

Australian Food and Grocery Council SUBMISSION

NOVEMBER 2013

TO:

FOOD STANDARDS AUSTRALIA NEW ZEALAND

IN RESPONSE TO:

CONSULTATION PAPER: PROPOSAL P274 - MINIMUM AGE
LABELLING OF FOODS FOR INFANTS

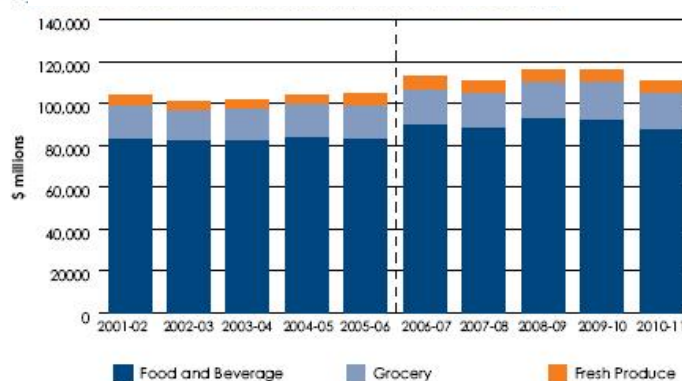


Australian Food and Grocery Council

The Australian Food and Grocery Council (AFGC) is the leading national organisation representing Australia's food, drink and grocery manufacturing industry.

The membership of AFGC comprises more than 150 companies, subsidiaries and associates which constitutes in the order of 80 per cent of the gross dollar value of the processed food, beverage and grocery products sectors.

Figure 1. Composition of the industry's turnover (\$2010-11)



Source: Based on ABS, catalogue number 8221.0 and 8159.0

With an annual turnover in the 2010-11 financial year of \$110 billion, Australia's food and grocery manufacturing industry makes a substantial contribution to the Australian economy and is vital to the nation's future prosperity.

Manufacturing of food, beverages and groceries in the fast moving consumer goods sector¹ is Australia's largest manufacturing industry. Representing 28 per cent of total manufacturing turnover, the sector the second largest industry behind the Australian mining sector and accounts for over one quarter of the total manufacturing industry in Australia.

This diverse and sustainable industry is made up of over 22,600 businesses and accounts for over \$49 billion of the nation's international trade. These businesses range from some of the largest globally significant multinational companies to small and medium enterprises. The industry spends \$466.7 million a year on research and development.

The food and grocery manufacturing sector employs more than 296,300 Australians, representing about 3 per cent of all employed people in Australia, paying around \$11.3 billion a year in salaries and wages.

Many food manufacturing plants are located outside the metropolitan regions. The industry makes a large contribution to rural and regional Australia economies, with almost half of the total persons employed being in rural and regional Australia². It is essential for the economic and social development of Australia, and particularly rural and regional Australia, that the magnitude, significance and contribution of this industry is recognised and factored into the Government's economic, industrial and trade policies.

Australians and our political leaders overwhelmingly want a local, value-adding food and grocery manufacturing sector.

¹ Fast moving consumer goods includes all products bought almost daily by Australians through retail outlets including food, beverages, toiletries, cosmetics, household cleaning items etc.

² About Australia: www.dfat.gov.au

1. INTRODUCTION

AFGC welcomes the opportunity to make this submission to Food Standards Australia New Zealand (FSANZ) in response to the call for submissions – *Proposal P274 – Minimum Age Labelling of Foods for Infants*.

AFGC understands that the key matters to be addressed in this consultation are as follows:

- Concept and definition of “first food”;
- Compositional requirements for “first food” relating to texture;
- Labelling requirements for “first food” –
 - mandating a front of pack “around 6 months” age suitability statement;
 - modifying the mandatory statement for infants under 4 months; and
- Limiting vitamin and mineral fortification for cereal-based foods for infants to those suitable for infants **over** the age of around 6 months (6+ months).

