

FOOD LABELLING AND POLICY REVIEW

PUBLIC CONSULTATION Perth Convention Centre 17th March 2010

The views expressed in this document are the consultation attendees and not necessarily those of the Food Labelling Review Committee. The Committee will not be legally responsible for any statement made in this document.

Committee member attendees: Dr Neal Blewett and Prof Simone Pettigrew

Attendees at the public consultation included individual consumers and representatives from industry and government. The list of attendees is attached.

PART 1: CONTEXT

Consultation Paper / Format / Focus of Review

Matters for Review / Terms of Reference General and Specific / Tensions in the Terms of Review

Comments from attendees included:

- There has been debate over labelling for many years and the time has come to take a view of health promotion. One state minister has proposed the traffic light system and there is no doubt the community wants information.
- There are concerns about costs to the industry, for example front of pack labelling. There is evidence that you can shift the habits of individuals and communities and this is a key strategy to address the burden of obesity and other chronic diseases. We need to know from a public health perspective how to manage this. Front of pack labelling is the interface of the industry with the consumer.
- There are many health claims introduced to the consumer while shopping and we spend effort in determining how far the words go to become illegal. Continued indecision is allowing that strategy to be not implemented.
- This gives us a chance to get the triangle balanced between consumer, industry and health. Food labelling should definitely be seen as a health promotion mechanism. The review should draw together the data on consumer demand for this information. It can be tested to see what consumers would like from food labels. Consumer needs and desires need to be a theme of the review.

PART 2: FOOD LABELLING OVERVIEW

Comments from attendees included:

- Other aspects could include restaurants and takeaways – get data on what consumers like as part of the discussion. We expect a view from industry and health but need to be sure on what consumers want.
- What are the statistics from the review itself? Is there a breakdown of what people want?

- The connection between obesity and cancer is important. Even if the current number of consumers who want this is 10%, over the period of a lifetime all consumers will have an interest. The same person 30 years later might want greater depth of information than they want now. Lets not create an expectation of labelling being a cure to obesity, but it is a step in helping people to manage their weight. Labelling may not determine their choices but possibly aid their choices.
- If the committee sees self regulation as a solution, then that is “no regulation”. We don’t want to lose what we already have, it is still helpful. A step forward is to make information reliable, understandable and relevant to people’s choices, if they want to make a healthy choice. We all eat, we all make decisions on food. The label has to provide people on how healthy the food they are eating is.
- Some representation such as the traffic light system assists people to use the information. Taking away the actual information is a step backwards. To make it more usable or accessible is desirable. Some systems adopted such as a the thumbnail Recommended Daily Intake (RDI) system is unfathomable and unhelpful. Most people would struggle to choose a breakfast cereal based on the RDI system. We need to be able to use information with confidence.
- There is lack of confidence about the fact that food standards are shared with NZ and there is a conflict of interest between food safety and trade. For example, genetically modified food. NZ has approved many foods which European countries have rejected. There is concern about regulators and it should come down to knowing if we are eating Genetically Modified (GM) food. We need further debate about where information on GM foods goes and how it is classified.
- We need to consider what the general public wants, not just the ones who made submissions. A noise is coming from those whose jobs and business is dependent on the complexity of labelling. Those who believe that other people should want that information. What is the evidence?
- We may need to look at surveys or other material to see the demand in the community as a whole for health promotion in food labelling, given that it would incur cost.
- For a food importer, trying to satisfy customers and regulations, it means a lot of customers cannot get products they want. They aren’t asking for more information, they are angry because they cannot access products from overseas. In Australia the Nutritional Information Panel (NIP) is different to every other country and they cannot provide the information to a small importer in the Perth market. Labelling requirements means some people can’t get products they want. Boutique manufacturers and small importers need to be considered who don’t have teams of food technologists and lawyers to call upon.
- Is there a survey that says what a customer wants, a common understanding of what is called for? E.g. calling for an easy means for identifying whether a food is good or not. Is there a commonality in what people are calling for? We need to find out what consumer understanding is and to provide information of whatever goes with the labelling system. Would training enable a greater understanding of the foods being sold with the consumer and how to use that information? Perhaps give the old system a go with training on how to use it? Regarding regulations of what can be put on labels, some are being prevented because of how it is tied in or grouped with other specifics for health aspects.
- Labels should be able to say if there is a benefit, e.g. low Glycemic Index (GI) as some people could benefit from that, even though there may be other issues with that product, e.g. high sugar or fat.

