explanation). Most participants agreed that this change would be helpful to consumers as it would provide information about the amount of water in proportion to the amounts of other ingredients, thereby making consumers better informed.

3. Percentage Labelling

Across all groups, approximately one third of the participating nutritionists were aware of the percentage labelling requirement. Those who were aware of it had a good understanding of the intention behind and implementation of the label requirement. Many however were unclear as to whether the percentage would be declared in the ingredient list, the NIP or elsewhere on the label.

Once the label requirement and its use was explained, most nutritionists felt that it generally made sense and was useful to consumers as an indication of product quality or value. Whilst the inclusion of this requirement was endorsed by participating nutritionists, its relevance to their daily work was limited. Most felt that they would not use percentage labelling when advising/counselling clients.

One benefit that some nutritionists envisaged could result from the introduction of percentage labelling was a potential increase in consumer trust for the food industry and information on food labels. Many participating nutritionists commented that they felt the general public no longer trusted much of what they read on food labels, having observed growing public scepticism about the reliability of nutrition information and claims made by the food industry about their products. These views confirmed the consumer research findings that many consumers no longer trust the information and claims made on food products, and as a result often also dismiss reliable sources of information. Unfortunately, this often worked against the nutritionists' use of nutrition label information tools such as the NIP in their education and counselling work.

It was also felt that without specific education or promotion of percentage labelling, which they felt was relatively easy to use, consumers would not take advantage of the label element benefits, such as NIPs and saturated fat declarations, and percentage labelling.

4. Information for Allergy Sufferers

Nutritionists did not necessarily know where to find this information on the label, nor were they all aware of the full list of allergens now required to be declared, or the three levels of declaration that can be used. However, all participating nutritionists felt that improved labelling requirements for allergens was extremely important.

Because nutritionists tend to specialise in this area of practice, many participants did not contribute significantly to this part of the discussion and were happy to defer to those in the group who were more experienced or knowledgeable.

It was felt that the new requirements in the Code will make it much easier for consumers and for nutritionists, both in terms of better protecting allergy sufferers as well as clarifying mis-information about allergies. The following comments illustrate the breadth of benefits from this labelling change.

“...it will make it so much easier because often as a practitioner you often can’t give them the answer. They say ‘what about this, I’m not too sure’ and I’m saying ‘I’m not too sure either with that, you’re going to have to do this or do that’. So I think if it comes out it will make life easier for us and them as well so that’s good”.

“I think, there’s a general fear out there or a lot of mis-information about allergies and it may be the fact that we can now actually say you can only be allergic to those five things and they’re marked on the food, it actually might make life a little bit easier”.

“It also depends on the allergen as well but they [parents] can take notice or they can be a bit more relaxed. I think now you’re giving people the opportunity to really protect themselves. They don’t have to take notice of it”.

The one significant concern of many nutritionists was the implication of industry’s increasing use of the ‘may contain’ statement. Whilst most of these nutritionists fully appreciated the circumstances in which a manufacturer could not guarantee a product had not been contaminated with an allergen such as nuts, a few felt that the warning statement was used simply as a ‘cop out’ by food manufacturers. Either way, these participants felt strongly that the use of this type of warning statement in many cases only further limited an allergy sufferers’ choice of ‘safe’ foods. There was considerable empathy for allergy sufferers whose access to ‘allergy free’ foods was likely to appear increasingly difficult, which did not necessarily accurately represent a declining real choice of ‘safe’ foods.

[Technical note – ANZFA is developing a position paper on this issue, and the Australian Food and Grocery Council have developed an industry Code of Practice for Allergen Management and Labelling – see Technical Background Notes section 9.]

There was also some concern that the labelling of a wider list of allergens might increase consumer concerns or fears about ingredients that they were previously unaware or unconcerned about:

*“...you could have people saying ‘this product says it might contain soy, what’s wrong with soy?
That’s right. Or what’s wrong with gluten – should I be avoiding it?’”*

There was some debate about this issue in a couple of the groups, with the counter argument articulated well in the following comment:

“I think only the people who notice the nut warning were the people that were allergic to nuts. I would say most of my patients don’t know that there are warnings, so that suddenly if there’s soy and gluten I don’t know that they’re going to notice. But, for the people who are allergic, it’s fantastic”.

Some nutritionists specialising in the area of food allergies had further concerns regarding inaccurate labelling that would not be addressed through the new allergen labelling requirements. In their experience, adverse reactions to allergens usually occurred because the food manufacturer failed to label accurately, rather than that the consumer (or parent) mis-interpreted the label. Unintentional labelling errors were most frequently known to occur in the following three circumstances:

- Oversights due to a lack of manufacturer knowledge about where certain ingredients are derived from, such as caramel derived from wheat;
- Seasonal changes where different ingredients or additives are sourced differently at different times of the year – in these cases, often labelling does or can not keep up with ingredient use; and
- Omission through the requirement to only declare flavours as ‘flavours’ rather than the flavour source, such as celery.