AFGC has developed this response in consultation with its membership of food manufacturers and brand owners, specifically those member companies who are impacted by, or have an interest in, the changes proposed to Standard 2.9.2.

The AFGC supports breastfeeding as the recommended way to feed a baby. When an infant is not breastfed, a safe and nutritious substitute for breast milk is needed. The only suitable and safe alternative is a scientifically developed infant formula product. AFGC supports the continuation of breast feeding during the introduction of complementary foods.

2. AFGC POSITION

AFGC **supports** regulatory option 1 to maintain the status quo in Standard 2.9.2.

AFGC **does not support** regulatory option 2 - *amend the youngest minimum age labelling requirements in Standard 2.9.2 so that the minimum reference age permitted on infant food is ‘around 6 months’* for the following reasons outlined below.

2.1. Lack of adequate rationale for the proposed change

The proposed change introduces unnecessary and inappropriate regulation where there is no demonstrated evidence of market failure. No evidence has been presented that labelling will alter consumer or carer behaviour. Current age suitability requirements allow greater scope for industry development and innovation as the evidence emerges.

2.2. Implications for management of food allergy risk

AFGC is concerned that the proposed changes to labelling are in conflict with the current recommendations of national and regional competent authorities and scientific bodies to introduce complementary solid foods from around 4-6 months.

2.3. Potential confusion for consumers and carers

FSANZ acknowledge the proposed term (around 6 months) is “deliberately vague” and requires a further definition to provide clarity. The introduction of terminology that is “deliberately vague” is inappropriate and a definition of “first food” addressed only to manufacturers does not solve this concern.

The proposal creates a need for manufacturers to provide additional important information clarifying when ‘around 6 months’ an infant might be ready for the introduction of solids and the developmental cues that would assist in this decision.

2.4. Compositional requirement for ‘first food’

This major change imposes a regulatory outcome that may not even be achievable if “smooth” is given its literal meaning of “free from lumps”, “without lumps”, etc. No evidence has been presented that current products on the market have posed any threat to what is acknowledged as a vulnerable consumer subpopulation, and so it is unclear what is driving the proposed rewording in terms of actual outcomes or potential threats.

2.5. International regulation is inconsistent

While consistent with some jurisdictions, regulatory approaches in other trading partners vary - FSANZ acknowledge “overseas regulations and guidelines have various labelling requirements” – there is no clear consensus on this matter.

2.6. Unnecessary cost burden to industry

AFGC contend that the cost to industry estimate is underestimated - labelling and associated costs may be significant, even with the 2 year transition period and stock in trade provisions. The cost benefit analysis is selective and incomplete.

FSANZ **cannot** recommend Option 2 without conducting a full and complete Regulatory Impact Assessment (RIA) which has been made available to all stakeholders for review.

3. SPECIFIC COMMENTS

3.1. Rationale for the change

Clause 5(2) and (3) of Standard 2.9.2 currently provide –

“(2) The label on a package of food for infants must not include a recommendation, whether express or implied that the food is suitable for infants less than four months old.

(3) The label on a package of food for infants must include –

(a) a statement indicating the consistency of the food; and

(b) a statement indicating the minimum age, expressed in numbers, of the infants for whom the food is recommended; and

(c) where the food is recommended for infants between the ages of 4–6 months, in association with the statement required by paragraph (b), the words –

‘Not recommended for infants under the age of 4 months’; and”

AFGC does not consider any case for change to the status quo has been demonstrated by FSANZ, notwithstanding the NHMRC’s recent conclusions. Current requirements provide clear guidance to carers as to the age suitability of foods for infants and clearly identifies that these foods are not suitable for infants less than 4 months of age. In line with this regulation, current products on the market are largely dividing into “4-6 months” or “from 4 months” and “6+ months” categories. FSANZ has not presented evidence of any market failure that needs to be addressed with respect to these products.

