



**Dietitians Association of Australia**

**Response to FSANZ on Proposal P293 Nutrition, Health and Related Claims**

**March 2012**

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 4800 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for better food, better health, and wellbeing for all. DAA is pleased to provide a response to Proposal P293 -Nutrition, Health and Related Claims, in particular on the issues of the revised draft Standard 1.2.7, and especially 'fat-free' and '% fat-free' nutrition content claims.

Contact Person: Bree Murray  
Position: Professional Services Dietitian  
Organisation: Dietitians Association of Australia  
Address: 1/8 Phipps Close, Deakin ACT 2600  
Telephone: 02 6163 5200  
Facsimile: 02 6282 9888  
Email: [psd@daa.asn.au](mailto:psd@daa.asn.au)

**Draft for comment P293**

DAA has commented on previous submissions relating to the framework and claims.

**Part I- Revised Draft Standard 1.2.7**

DAA understands that FSANZ seeks comments on the structure and regulatory clarity of draft Standard 1.2.7.

DAA supports the current revised drafting. Specifically, DAA endorses

- Information on labels that make it easier for consumers to make informed healthier food choices;
- A system for managing health claims backed by a strong evidence base to prevent inappropriate use of claims;
- Permitted food-health claims supported by a pre-approved list of objectively supported claims. DAA also supports the periodic addition of further food-health claims as allowed by the European Union as well as via confidential application to allow industry exclusivity and 'first to market' advantage;
- Removal of provision for the claims relating to dietary information and cause-related marketing. DAA considers these to be potentially misleading and would be best addressed by Australian and New Zealand consumer law.

DAA strongly recommends that FSANZ

- Re-consider the inclusion of other permitted international health claims (which meet a similar level of evidence) beyond that of the European Union such as the United States Food and Drug Administration (USFDA) and Health Canada, as some examples;
- DAA suggests clarification is needed regarding tree nuts position within the food groups. Currently tree nuts are excluded from all food groups for the purposes of P293 and this should be rectified. Peanuts are a legume and therefore fall in the protein group. It is DAA's view that tree nuts should likewise be in the protein group. This is in line with general dietary guideline food groups, including the 2011 draft Dietary Guidelines, and also with international regulations.

## **Part II- Fat-free and % Fat-free claims**

DAA understands that FSANZ seeks comments on the fat-free and % fat-free claims in relation to whether consumers are currently, or likely in the future, to be misled by these claims and therefore warrant additional regulatory measures.

DAA has concerns with all options put forward for consideration. However, the option which appears to be least problematic is option 1.

DAA strongly supports a consumer and health professional education campaign to minimise confusion and maximise benefits of the nutrient and health claims permitted on food packaging and other forms of product advertising and marketing. Consumer education campaigns will be enhanced if health professionals are skilled in the area of nutrient and health claims. Website based education will not be sufficient to address this objective and needs to be part of a broader campaign that includes other modes of communication e.g. print, radio, etc.; and in multiple languages.

The potential of new information technologies, e.g. mobile phones and smart phones, are additional mediums, worthy of consideration as a simple and effective way of educating consumers in the future. These may be used for provision of a range of product information such as nutrient profiles, energy content and ingredient lists. Most importantly, the use of new technology can overcome the very real issue of consumer information overload on the pack. This is a key concern for products with small and limited size packaging e.g. fruit juice packs, confectionery and snack bars.

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

- An industry voluntary code of practice (option 2) will be successful only if the majority of food companies pledge to adopt the code. The effectiveness of a voluntary code will also be reduced as imported food products will not be required to comply. Overall effectiveness is related to uptake and compliance, and DAA believes that a level playing field is critical and would not be achieved by a voluntary approach;
- The use of sugar as a disqualifying criterion (option 3b and 3d) is neither holistic in assessing the overall nutritional quality of the food/beverage nor evidence based. The only disease associated with high sugar intake independent of energy intake is dental decay. While acknowledging that dental decay is a serious issue, it should not be the sole rationale for a sugar criterion. It is also important to note that all fermentable carbohydrates (sugars and starches) can induce dental caries (NHMRC Evidence Statements 2011, page 89). In addition, food manufacturers have a range of ingredients, apart from sugar, that can help reduce fat levels in processed foods, that also contribute energy. For example, maltodextrins and other refined starches are often used as partial fat replacers yet contain a similar kilojoule content per gram;
- A category specific approach is technically difficult due to the issues of defining the category and ensuring appropriate inclusion and exclusion of products; and the use of sugar as a means of discerning inclusion within a category criterion is inappropriate;
- The nutrient profiling scoring criteria (option 3a) when inconsistently applied to some nutrient content claims but not others are inappropriate.