Most nutritionists generally agreed that people with allergies are able to ascertain which products they can and can’t consume, and that this will be enhanced with the new requirements. However a couple of participants suggested that the use of symbols (such as a fish, a ear of wheat, an egg) instead of wording would simplify allergen detection for consumers. Nutritionists in Australia and New Zealand again raised concerns about legibility issues when the extended use of allergen labels was discussed.

A final issue that hospital based nutritionists/dietitians sought clarity about was whether bulk foods used in hospital kitchens and convenience foods would contain allergen warning information.

5. Nutrient Claims

Nutrient claims are referred to regularly in counselling and education practice, most often in response to client or patient inquiries. The nutritionists participating in this research indicated that they spent a lot of time educating clients and patients about the accuracy of a particular nutrient claim, in which case they would use the NIP to verify or explain the implications of a claim in the context of a whole meal or a healthy eating plan. For example, clients may refer to a low fat claim, and be seeking verification that that product is in fact low fat. However, most nutritionists will use that opportunity to assess the whole nutritional value of the food, rather than just its fat status. Nutritionists in this way were teaching their clients to look beyond the nutrient claim. In reality they felt many products that make low fat claims are in fact high in sodium or sugar, something that some consumers were becoming much more aware of and sceptical about. Terms such as lite, light, low fat and fat free claims such as 98% or 92% fat free were also regularly challenged with clients as a part of counselling in order to ensure they understood that a 92% fat free product was in fact 8% fat.

However as mentioned earlier, participating nutritionists also commented that as consumers have become sceptical about nutrient claims on products, they are now also questioning the reliability of accurate nutrition information that nutritionists wish to use as a teaching tool. Several nutritionists commented that their clients are taking more convincing in education and counselling.

"I get quite a few people who are sceptical about any sort of claim and will buy the product with the least amount of claims on it because they think it's a marketing ploy to try to get them to buy it ... Questions like that always come up like 'how can I believe it, it's probably not true anyway' and that sort of thing".

Most participants in the Sydney and Melbourne (Australia) groups were aware of the ANZFA Code of Practice for Nutrient Claims, and many were aware that the use of nutrient claims was currently under review while this research was in progress. The outcomes of this review were eagerly awaited. However, participants in the Perth group did not appear to be aware of the Code of Practice at all. The New Zealand participants were also seeking clarification regarding the use of terms such as lite and light. [Technical note – a review of nutrient claims is currently being undertaken by ANZFA.]

6. Date Marking and Other Labelling

Approximately half of all group participants were aware of the changes to date marking labelling and the new distinction between use by and best before dates. Most did not use date marking labels in their practice, commenting that date marks only occasionally come up in counselling sessions or supermarket tours. Participants therefore had little to contribute with regards to the implications of these changes. In general the group discussion moved quickly to how participants themselves or their clients use date marks, which did not differ from the findings of the earlier consumer research.

Similarly, the contribution participating nutritionists could offer with regards to country of origin, novel and irradiated foods and GM labelling was limited as it was generally not relevant to their practice of advising clients and patients on nutritional issues. Of all of these types of labels, GM issues were raised most frequently by clients and patients, particularly in relation to soy products. A few nutritionists commented that they were asked more often about these issues by peers and friends in social settings more than by clients seeking advice. Consistent with the earlier consumer research, the issue of GM was seen as more contentious in the Perth group than other locations.

For those (few) participants who offered feedback regarding GM foods, they tended to articulate their personal opinion, rather than that of their clients (for whom the issue had relatively low salience compared to other labelling issues). This opinion tended to align with the consumer advocacy line, reporting concern that the GM labelling requirements had fallen short of consumer concerns and wants by failing to require manufacturers to declare GM ingredients present in foods in amounts less than 1%.

Again, amongst those who were concerned about GM labelling (in Australia), the impression was that Australia's standards were admirably stricter than international standards. The dietitians in the New Zealand group were surprised to find that currently there are six GM commodities permitted to be used in the NZ food supply.

5.1.5. Sources of Information

In Australia, ANZFA was generally seen as the most credible source of information about the new Code and food labelling in general, and would more often than not be the first port of call that participating nutritionists would make for specific labelling information, or clarification of a labelling issue.

However, most participating nutritionists had received their information to date from their professional association (DAA or NZDA) and viewed that professional body as the best way to keep up to date with food labelling information. Many were fully aware that any relevant information forwarded to them via DAA or NZDA came from ANZFA and relied on and trusted this cooperative arrangement to be kept informed.

Other sources of information included, in New Zealand the Nutrition Society, and in Australia the Public Health Association as well as in both countries personal contacts, industry contacts and industry associations such as the Australian Food and Grocery Council, Grocery Manufacturers Association (NZ), information sources directly from food manufacturers, and particular nutrition interest or disease organisations such as Diabetes Australia and the Coeliac Society.