The FSANZ paper on the “Impact of Infant Food Labels on Caregivers” (SD2, Attachment 1) concludes that:

“Available research suggests that the youngest minimum age declared on infant food labels is unlikely to have a large impact on the age at which most caregivers introduce solids to infants. However, the FSANZ consumer research found that caregivers did value age and consistency information, particularly for deciding when to move from one stage of solids to the next.” (SD2, p39)

This conclusion supports the AFGC position that the rationale for change has not been substantiated – if the minimum age declared is not likely to have a large impact then AFGC question the justification for the proposed change.

3.2. Management of Food Allergy Risk

An accumulating body of scientific evidence suggests a potential window of opportunity to reduce allergic responses in infants by the introduction, not avoidance, of solid foods, between 4 and 6 months of age. This is recognized by national and regional competent authorities and scientific bodies such as EFSA (2009), ESPGHAN, American Academy of Paediatrics, and confirmed in recent Australian studies.

The AFGC considers the advice of the Australasian Society of Clinical Immunology and Allergy (ASCIA) to be of particular relevance, given that it is the peak association of clinical specialists working under Australian conditions and with Australian consumers. On the introduction of solid foods ASCIA advises:

*“The reported protection from breastfeeding against allergic disease in the early years of life is **relatively small**, and some studies suggest there may instead be **an increased risk of disease in later life**. More research is needed to determine the optimal time to start complimentary solid foods. Based on the current available evidence, many experts across Europe, Australia and North America recommend introducing complementary ‘solid’ foods from around 4 – 6 months”.*³

AFGC note the following in relation to introduction of gluten:

*“...a reduced risk for the infant developing coeliac disease seems to be associated with (i) breastfeeding during the introduction of dietary gluten, (ii) longer duration of breastfeeding, and (iii) introducing gluten in small amounts between 4-7 months and slowly increasing it while breastfeeding.”*⁴

AFGC note the following statement by FSANZ:

“Since 2008, there is increasing evidence that the timing of solid food introduction may be related to the development of food-related allergy. The critical period to minimise the risk of allergy development seems to be between the ages of 4 and 7 months. However, because of unclear and inconsistent definitions of age categories measurement bias in many studies and the contribution of various other factors in the development of allergic disease, the evidence is not conclusive. Currently, there are randomised controlled trials (RCTs) underway which aim to determine whether exposure to food allergens, and not avoidance, is critical during this period to minimise the risk of developing food-related allergy and to determine the optimal timing for introduction of solid foods.” (SD2, p 11)

AFGC does not share the view of FSANZ that:

“the timing of ‘around 6 months’ as the appropriate age for the introduction of solid foods for infants would have minimal effect on the risk of adverse health outcomes compared to ‘from 4 months’ of age.” (SD2, p 11/12)

Metcalfe et al (2013)⁵ summarise 8 current RCTs on food allergy exposure in infancy to prevent food allergy – 7 of the 8 studies introduce the allergen before 6 months of age.

AFGC consider that FSANZ is pre-empting the outcomes of these RCTs which is inappropriate.

3 ASCIA Infant Feeding advice,

http://www.allergy.org.au/images/stories/aer/infobulletins/2010pdf/ASCIA_Infant_Feeding_Advice_2010.pdf, accessed 10/11/2013.

4 Agostoni et al, (2008) Complementary feeding: a commentary by the ESPGHAN Committee on Nutrition. J Pediatr Gastroenterol Nutr 46(1):99-110

5 Metcalfe J, Palmer DJ, Prescott SL (2013) Randomized controlled trials investigating the role of allergic exposure in food allergy: where are we now? Curr Opin Allergy Clin Immunol 13(3):296-305

AFGC propose that given the positions of ASCIA and national and regional competent authorities and scientific bodies, and the current trials underway it would be prudent to retain the status quo for minimum age labelling of foods for infants.

AFGC considers that the prospect of there being benefits in reducing allergies and coeliac disease for at least some infants from complementary feeding between 4 to 6 months justifies a decision to retain the status quo.