- Small industry has a significant burden placed on it to comply with regulations. They don't have technicians, nutritionists, lawyers to go and get the information. This impacts on their ability to put food into the market. They must provide some information but standardisation needs to be considered. Including every compound, nutrient and colour would become prohibitive.
- Listing the numbers on labels is important to people with kidney disease and diabetes who have restrictions on sugar, sodium and potassium. Potassium is not currently on many labels, therefore consumers cannot assume that it isn't present.
- Listing every element on a label just in case someone will be allergic to it makes for big packaging. There is a need for common sense.
- The evidence for improved labelling has been growing internationally to help people make choices, rather than any particular scheme. Do consumers want an interpretative tool to assist them? Clarity needs to be given to industry because many claims are confusing about different types of food. Should there be a code of practice that consistent statements be made, e.g. the same products having the same ingredients around Australia so the consumer can compare like with like. A voluntary code versus a mandatory approach, but voluntary whether you use it or not.

PART 3: KEY ROLES OF FOOD LABELLING

Concerns Driving Labelling / Health Safety / Health Promotion/ Consumer Information

Comments from attendees included:

- 90% of consumers would like to see GM foods labelled. We are told it is safe but new information says that GM fed animals are not the same as non GM fed animals. The market will respond to consumer demand and people want to see GM food labelled.
- If the product is refined to the point where there is no protein, it would be labelled as "derived from GM". There are unknown health and safety issues on GM food and there should be a choice of whether to use it or not.
- Extended identification of GM?
- Independent research shows cause for concern, the information that tells us its safe comes from the industry creating it. Independent research says there should be choice.
- An intercept survey would be different from asking people what they want, using the same method of questioning. If Health can skew survey results, so can industry.
- We have to have consistency, for example "organic" and "free range". Industry is not a level playing field and ripe for exploitation. Consumers need to see a term used consistently or they get poor information. There needs to be greater certainty about labels.
- Who should give us the definition of GM? For example, there is dissatisfaction with the definition "Made in Australia". Do we set up a body to provide an agreed set of definitions for terminology? Producers cannot then cheat on them. Who should do it?

- You will struggle to get the definition, but we should strive for a better definition to reduce the boundaries.
- The definition would be agreed to by a ministerial council. Definitions are enforced by the Australian Competition and Consumer Commission (ACCC). There are existing bodies but we aren't getting it right. Things cannot be enforced consistently if definitions aren't correct.
- The ACCC definition of country of origin is that they are designed for all of industry, from motor cars to food. That is not adequate for the food industry.
- There are existing structures who can do that, but they need to get the basic concepts right.
- Talk to standards Australia.
- What happens when another consumer concern comes up? There will be a progression of issues, so how do we add extra bits of information that the consumer wants? We need to set standards so that we aren't changing labelling constantly – it is a burden to industry.
- As new scientific evidence comes in, some other things can be removed. Over time some warnings might not be necessary.
- Some people would like the right to make the ethical choices rather than health choices.
- There is a potential for standards to be misused in country of origin labelling. It is purely a protectionist approach to say that Australian products are better than imported products. Some evidence proves otherwise. NZ doesn't use country of origin labelling on food, why should we fear it?
- It could be used as a proxy for carbon footprint.
- Providing information to consumers is one thing, explaining it is another. A traffic light system simplifies it, but you need to educate people to use it. There would not be enough room on a label.
- We need to think about the role government plays in educating people about labelling, its not just the job of industry.
- Front of packet labelling is educational.
- It is not the role of an importer to educate the public, but to meet the demands of the customer. How can a person determine the carbon footprint of a packet of biscuits imported from Holland, or Dutch cake mix which might have milk powder in it from Czechoslovakia, when purchased in small quantities? Quantities could be different from week to week. That person would go out of business.
- The message is to eat healthy, do we have to say something is good for the environment, animal welfare, etc? An organisation should be able to provide this information on their website. Many people are concerned about such issues but its not a food or health issue.
- Country of origin labelling is supplied for information only and not related to health.

- An objective of the Act is to allow people to make choices for themselves, a change from current legislation. The label is there to enable informed choice. We could mandate everything and it would become inoperable.