Awareness of particular information materials

The majority of participants were aware of the ANZFA website, and many had used it at least once. A very small proportion use the website regularly to proactively keep themselves informed of emerging issues and decisions, but most rely on the DAA or NZDA email updates and newsletters.

“Their [ANZFA’s] little leaflets that we get in our DAA package if you’re a DAA member. They’ve always got the updates and changes and what’s coming in and that’s regular as well”.

Those who had used the website reported mixed reactions and success. Some found it difficult to negotiate and locate specific information pertaining to their inquiry, and others had been unsuccessful in accessing the site as it had been down when they tried to log in.

Not many nutritionists had used the ANZFA user guides, including the overview guide, but amongst those who had, reactions were generally positive.

“...you need something you can quote quickly and you need to be able to reference it. I find that you’re able to do that. I like the detail but it might just be because of the area I work in”.

However, many participants felt they needed only a short summary of the labelling changes, together with a rationale for why the changes have occurred, so they can respond to patient and client questions as to why some things are included and others are not.

Very few participants were aware that there was a 1800 number for queries, and a few participants in most groups were aware of the ANZFA NIP calculator. Australian participants thought this was an excellent initiative, but predominantly useful to industry rather than themselves as practitioners. New Zealand participants were not aware of the NIP Calculator as it does not appear when they access the ANZFA website, and they questioned whether the calculator would be available using New Zealand data.

There was mixed awareness of the ANZFA 'yogurt' labelling poster. In each of these groups, the poster was mentioned spontaneously before the moderator had to raise it. About half the participants in the Sydney and Melbourne groups had seen the poster, and many were using it as a tool in practice. Others had not received it themselves, but had seen it in supermarkets or other public places. Most found it had application both as a teaching tool and for general consumer education in the wider community and highly recommended its use to others in the group. Several requests were made for an A4 version of the poster for use in education and counselling work.

However, participants in the Perth and New Zealand groups were far less aware of the poster. When the moderator mentioned the poster to the Perth group, reactions were much more varied. Most described it as informative, but too busy and text based for consumer education. They preferred something that was:

- Punchy;
- In bullet point (brief); and
- Written in simpler language.

Level of preparation / readiness

Nutritionists who participated in the research fell into one of three general states of readiness for the implementation of the new Code:

- Those who felt fairly well informed and well prepared;
- Those who did not yet feel ready, but knew where to find all the information when they needed it; and
- Those who felt ill-prepared or who admitted the pending changes had not 'hit them yet'.

Importantly, in each of the above categories nutritionists felt capable of making themselves informed when they chose to do so.

“I think the information is there and I think that most dietitians know how to access it whether or not we’ve all got around to reading it or knowing it yet is another thing but I think that most dietitians are ...I think we feel very informed by ANZFA”.

Those who acknowledged they would need to spend some time and effort coming up to speed with the changes regarded this as a necessary and important requirement on their part that would have significant benefit to them in the long run. Most also felt that while their knowledge may initially be incomplete or they may be confused by some of the changes, in time this would be alleviated as they worked with the new label requirements more and more.

It’s time well spent though. I think the advantages outweigh the time factor. I think it’s good”.

“It’s quite a progress. It’s your business and therefore you’re interested so to me it’s a core thing of my business”

“I think anything that’s a change is going to be complicated in the beginning until people get used to it. That means we’re going to have to be re-educated in order to be able to give the right directions to our clients”.

Training

Participants were not aware of any formal or informal training that was available for them in order to learn more about the new Code. Some referred to a session that had been run at the last DAA conference, and suggested that this was a good way to provide face to face information to DAA members. However, as is the limitation of any communication that relies on the professional associations, participants pointed out that not all nutritionists and dietitians are members of DAA or NZDA.

One participant in the Melbourne group had recently attended a training day provided by the food industry and ANZFA at Deakin University and had found this very useful. She had become aware of it only through a product manufacturer when making a product inquiry, and was able to attend as a non-industry member.

There was reasonable interest from other group participants in attending a similar seminar or training session, either together with industry, or for nutritionists and dietitians only.

5.1.6. Costs and Implications of Labelling Changes for Nutritionists and Dietitians

The nutritionists who participated in the research did not feel that the changes in the new Code would cause any significant costs to them, and were unconcerned about any such costs which related mainly to the updating of education materials, handouts, and product examples. Most saw this as a small price to pay for welcomed important and useful changes to labelling legislation, and that they would benefit as professionals in their ability to do their job once they had become informed of all the changes. Nonetheless, a few individual participants did voice their concern over the high cost of purchasing the new Code.

However one issue of more concern was the costs to industry of all the labelling changes, and the likelihood of these costs being passed on to the consumer. The assumption was made that eventually consumers would bear the costs of labelling changes.

The only other non-financial cost of concern to nutritionists was the over-declaration of information on labels, and any resulting confusion on the part of consumers. Of particular concern was the possible reduction in consumers' access to this information because food labels could become too cluttered, or too small to fit all the necessary information on them. This was of concern despite being informed of the changes to legibility requirements in the new Code.