3.3. Potential for nutritional deficiencies

As well as management of food allergy, AFGC considers that there is an issue around infant nutritional need that may arise as a result of this proposal.

With respect to nutritional adequacy, the key findings: evidence that solid food introduction at 'around 6 months' may contribute to adverse health outcomes, indicated:

"no association but some infants may require solid foods at 4-6 months for iron and zinc sufficiency". (SD1, p 12)

Whilst the iron in breast milk is bioavailable and readily absorbed, breast milk cannot be regarded as an excellent source of iron, particularly for an infant over the age of six months, with an increasing body weight. An infant is typically born with good iron stores and does not require significant levels of iron from the diet for the first 4 – 6 months. During this time, breastfeeding will confer many benefits; however the supply of high levels of iron is not one of them. The infant's iron stores then become depleted, however and a dietary source of iron becomes critical. If iron deficiency is common then suitable sources of iron must be found in the diet and these are typically found in meat based infant foods, fortified cereal infant foods and infant formula products.

EFSA concluded, in its 2009 *Scientific Opinion on the Appropriate Age for Introduction of Complementary Feeding of Infants*, that "The needs for water, energy, protein, calcium and many other nutrients can be met by exclusive breast-feeding for six months. However, breast milk may not provide sufficient iron and zinc in some infants after the age of 4-6 months, and these infants require complementary foods."⁶

A delay in the introduction of solids to 'around 6 months' may compromise the iron and zinc status of some infants as carers will not have access to fortified infant cereal products currently available for infants in the 4-6 months age group.

The EFSA recommendation that "Overall, ... the introduction of complementary food into the diet of healthy term infants in the EU between the age of 4 and 6 months is safe and does not pose a risk for adverse health effects"⁷ would seem a more appropriate approach.

⁶ p25 EFSA Panel on Dietetic Products, Nutrition and Allergies (NDA), *Scientific Opinion on the appropriate age for introduction of complementary feeding of infants* (2009)

⁷ p4 op sit

3.4. Potential for consumer confusion

Interpretation of ‘around 6 months’

The AFGC is concerned that by mandating the use of the term ‘around 6 months’ this creates ambiguity for industry as well as carers and their advisors. FSANZ actually states that the term is “deliberately vague” (SD 2, p 14) and therefore proposes to include a definition of “first food” to “provide greater certainty for manufacturers” (SD 2, p 14). This creates a need for manufacturers to provide additional important information clarifying when ‘around 6 months’ an infant might be ready for the introduction of solids and the developmental cues that would assist in this decision.

The term ‘around 6 months’ could be interpreted as close to 7 months, potentially leading to infants being introduced to solids later than 6 months. The findings of the reviews published by ESPGHAN and EFSA (included in SD1) indicate:

“increased risk of allergic syndromes may be associated with the timing of complementary feeding, particularly if solids are introduced outside the 4-6 month period”.

Further, potential confusion is introduced under subclause 3(1) with the new wording:

“Cereal-based food for infants which contains more than 70% cereal, on a moisture free basis, and it promoted as suitable for infants over the age of around 6 months....”

AFGC query the intent of “over the age of around 6 months” – what age is this meant to apply to?

AFGC challenge the introduction of a term that is deliberately vague and requires a further definition to provide clarity, in the absence of demonstrated market failure.

The more cautious approach for Australia and New Zealand would be to remain with a clear and unambiguous statement that first foods are for infants aged 4 to 6 months. Continuing with the status quo position of “from 4 months”, associated with the mandatory warning statement of “not recommended for infants under the age of 4 months” is clear and easy for consumers to understand and act on.

3.5. Additional compositional requirements for a first food (non-cereal)

AFGC note that this change has not been addressed under section 4.2 (SD 2), despite the fact that it will have a significant impact on manufacturers of foods for infants.