Alcohol

Comments from attendees included:

- Alcohol has a foot in each camp, nutritionally and as a drug and as such needs to be labelled under both.
- Drinking alcohol contributes to kilojoule intake; binge drinking is a health issue.
- Low calorie beer is marketed by the industry as a health claim.
- Alcohol is still a food, labelling it otherwise gives the wrong message. Food Standards has the structure to deal with the labelling of alcohol.
- There is no such thing as “healthy drinking”. The jury is still out on the benefits of moderate red wine drinking, although there is a belief that it is of benefit to menopausal women. It might be considered low risk rather than healthy.
- Industry uses terms such as “drinking responsibly” when it gives them a competitive advantage.
- If alcohol forms part of a diet and has calorific content, it should be considered as a food.
- It is embedded in food standards codes. Consumers want the information but also have the choice to use that product in the way they choose.

PART 4: FOOD LABELLING PRESENTATION

Readability / Comprehension / Information Format

Comments from attendees included:

- We need to consider the size of warning labels, issues such as colour blindness and that fact that for some people colour on colour makes reading difficult. Spacing is also an issue if more information is put on a label.
- Respondents to surveys are usually literate people.
- Multilingual labelling compounds the problem. Is terminology consistent?
- Any changes need to be followed up with education.
- Generic products (such as “Black and Gold”) are not purchased by some people as there is no picture to tell them what is in it.
- The standard information should be relatively in the same place on a label.
- The consumer has the right to buy or not buy. If gluten free biscuits are not labelled adequately, the consumer will turn to another product and therefore industry will meet

those requirements in their own way. Do we need more laws and agencies to govern those things?

- There is a need to have research and a system to verify the quality of research done. This review needs to identify an independent place that can judge the quality of research evidence. There are isolated academic groups but are there enough people that we can have faith in, that we can seek an opinion on the questions to ask, the data, the quality of research from other countries?
- We need to define evidence when we haven't established it. If there is an absence of evidence or if it hasn't been researched, we cannot say it has an adverse effect.

PART 5: ADMINISTERING AND ENFORCING FOOD LABELLING STANDARDS

Comments from attendees included:

- There are nine different jurisdictions involved. It is difficult to ensure that recommendations can be enforced. How to administer? One central body? State bodies? A government agency? There are also boundary issues, with the ACCC, Food Standards Australia New Zealand (FZANS), local government, etc.
- A prominent difference is New Zealand's stance on GM products.
- The review document sets out well how we work with things. If there are large interstate issues with labelling, Health deals directly with it. If it's a small manufacturer, local government deals with it. There is a home state rule where an issue would be referred back to that state. With most enforcement issues, operators deal with them promptly, others are less cooperative. For local government it is not a high priority but they do monitor labelling in delis and small manufacturers for country of origin. The major international food manufacturers are not monitored closely because they mostly comply with standards. Most enforcement issues are based on complaints or indicated by Health.
- There are many complaints from business about the interpretation of labelling and enforcement tends to be erratic, is that fair?
- Other states operate the same as WA, we receive referrals from other states. Businesses might themselves be erratic in their own interpretation. They cherry pick and if they don't get the answer they like in one state, they will go to another state to get the answer they want.
- How do the enforcement authorities work? If we need clarity we will approach Food Standards Australia and New Zealand for a discussion and take their advice on board. There are other means such as contacting colleagues in other states.
- Allowing for population, some jurisdictions come down harder than others, e.g. NSW has more prosecutions. Some states have a compliance and enforcement approach, others have a compliance and enforcement policy developed by ISC with a graduated approach depending on the nature of the non-conformance and the willingness to rectify the problem. Unless it's a significant issue we try and resolve it. Try to remove the public exposure / risk first and then consider prosecution. More prosecutions indicates effective compliance but we also have small businesses we have to assist and work with.
- There were surveys in WA which could be of relevance. There was a survey on country of origin done by the Health Department and news poll on consumer perspectives. Also the

Public Health Advocacy Institute of WA, which focuses on removing acute risks and long term chronic risks.

- Could the (Department of Health and Ageing) Implementation Sub-Committee (ISC) role be enhanced?
- They have great scope but need to get to grass roots levels and deal with these issues and provide better support. They need to stop doing policy work and look at basic operation of the food standards code itself, particularly labelling.
- More effort from ISC would result in more efficiency across a lot of food standards. Many businesses are trading across jurisdictions and there needs to be consistency. E.g. colour labelling. Training those who enforce it is another perspective.
- Centralised training, with the jurisdictions enforcing/ enabling what needs to be done.
- There is urgency when introducing industrial or new technology to food. GM is likened to pharmaceuticals, which go through a defined process of testing. GM foods and nano have none of that. The food is on the shelf, we are eating it. There is no surveillance or recall system. Asthma and allergy is increasing and there is a correlation between GM food and hospitalisation from anaphylactic reaction. Allergies in children are in epidemic proportions. We need to trial labelling urgently so we can do studies which should have been done before. The government in WA has approved GM canola. There is evidence that it crosses with other vegetables. We need to take baselines so we can monitor what happens. Urgent and interim action must be taken.