5.1.7. Enforcement of the new Code

In Australia and New Zealand, participating nutritionists had a very low awareness and understanding of how labelling regulations will be enforced. There was considerable confusion and mis-understanding about the allocation of resources and responsibility for enforcement between ANZFA, Australian State health authorities and the NZ Ministry of Health, and local government authorities. After some consideration, most participants assumed by default that the responsibility for enforcement probably rests with State health authorities. However, the general consensus was that food regulations are poorly enforced now, and that little would probably change with the introduction of the new Code.

Participating nutritionists commented that the responsibility for enforcement would probably be left to those working in the area, such as nutritionists, dietitians and food manufacturers who would bring breaches of the Code to the attention of the state health authority or the media. This assumption is well-founded as the enforcement stakeholder research (Section 6) indicated that the enforcement of new labelling changes is likely to be almost exclusively reactive, in response to consumer and industry complaints rather than a pro-active policing strategy.

5.2. GPs

One focus group was conducted with eight GPs in Melbourne. Participants consulted to patients from a range of different age and SES groups, on a wide range of medical issues. All participants dealt with nutrition/food related issues; one worked as a nutrition specialist and three other GPs specialised in allergies. The remainder of participating GPs dealt with nutrition issues related to diabetes, asthma, excema and intolerances as one part of the range of medical issues arising in general practice.

The moderator began the group by asking GPs about their current knowledge and understanding of food labels and how, if at all, they use labels in patient consultation. The discussion later moved to the specific changes in the new Code; GPs reactions to those changes and their views about the likely implications; and to what extent and how other GPs should be informed about the food labelling regulations.

5.2.1. Awareness of ANZFA and food labelling regulations

Overall, the knowledge and understanding of food labelling standards amongst the GPs participating in the research was low. Whilst many were using food labels in their consultation with patients, none felt that their knowledge was complete or that they were up to date with the current (new) regulations.

About half group of GPs had heard of ANZFA, but none had ever initiated any contact or received any information from ANZFA in the past. Only one GP was aware that there had been recent changes to the food labelling requirements in the Food Standards Code, having heard mention of this in the media. Another recalled hearing about recent changes to the GMO threshold and labelling implications, but could not describe these changes in any detail. None of the GPs in the group had any knowledge or understanding of the recent changes to food labelling standards.

5.2.2. Use of food labels in general practice

All of the participating GPs felt that they had a need to know and understand the key food labelling requirements. About half indicated that nutrition / food issues are raised by themselves in their general practice consulting, the remainder commented that a lot of their patients are interested in what's in food, and ask questions which often acts as a cue for the GP to talk about nutrition issues. Food labelling issues generally arise around medical conditions such as diabetes, asthma and allergies, and around general weight control.

There was general agreement that there is a lot of misunderstanding about food labelling and nutrition amongst the general public, and that the patients they see are confused about what nutrition messages they should and should not believe.

Amongst the GPs in the group, the nutrients or nutrition issues of highest priority were fat, sodium, sugar, fibre, allergens, gluten and artificial colouring agents. Sodium, which was referred to as salt, was a far more salient issue for GPs, mentioned more often and spontaneously than it was by dietitians and nutritionists.

The participating GPs indicated that they refer to both the ingredient list and the NIP. As for nutritionists, the ingredients list was used more by GPs consulting on allergies and food intolerances, whereas the NIP was used when discussing weight management.

Most (but not all) of the GPs found the NIP complex to use and the per serve and per 100g columns confusing, because there appeared to be no standard format. NIPs were perceived to vary enormously amongst products, with regards to the 'per serve' size, the range of included nutrients, and the 'ad hoc' use of the per serve, per 100g and %RDI information. The variability between Australian and imported labels was also seen as problematic, making the translation of the NIP unnecessarily complex.

“also I find that the labels like this thing where they’ve got per serve and per 100g, I mean you’ve got to concentrate quite heavily to actually work those things out, I don’t know if it’s cunningly done to confuse you...”

Many commented that the 'per serve' amount was sometimes unrealistic in terms of how much one would eat, and in these cases the per 100g information was the only way to compare foods. The general consensus was that both columns were useful and should be retained so that the practitioner could refer to the most appropriate column depending on the product.

All of the GPs were aware that the ingredients are listed in descending order of quantity and use this information in patient counselling. Some raised concern that because sugar sources are broken up and listed separately patients often underestimate the relative sugar content of a product. This practice was viewed as being a deliberate ploy by manufacturers to mislead consumers.

GPs were often asked about particular nutrient claims, where patients were looking for endorsement to eat a particular product based on the validity of the claim. Like dietitians and nutritionists, some GPs would refer to the NIP to verify a nutrient claim and were generally sceptical about the credibility of most claims. The distinction between nutrient and health claims was not well understood, but many felt that there was insufficient scientific evidence to support the use of any health claims. Research used as evidence for existing claims and GM labelling was viewed as being funded by the food industry, and therefore biased and unreliable.