It is inappropriate, to include a major compositional change for a food category in a proposal that is titled “minimum age labelling of foods for infants”. To transform a non-enforceable, aspirational editorial note into a statutory requirement attracting criminal penalties for non-compliance is a significant change that requires its own assessment, regulatory impact statement and World Trade Organization notification in its own right.

This major change imposes a regulatory outcome that may not even be achievable if “smooth” is given its literal meaning of “free from lumps”, “without lumps”, etc. No evidence has been presented that current products on the market have posed any threat to what is acknowledged as a vulnerable consumer subpopulation, and so it is unclear what is driving the proposed rewording in terms of actual outcomes or threats.

Imposing a novel requirement for smoothness may impede product innovation and development, as well as import and export opportunities, by introducing criteria with no identifiable improvement for safety. This limits the classes of products that might be developed to those which are blended “smooth” when products may be developed that are not “smooth”, but which pose no choking hazard (e.g. a food containing soft small lumps of cooked eggplant pulp).

The current “no choking hazard” test is far better, being outcome based and avoiding unnecessary restriction for future product development and innovation.

3.6. Consistency with the current New Zealand and Australian infant feeding guidelines

The *Recommended Policy Guideline on the Intent of Part 2.9 - Special Purpose Foods* provides that “Adequate information should be provided, including through labelling and advertising of special purpose foods, to: assist consumer understanding of the specific nature of the food”⁸. AFGC considers that the current labelling satisfies this Guideline. It is the only guideline referred to in the FSANZ Risk Management Considerations (SD 2) for P274. There is no mention of consistency with guidelines issued by the Australian or New Zealand governments.

3.7. International Legislation

3.7.1. International inconsistency

AFGC recognises that current Standard 2.9.2 is inconsistent with the feeding guidelines in Australia and New Zealand, as well as the World Health Organisation (WHO) recommendation on exclusive breast feeding. However, AFGC does not consider that this is sufficient reason alone to proceed with the proposed change.

In the consultation document (SD2), FSANZ states “overseas regulations and guidelines have various labelling requirements” – there is no clear consensus on this matter.

Current recommendations by EFSA and ESPGHAN retain the provision for 4 – 6 months. It is a concern for industry that by being inconsistent with our major trading partners it will limit the opportunity for import, export and competition in the marketplace.

FSANZ needs to move away from Australia-New Zealand only focus and see the industry in its global setting.

3.7.2. Potential for Trade Barriers

AFGC challenge the following statement by FSANZ:

“Also the proposed amendment does not introduce a new requirement for labelling on infant foods, including those that may be imported into Australia or New Zealand, but is a revision of existing labelling requirements to accord with the current infant feeding guidelines. While companies may need

⁸ p2 Australia and New Zealand Ministerial Council on Food Regulation *Recommended Policy Guideline on the Intent of Part 2.9 - Special Purpose Foods*

to re-label products, this is an amendment to the current situation and therefore should not create new or additional trade barriers.” (SD 2, 5.2.1.2)

FSANZ has previously discussed the allowance of a 2 year transition period and a one year stock in trade for “industry to comply with new labelling requirements” (SD 2, p 22).

FSANZ cannot argue that there are no new requirements for labelling when the proposed changes clearly require manufactures to update label information. This will create barriers to trade for those products that are imported.

In the absence of international consensus, AFGC supports retaining the status quo, allowing industry to respond directly to consumer needs.

3.8. Cost Impact to industry – cost benefit analysis

AFGC is concerned at the substantial industry costs associated with label changes and re-formulations in the clear absence of a demonstrated net benefit and market failure.

AFGC note that, following consultation, FSANZ will prepare a decision regulatory impact statement (RIS). AFGC contend that a regulatory impact statement should have been prepared and provided with the consultation papers to ensure that the full impact of the proposed changes are available to all stakeholders with an interest in, or impacted by, the proposed changes.