GENERAL COMMENTS:

Participants made the following general comments:

- Companies such as Nestle manufacture generic foods through subsidiary companies to exclude other players in the market. This is a problem if a person does not want to purchase Nestle products on philosophical grounds.
- We need to consider the future of labelling changes, rather than an ad hoc series of labels that get changed every two years. We need to be clear on periodic reviews of what goes onto food labels.
- A flexible method of labelling so that consumers and industry can work with a body just doing the labelling without going through the lengthy processes?
- Importers already negotiate with a few bureaucracies – Customs, Australian Quarantine & Inspection Service (AQIS), none of which are efficient – do we want to introduce more agencies to deal with?
- It is already there, but done through the FZANS process. It needs to be done more flexibly and quickly. There are some issues such a body could deal with without the full process, a streamlining of the process of labelling.
- We don't need any more enforcement. We need a single enforcement agency.
- Meals on Wheels provides 600,000 meals per year. A proposal suggests providers put information on labels. These types of meals cater for specific client issues and the expectation to individually label meals is a challenge. Some clients are elderly, suffer from

dementia or are challenged cognitively. A label could confuse them. There is no “Menu” as such because they are assessed first and their dietary needs are provided. The 100 providers do things differently and they don't all provide a choice. There would be no single label because every meal could be different. To comply with current legislation, will there be flexibility for such organisations?

- The reason this hasn't applied before is that people can make requests for what's in their food and to date that provision has not required labelling.
- Compass Group provides meals to 90 sites in WA which house mining employees. They use traffic light labelling to promote healthy eating, although training chefs is a challenge. There is a need to take into account how to define and maintain consistency, e.g. it could be low in GI but high in fat. A survey was done on nine sites in WA, asking whether the traffic lights encouraged a person to change their mind about the food they ate. Of the respondents, 60 per cent looked at the label and 54% changed their mind.
- A labelling system cannot be over simplified. People need to be educated to make common sense out of a limited range of information and make a choice from that.
- Portion sizes need to be considered. All foods have a nutritional value. Industry will take some responsibility but after that the consumer will have to make choices.
- If a manufacturer uses seasonal products such as carrots, corn and peas, should they have to say where each bit comes from and during what season? This limits a business's opportunity to run their business from a supplier's point of view. They need freedom to make choices which will impact on the labelling. Does it have to be 100% Australian – they have to compete against manufactures who can get it cheaper. Labelling requirements should not prohibit a company from competing.
- The same applies to labelling very small amounts of ingredients – from an anaphylactic perspective perhaps you do. What is the cut-off point? The packet size impacts on the size of labelling.
- You can set up a model in a rational market with rational consumers. The missing point is advertising. If its not based on content and description but rather a bias which pushes people to unhealthy products, it distorts the argument and the relationship between consumer and product.
- Some unhealthy foods get the Heart Foundation Tick because they are the best in a particular category.
- Cancer patients will try anything for a cure, e.g. complementary medicines. They should be placed under the Therapeutic Goods Administration (TGA) where the evidence can be substantiated.
- In Australia complementary medicines are categories under TGA, in NZ they are classified as foods, this is a problem.
- Many statements on labels are about legal protection, in case a person has a reaction.
- It should be mandatory that labels declare if a product is sourced from a GM product but voluntary to say a product is “GM free”

List of Attendees

Surname	First Name	Organisation
Atkins	Jennifer	Cancer Council WA
Barbetti	Warren	Chamber of Commerce and Industry of WA
Baskeyfield	Steve	City of Stirling
Brenes	Peta	Metcash
Collins	Shirley	GM Free Consumers Network
Croft	Mike	Devings Fine Foods
Darlington	Ralph	Organic Grower
Dodds	Jim	Department of Health Western Australia
Goodchild	Stan	Department of Health WA
Grogan	Janet	
Matthews	Gail	Western Ausratian Consumer Council
Meighan	Alison	City of Subiaco
Pratt	Steve	Cancer Council WA
Slevin	Terry	Cancer Council WA
Walker	Catherine	Compass Group
Weeramanthri	Tarun	Department of Health