All other types of food label elements were rarely used by GPs, unless they were trying to track down food composition information from the manufacturer, in which case they might use the country of origin label or a date mark.

The NHF Tick was raised spontaneously by a few GPs and most GPs attributed it with the same level of scepticism afforded to other nutrient claims. They were concerned because they felt patients were misled into making poor food choices based on whether a product carries a tick.

“they think it’s a good choice because carries the tick – even butter with the tick is ok”

“I actually tell patients that it [the tick] just means they paid a license”

5.2.3. Reactions to food labelling changes and implications for consumers/patients

All of the participating GPs were interested to learn of the changes to the food labelling standards. For all of them, this was their first opportunity to receive up to date information.

Their reactions to the changes were mostly positive and supportive, with an overarching caveat that none of the changes were worthwhile if consumers were not adequately informed and educated on how to use them.

“because otherwise it’s still a secret code, unless the ordinary person has been taught how to read this, or how can I understand it, or even that it’s there for them, they won’t know, only the people who have been trained [will know]”.

When asked whose responsibility it was to educate the public, most felt that role rested with ANZFA (note, at this stage of the discussion, participants were aware of ANZFA and its role in determining food labelling legislation). Many acknowledged that there was significant potential for GPs to play an educative role if they were properly informed themselves, and for example, information posters in GP surgeries could be a simple way to let a lot of people know how to use food labels. However there was strong resistance for any notion that GPs be relied upon to educate the public about nutrition and food labelling issues.

After the labelling changes were discussed in detail, participants sought further clarification or voiced concerns over the following issues:

- The requirements for labelling for un-packaged foods such as cheeses etc;
- In the NIP, whether sugars could or would be divided into total and simple sugars – and if a low sugar claim was made, would sugars then be broken down (as fats are for cholesterol claims);
- The credibility of use by and best before dates and the built in thresholds that manufactures allow for;
- Enforcement, particularly with regards to imported foods and how uniformity in NIPs would be ensured – there was no awareness of how food labelling standards are enforced;
- The status of labelling the glycemic index;
- The implications of percentage labelling for meat products in particular;
- The implications and costs for small manufacturers, and how realistic it is for them to be compliant.

5.2.4. Informing GPs about food labelling

Keeping up to date, and finding trusted sources of information about labelling were the key issues for GPs.

“I think it’s hard for us [to keep up to date] and it’s impossible for consumers because we don’t know what we’re talking about half the time anyway...we’re bombarded with contradictory information, most of which comes from vested interests and I think GPs are just as confused as everybody else”.

“there are so many fashions and fads, I remember when I first graduated it was all carbohydrates and sugars were going to kill you, and then it turned into fats... and next year it will be something else is going to kill you”

Most used their own contacts, or the media to find out anything about food labels. Some GPs mentioned that they do receive information from the dairy industry and meat and livestock corporation but this was limited. The general view was that industry –produced information was not necessarily trustworthy. A few GPs had tried to contact food manufacturers to get specific food composition information, with varied success.

ANZFA was generally regarded as being the most credible organisation to approach with regards to information about food labelling issues and information received from them would be viewed as reliable and welcome. However, if this information was sponsored by a food manufacturer, it’s credibility would immediately be called into question.

It was agreed that the best ways to inform GPs was via their professional associations, which would give a stamp of authenticity to the information and increase the likelihood that GPs would read it. All participating GPs felt that only the key information was needed, a short summary of the changes and implications for consumers.

“I think you’d want a simple sheet that you could glance at in a minute and get a message and a detailed thing you could read if you want to, most stuff will just go in the bin so if there’s a quick thing, and those interested can read more”.

Others requested the distribution of electronic information, or that GPs could be directed to ANZFA website resources if such short summaries were available electronically. It is important to note however, that no GPs in the group knew of the ANZFA website until the moderator informed them of it. The participating GPs placed great value on having the ability to download information that you could print and hand out for patients. A couple of GPs referred to Medical Director software program that worked this way. Distribution of information in professional journals and publications was also suggested.

5.3. Alternative Health Practitioners

One focus group was conducted with five natural therapists and homeopaths in Perth.

5.3.1. Awareness of food labelling changes

Alternative practitioners were not aware of any particular regulations that govern food handling, none of them were aware of changes to the Food Standards Code, or even the labelling part of the Code, and the majority had no idea about who ANZFA is. Only one person had heard of ANZFA and that was in her capacity as a lobbyist about the Genetically Modified Food standard.

Several reasons are proposed for the lack of awareness:

- Food labels are less relevant to this group, and
- There is no main conduit of information.

Generally, food labels are thought to be less relevant to alternative practitioners than they are to mainstream dietitians and nutritionists because alternative practitioners are likely to recommend that their client / patient eat less processed (ie packaged) food and move towards the unprocessed (ie fresh fruit and vegetables).