The AFGC supports the Regulatory Impact Analysis (RIA) process. AFGC encourage FSANZ to ensure that a RIA for this regulatory review is conducted in a timely and efficient manner. It is important to ensure that decision-making about regulatory proposals is conducted in a manner that is transparent and enables all those potentially impacted by existing or new regulation and other relevant stakeholders to provide input and advice into the process and to seek a fair and equitable outcome.

An appropriate decision cannot be made without the full disclosure and consideration of the regulatory impact on all stakeholders.

AFGC recommends that FSANZ defer any decision on this consultation until a full and complete RIS has been conducted and provided for consultation to all stakeholders.

Notwithstanding this recommendation, AFGC will provide comment on the Cost Benefit Analysis provided by FSANZ in SD 2, section 5.

3.8.1. Impact Analysis – Caregivers (SD 2, 5.3.1)

AFGC question the justification presented by FSANZ that:

“Similarly, some caregivers may be influenced by the labelling on infant foods (e.g. ‘from 4 months’) when making a decision to introduce foods to their infants and may prematurely commence their infant on solids. Again, infant health may be compromised.”

FSANZ have presented no evidence to support this statement or indeed any evidence of market failure (harm to infants) under the current labelling regime. FSANZ have stated elsewhere that:

“Available research suggests that the youngest minimum age declared on infant food labels is unlikely to have a large impact on the age at which most caregivers introduce solids to infants.” (SD 2, p39)

3.8.2. Impact Analysis – Industry (SD 2, 5.3.2)

AFGC question that:

*“Maintaining the status quo in **Option 1** could present an inherent risk to industry. Caregivers and health professionals may perceive industry as acting irresponsibly and undermining infant feeding recommendations, if labelling is not adjusted. Caregivers may consider product labels to be misleading which may lead to lack of confidence in manufacturers and a distrust of their products, and potentially a reduction in sales with negative financial implications for industry. “*

Once again, FSANZ have presented no evidence to support these statements or indeed any evidence of market failure.

Cost Estimate for Option 2 – Industry

The cost estimate provided by FSANZ has completely failed to consider any cost to industry outside of label changes.

FSANZ acknowledges further anticipated costs of the proposed change may include:

“realignment of marketing material (websites, digital assets, print advertising and marketing collateral); public relations and communications in relation to consumer education; barcode verification for retailers; loss of sales due to a possible diminished market due to consumer perception; reformulation; write-off costs; consumer research on how to communicate and express the new age statement; and flow on effects e.g. labelling of related tableware.” (SD 2, p25)

None of these costs have been included in the cost estimate provided by FSANZ.

AFGC note the footnote in Section 5.3.2.1 of SD 2 which acknowledges that further work is needed:

“¹³A large divergence in industry costs was noticed during consultation, in relation to similar changes to labels. Further investigation and possible expert advice will need to be sought ahead of the decision RIS to ensure that a common understanding of what is being costed exists.” (p 24)

Comparison of Options (SD 2; 5.4)

AFGC challenge the conclusion that:

*“The analysis of potential impacts of the two regulatory options presented indicates that an overall net benefit is achieved through **Option 2** with advantages for caregivers, infants, government and industry.” (p 27)*

FSANZ has not presented any cost information on the benefits of either option. The overall net benefit equation has not been presented for review. Comments such as the following are not substantiated and therefore do not provide a rationale and sound basis on which to make a recommendation for Option 2.

“industry is likely to benefit from increased caregiver confidence, thus sales of infant foods are likely to be maintained; possible innovation in the provision of additional information on infant food labels, including space gained through the reduced warning statements; and continued harmonisation of regulations for Australia and New Zealand.” (p 27)

AFGC contend that the cost to industry estimate is flawed and underestimated and request that **FSANZ defer any decision on this consultation until a full and complete RIS has been conducted and provided for consultation to all stakeholders.**

4. QUESTIONS FOR STAKEHOLDERS

AFGC will defer to our individual member companies to provide responses to the specific questions to stakeholders. We will provide some comment in relation to these questions.