Dietitians and nutritionists rely heavily on their professional body to provide information that is relevant to their industry and hence that is their main conduit of information. ANZFA is aware of these and supplies material for distribution to members.

For natural therapists there are said to be very many associations and bodies associated with the various modalities (naturopathy, herbalism, acupuncture, iridology, etc), and including: ANTA (Australian Natural Therapist Association), NHAA (National Herb Association of Australia).

5.3.2. Use of food labels in consumer / patient education

Alternative therapists do not as a general rule educate clients about the use of food labels. Therapists said that they might recommend that a client / patient avoid a particular ingredient such as wheat, and in that case, they might ask that they read the ingredient list to ascertain whether that ingredient is in the product. A few alternative therapists have put together a collection of product labels for products that they themselves have identified as acceptable for certain conditions. It was said that clients found it easier to later recognise the product on the supermarket shelf. Hence the most often used item on the label is the ingredient list; whereas the Nutrition Information Panel (NIP) was rarely discussed in client consultations. Consequently, alternative practitioners expressed little interest in the NIP, saying that most people did not understand what the recommended daily allowance for each of the items was anyway, or what was an acceptable level of fat to consume.

When told about the allergen label changes, it was thought that the new requirements would be very useful for helping patients avoid particular ingredients that had a detrimental effect on their health.

The participating alternative practitioners were very concerned about genetically modified food in general, and did not think that labelling was going to have much effect in the long term. Within this group there was a belief that it will be impossible to stop the introduction of GM in the food chain and that eventually all foods will be contaminated anyway. One person in the group had a high level of knowledge about GM issues from a lobbyist perspective. Even so, there was a high level of dissatisfaction expressed by some about GM foods at many points throughout the discussion.

In general, there is a great deal of consternation about the lack of research that has been conducted into the GM issue and the long-term effects of introducing into ('contaminating' is the prevailing sentiment) the food chain.

"Some Doctors are even saying that eating GM foods may alter our own genetic structure over time. The possible effects are not understood."

"It's like experimenting with the whole population, and in a couple of generations we'll find out the results."

Again, the view that GM foods are being introduced despite consumer resistance was apparent. The opinion was expressed that if a referendum were held, it would be found that most people did not want to eat GM foods.

Aside from those label elements mentioned above, the alternative practitioners participating in the research expressed no interest in or use of any of the other sorts of label elements.

5.3.3. Perceived importance of food labelling

It was universally agreed that food labelling is very important. Participants thought that all packaged foods should be subject to the same requirements, regardless of whether they are imported or made in Australia. There was a strong belief that offshore manufacturers should be subject to the same regulations as Australian manufacturers.

The consumer's right to know what they are eating is the primary motivation for this belief. This is true for all aspects of the label, including alerting to the presence of genetically modified organisms, the use of irradiation and the presence of allergens, etc.

It was agreed by all participants that the labelling changes mentioned were a good thing.

5.3.4. Sources of information

Participating alternative practitioners said the principal way they find suitable materials and food products was through personal investigative work. They locate specific shops and products and then recommend them to clients / patients.

They thought that the majority of the public got their nutrition information from television, magazines, newspapers, diet books and specific product advertisements. Women were said by one to be more widely read than men (through articles in women's magazines).

It was suggested by one and the others did not disagree that people from a lower socio-economic background were less aware of food and nutrition issues than those from a higher socio-economic background. It was thought that the best way to communicate with those who needed information about such issues was via TV.

The Internet was also seen to be a good source of information about health issues.

If there were a leaflet for consumers about food labels some of them said they might use it with patients – they would make them available to their customers – but thought they may not actually read them unless they were very simple and quick to read.

5.3.5. Enforcement

None of the alternative practitioners had any idea exactly who would enforce labelling changes.

"Not sure where you would complain about a labelling issue."

One participant suggested it would be a State issue, but when a scenario was placed before them (a person buys a loaf of allegedly gluten-free bread, eats it and shows a typical reaction to gluten – where would you go to complain?) they all said they didn't know. Someone suggested the Ministry of Fair Trading as a possible source.

When the local council was suggested by the moderator as a possible place for the follow up of this issue, without exception participants remained uncertain.

The State Health Department was mentioned spontaneously only after a considerable while, and then it was still obvious that this was not a widely accepted or logical avenue for complaint resolution or enforcement.

The alternative practitioners participating in this research had a slightly different perspective of consumer confidence in food safety to that of dietitians and nutritionists. These participants thought that consumers have an unshakeable belief that the government is monitoring and checking the foods that they consume to make sure they are safe to eat.

"Consumers don't believe that anything that is sold in supermarkets could be bad for them because the government wouldn't let it happen. This is what they believe."

This is confirmed by many of the consumers included in the previous phase of research who imagine that 'someone' is checking to ensure our food supply is safe. However the previous consumer research, and the dietitian and nutritionist groups also confirmed that many consumers, whilst trusting the safety of our food supply, are sceptical about the reliability of nutrition and product information on food labels.