1. Is the concept and definition of first food a useful way to apply certain labelling and formulation requirements?

No. A regulatory definition is by nature directed to manufacturers, not to consumers. One aspect of the recent FSANZ Proposal P1025 is to remove exactly this approach to regulation, which is said by regulators to be effectively unenforceable. This is perhaps best shown by the consequence of a food that falls outside such a definition (eg because it is not smooth) – is such a food illegal, or unregulated?

2. Is the definition of ‘first food’ enforceable?”

According to FSANZ Proposal P1025, no.

3. Should the use of the age/number 6 on labels of infant food be prohibited, other than in conjunction with the word ‘around’? Please explain your view.

The use of the age/number 6 should not be prohibited. AFGC understand prohibiting the use of the age/number 6 except in conjunction with the word ‘around’ will impact on products currently designed for the ‘from 6 months’ or 6 months +” category which are not intended as ‘first foods’.

4. Do the changes to the wording of the warning statement change the intent of these statements? If so, please explain why.

AFGC consider that the proposed changes do not change the intent of these statements.

5. Should the ‘not before 4 months of age’ statement apply only to first food represented for infants ‘around 6 months’ of age? If not, please describe which foods should carry this warning statement and the reasons why.

The status quo is that the statement is only required for foods represented as being suitable from 4-6 months. This is appropriate as it is conceivable that some parents might, through a lack of knowledge, believe that such foods could be introduced earlier. It is far less conceivable that a parent would feed an infant of less than 4 months a product sold as being suitable for 6+ months.

6. Is it important for minimum age to be always displayed on the front of a product? Please give your reasons. If not, are there any other labelling measures that should be mandated?

No, this is not a piece of information that consumers require each time of purchase. Further, its impact in changing actual behaviour is acknowledged by FSANZ to be dubious. There is no justification for imposing such requirements requiring significant label redesign.

7. Will the removal of the association between the relevant minimum age statement and the under 4-month warning statement reduce the risk of caregiver confusion on the age of introducing solid foods?

AFGC is unable to comment on this and suggest that this could be addressed by FSANZ conducting some consumer research. AFGC considers that the consumer research drawn on by FSANZ is inadequate for determining the consumer impact and therefore the risks and benefits of change. It is also inadequate when considering the extent of change in manufacturing terms that is likely to be involved.

5. CONCLUSION

For the reasons outlined in this submission, AFGC supports regulatory option 1 – STATUS QUO, as the only appropriate outcome for this consultation.

The proposal is at best anti-innovative, and at worst will see products removed from sale due to the novel requirement for smoothness. The proposed labelling is vague and likely confusing both to parents and their advisers, and replaces the current ability of manufacturers to appropriately age label their products with an inappropriate and anti-innovative “one size fits all” solution. The compositional requirement is inappropriately progressed under the guise of a labelling change and has a direct and foreseeable impact on future product development and innovation. For these reasons the Proposal does not meet the most basic of “good regulatory practice” criteria, imposing burdensome obligations in place of minimal effective regulation.

AFGC does not consider that FSANZ have demonstrated a case for the proposed changes to Standard 2.9.2.

Alignment to national guidelines as a driver for regulatory change has not been balanced by:

- Lack of evidence of market failure;
- Evidence that the proposed changes will address the issues raised;
- An accumulating body of scientific evidence that suggests a potential window of opportunity to reduce allergic responses in infants by the introduction, not avoidance, of solid foods, between 4 and 6 months of age;
- Introducing changes that are inconsistent with international trading partners and which will create barriers to trade and innovation;
- The provision of a full and complete Regulatory Impact Assessment (RIS); and
- Flexibility for consumers and carers to choose the products suitable for the introduction of solids into the diet.

AFGC therefore recommend that FSANZ adopt option 1 and retain the status quo.