5.3.6. Other issues

Several alternative practitioners in the group expressed some concern that the level of potassium was no longer being required on food labels. Potassium, it appears is important in the treatment of cancer and it was thought that it should still remain on the labels. As noted earlier, this concern was also expressed by some dietitians working with renal patients.

The alternative practitioner participants also felt that every ingredient that was in the product should be on the label, regardless of the percentage involved (ie commenting on the fact that 1% content required to label for unintended contamination with GMOs for disclosure of GMO content), so that the consumer could make the choice about what they were prepared to eat. The label should be clear about exactly what the food contains and hence plain English was preferred for additives, instead of numbers.

The GMO-Free claim label was thought to be a means to enable consumers to see at a glance that a product was free of GM ingredients, rather than having to read the small print to see if there were any GMOs present in the ingredients. Contrary to the findings of the earlier consumer research, it was thought that all manufacturers should be given the opportunity to put it on their products if those products were GMO free.

5.4. Public Health Professionals

The two public health groups, conducted in Perth and Sydney comprised people who work for the two state health authorities, specific health bodies (eg Coeliac society, Diabetes Australia, the National Heart Foundation) and from the Schools Canteen Association. Around half of those in these public health groups deal directly with the public in relation to labelling issues. Some also deal directly with the food industry, particularly the National Heart Foundation which reviews food packaging as part of the assessment of NHF Tick applications.

5.4.1. Awareness of food labelling changes

As would be expected, most participants in these groups were aware of the impending labelling changes.

As one would expect, the level of knowledge of the changes varied by the individual's need to know at this point, and the focus of the organisation for whom they work. For example, the representative from the Coeliac Society was well informed of the requirements of the Code relating to the presence of gluten in foods, but not so focused on other changes. This person has been involved, through the Coeliac Society with drafting the gluten provisions in the new Code.

Similarly those who have not had to use the specifics of the Code as yet, particularly those working for state health departments in policy development roles are only aware of broad changes.

Most participants were aware that the new Code does not become mandatory until December 2002 and envisaged that they would become more attentive to the new Code requirements after that point.

5.4.2. Use of food labels in public education

Not surprisingly, those who have contact with consumers use the labels extensively for educational purposes. Obviously the representatives of organisations that deal with specific health problems such as Coeliac disease, cancer, etc are more likely to focus on certain label elements over others. For example, those being instructed about how to live with Coeliac disease would be taught to choose foods based on the absence of certain ingredients such as wheat. Hence the main label element is the ingredients list, although there is also the issue of warning statements in this instance. The advisory statement is seen to be of most importance where there is likely to be an allergic reaction if the ingredient were to be consumed. There are various degrees of intolerance / allergy to gluten and hence, the Society believes that there needs to be a graded system to notify of the level of gluten present in foods, so that their members can choose to what degree they are prepared to avoid the substance.

On the other hand those who suffer from other health issues would be instructed how to select food that will address this health issue, whether it is heart disease, cancer or diabetes, etc. and often, the information that is most relevant to these is included in the Nutrition Information Panel.

5.4.3. Use of food labels in other work practice

Participants who work in policy development use labels infrequently on a daily or weekly basis. However they supported the new changes to nutrition labelling because they were seen to be consistent with public health and nutrition priorities and outcomes.

The School Canteen Association representative reported that they tend to translate the information that is provided on food labels into something that can be visualised (ie especially those who grew up in prior to the implementation of the metric system). For example they might say that a can of cool drink contains x teaspoonsful of sugar, or a biscuit contains x teaspoonsful of fat. This application was used for the education of school canteen managers as well as students.

Participants working for the National Heart Foundation and Diabetes Australia (both in NSW) had regular contact with the food industry and were asked to consult and provide advice on the interpretation of the old and new Code in the preparation of food labels.

5.4.4. Perceived importance and implications of food labelling

Not surprisingly, this group of professionals thought food labels were extremely important for educating consumers about nutrition and the food they eat.

As discussed in the previous section it is apparent that the two main label elements are the Nutrition Information Panel and the ingredients list, with the advisory statement being possibly of more importance, but to a smaller number of people.

One of the most pleasing and significant implications of the new Code requirements was thought to be the mandatory inclusion of saturated fat into the NIP. Some participants felt that this requirement would prove to be a turning point in public health and education for two reasons:

1. Increasing consumer capacity to monitor and reduce fat intake; and
2. Driving food manufacturers to explore alternative fat sources as they strive for a competitive edge for their products.

However, these participants were also concerned about the unlikely enforcement of the new changes, particularly the NIP. In this regard they felt somewhat compromised if they begin to educate people to look for NIPs and how to use them, thereby creating demand for this label information whilst suspecting that many products will not display it. Similar concerns were expressed over the misuse of nutrition claims, although most were aware that the use of nutrition claims was currently under review by ANZFA.