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- Coca-Cola South Pacific Pty Ltd
- Colgate-Palmolive Pty Ltd
- Coopers Brewery Ltd
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- Devro Pty Ltd
- DSM Food Specialties Australia
- Earlee Products Pty Ltd
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- Go Natural
- Goodman Fielder Limited
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- Kellogg (Aust) Pty Ltd
- Kerry Ingredients Australia Pty Ltd
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- Kitchens of Sara Lee
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- Lion Dairy and Drinks Pty Ltd
- Madura Tea Estates
- Manildra Harwood Sugars
- Mars Chocolate

- McCain Foods (Aust) Pty Ltd
- McCormick Foods Australia Pty Ltd
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- Mondelez International
- Mrs Mac's Pty Ltd
- Murray Goulburn Co-operative Co Ltd
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- Nerada Tea Pty Ltd
- Nestle Australia Ltd
- Nutricia Australia Pty Ltd
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- Procter & Gamble Australia Pty Ltd
- QSR Holdings
- Queen Fine Foods Pty Ltd
- Reckitt Benckiser (Australia) Pty Ltd
- Red Bull Australia Pty Limited
- Sandhurst Fine Foods Australia
- Sanitarium Health and Wellbeing Company
- SC Johnson & Son Pty Ltd
- SCA Hygiene Australasia Pty Ltd
- Sensient Technologies (Australia) Pty Ltd
- Simplot Australia Pty Ltd
- Solaris Paper Pty Ltd
- Spicemasters Australia Pty Ltd
- Steric Pty Ltd
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- Sugar Australia Pty Ltd
- SunRice
- Swisse Vitamins Pty Ltd
- Tasmanian Flour Mills Pty Ltd
- Tate & Lyle ANZ Pty Ltd
- The Smith's Snackfood Company
- The Vege Chip Company
- The Wrigley Company Pty Limited
- Tixana Pty Limited
- Unilever Australasia
- Vital Health Foods (Australia) Pty Ltd
- Ward McKenzie Pty Ltd
- Yakult Australia Pty Ltd
- Yum! Restaurants Australia Pty Ltd

- Food Liaison Pty Ltd
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- Meat and Livestock Australia
- Monsanto Australia Ltd
- MRI Group Pty Ltd
- New Zealand Trade and Enterprise
- Pacific Strategy Partners
- PINCHme Australia Pty Ltd
- Pitcher Partners
- Pitt and Sherry (Operations) Pty Ltd
- Red Rock Consulting
- Rentokil Initial Pty Ltd (Rentokil Pest Control)
- Scholle Industries Pty Ltd
- Simons Green Energy Pty Ltd
- Six Degrees Executive Pty Ltd
- SKUvantage
- StayinFront Group Australia
- Strikeforce Alliance Pty Ltd
- Swire Cold Storage
- Swisslog Australia Pty Ltd
- Tetra Pak Marketing Pty Ltd
- The Food Group Australia
- The Nielsen Company
- Touchstone Consulting Australia Pty Ltd
- TSF Engineering
- Visy Pak
- Wiley & Co Pty Ltd

Affiliate Members

- Australian Self-Medication Industry
- Association of Sales and Marketing Companies Australasia
- CropLife Australia Limited
- Food & Beverage Importers Association
- Food Industry Association Qld Inc
- Food Q Inc
- Foodservice Suppliers Association of Australia
- Grains & Legumes Nutrition Council
- Private Label Manufacturers Association Australia/New Zealand

Associate Members

- A.T. Kearney Pty Ltd
- ACI Operations Pty Ltd
- Addisons
- Amcor Australasia
- Australian Pork Limited
- Baker & McKenzie
- Bizcaps Pty Ltd
- Brisbane Marketing
- CHEP Asia - Pacific
- CROSSMARK Asia Pacific
- CSIRO Food and Nutritional Sciences
- Curtin University CESSH
- Dairy Australia
- Ebiquity
- Ettlin International Pty Ltd
- Food Allergen Control Training Analysis (FACTa)