Most participants agreed that the implementation of percentage labelling would have considerable consumer benefit, but was not relevant to their role as public health professionals. Consistent with all other stakeholder groups, this label information was seen as more of a quality issue than a health issue.

5.4.5. Information sources

All participants said they had received sufficient information about the changes, for what they needed. There was said to be plenty of information available for their purposes, and they knew how to contact ANZFA if they wanted more information.

"I have as much information as I've got time to read."

Several participants had contacted ANZFA directly in the past for points of clarification on particular labelling issues. There was a mixed level of satisfaction with responses received. ANZFA correspondence was regarded as helpful, in particular the regular updates and newsletters. However, the responses received in telephone inquiries were often not helpful and ANZFA staff were unable to provide clarity or resolve questions. It was acknowledged that often these calls were of an unusual nature, specific to particular products that were not addressed in the user guides or examples provided in ANZFA materials. However it was asserted that if ANZFA could not answer these questions, how was anyone else expected to reach the right interpretation?

Participants working with the food industry in particular were concerned that they may provide advice that was inconsistent with how ANZFA (or an enforcement authority) might interpret the new Code. It was suggested that a series of seminars for specific groups would be beneficial to ensure that consistent information was being disseminated. Further requests were made for summaries of the implications of the new Code for different sub-groups, such as small manufacturers, community cake stalls, charity stalls etc versus large manufacturers and food service establishments.

The school canteen representative also commented that the relative importance of food labelling issues compared to the food handling and hygiene aspects of the Code was probably much lower and this would have implications for the implementation and enforcement of the Code in practice. This issue of relative importance was confirmed in the Enforcement stakeholder component of the study, discussed in Section 6.

5.4.6. Costs and implications of labelling changes

The direct implications for and costs to the public health participants was seen to be relatively minimal. Like dietitians and nutritionists, most would have to update their information and promotional materials, which is done on a periodic basis and therefore created minimal additional cost. The Diabetes Association participant commented that their Supermarket Tours materials would also need to be updated at some point after December 2002.

Some participants made comment of the non-financial cost on their workload and stress as they struggle to come up to speed with the new information, and in particular the various interpretations of Code requirements. A couple of participants referred to this as '*having to live with the confusion for a while*'.

A common theme, re-occurring through out all stakeholder groups, was that the existing information materials are not really suitable for consumers. It was consistently argued that since the changes are being made for the benefit of consumers, it is important to raise the awareness of consumers about the impending changes. This issue is expanded upon in Section 7.

5.4.7. Enforcement

Even amongst this group it was not known who is responsible for enforcement of food labelling. The Health Department representatives obviously knew where and by whom a labelling complaint would be investigated (depending from where the complaint originated). It seems that in general (not only amongst this group) only those who have had a reason to make a complaint or inquire about a labelling issue know where to go, or have found out where to go.

As with other health professional groups, it was assumed that (unfortunately) enforcement would probably be reactive, in response to complaints, rather than pro-active. Given this, most suspected that the common breach of existing regulations (nutrient and health claims, legibility, NIPs) would continue, if not increase as there became more labelling requirements to be complied with. Concern was expressed by some participants that the interpretation of some labelling requirements is very subjective, and therefore the enforcement the Code would well vary considerably between individuals and between jurisdictions.

Lobbying the manufacturer was seen to be an important way of enforcing compliance. It was also thought that there would be some degree of industry regulation where manufacturers would be checking their competitors' products to ensure that their products actually contain (or don't contain) what they say they do (or don't).

5.4.8. Other issues

It was thought, by the Coeliac Society representative, that those for whom the consumption of gluten is an issue will attain enormous value from the changed labelling requirements. Managing a diet when you are intolerant or allergic to gluten is extremely difficult and many people who are debilitated by the illness find it hard to maintain a balanced diet.

Many packaged foods come into contact with gluten during processing, such as honey (machinery is dusted down with flour); boiled lollies (packed in floured powder); sports drinks. The new labelling requirements will mean that even minute quantities must be declared, as well as component parts (the derivation of the thickeners used).

However, it was said that there are some elements of the new Code that are not finalised and the provisions for labelling when gluten is present is one of them. Once a product is labelled 'gluten-free' there is a legal obligation for it to be as claimed, and there must be regular tests to ensure that the food complies. It was suggested that a general statement like 'suitable for gluten intolerance' may be more acceptable or useful.

There is also currently a debate amongst coeliacs about the testing procedures to be used for gauging what % of gluten is present where products are processed in shared facilities (old and rudimentary versus new and able to detect minute quantities). There is an understanding that without dedicated factories / premises, it would be difficult to prevent the presence of gluten in all products, and hence a debate arises about low-gluten versus totally gluten free to allow affected consumers to make their own choice about the degree to which they wish to comply. The Coeliac Society criticises manufacturers who use the "may contain nuts or gluten" disclaimer to cover themselves, because it is increasingly being used and is making it even harder for sufferers to find products they can eat.