



# Labelling of sugars on packaged foods and drinks

September 2018

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 6000 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier people and healthier nations. DAA appreciates the opportunity to provide feedback on the targeted consultation on the labelling of sugars on packaged foods and drinks by the Food Regulation Standing Committee.

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## **DAA interest in this consultation**

DAA is the peak professional body for dietitians in Australia and responsible for the Accredited Practising Dietitian (APD) program as the basis for self-regulation of the profession.

DAA advocates for a safe and nutritious food supply in which the community has confidence and which meets the nutritional needs of all Australians, including groups with special needs.

As experts in nutrition, APDs assist the general population and groups with special dietary needs to meet their nutritional needs. APDs also assist with the translation of food labels and nutrition content claims.

## **Discussion**

Question 1. Do you support the statement of the problem presented on page 7? If you do not support this statement, please justify your reasons. If you would like to provide an alternate problem definition, please justify your statement with evidence.

- DAA agrees with the problem statement, that food labels should provide adequate contextual information about sugars to enable consumers to make informed choices in support of the Australian Dietary Guidelines.
- DAA is not clear on the definition of ‘added sugars’ and ‘free sugars’ in the consultation document, attachment A (page 39). The document appears to suggest added sugars *include* free sugars. According to the World Health Organisation (WHO), it is the opposite, with the term ‘free sugars’ referring to “all monosaccharides and disaccharides added to foods by the manufacturer, cook or consumer, plus the sugars that are naturally present in honey, syrups and fruit juices”<sup>1</sup>. DAA encourages the consultants to consider adapting this definition, as the WHO are tasked with directing international health within the United Nations<sup>2</sup>.
- DAA additionally advocates for the importance of promoting the intake of whole foods (without labels), however acknowledges there is a place and necessity for packaged foods in Australia’s food supply. Having said that, DAA highlights that Australians are eating too much sugar, sodium and saturated and/or trans-fat - which is not aligned with the Australian Dietary Guidelines.
- DAA has indicated its support for mandating the Health Star Rating system, including the addition of added sugars into its algorithm to align fully with the Australian Dietary Guidelines. DAA acknowledged that the Health Star Rating System this is currently under review, and advises that any review of labelling should take this into consideration before making policy decisions.

References:

1. Diet, nutrition and the prevention of chronic diseases: report of a Joint WHO/FAO Expert Consultation. WHO Technical Report Series, No. 916. Geneva: World Health Organization; 2003 [cited 2018 sept 14]. Available from: [http://whqlibdoc.who.int/trs/WHO\\_TRS\\_916.pdf](http://whqlibdoc.who.int/trs/WHO_TRS_916.pdf)
2. World Health Organisation. About WHO [internet]. Geneva, Switzerland: World Health Organisation; 2018 [cited 2018 Sept 18]. Available from: <http://www.who.int/about-us>

Question 2: Are you aware of any form of information about added sugars that is provided on food labels in addition to those identified above?

- DAA notes that some manufacturers are distinguishing between added sugars and natural sugars from whole foods by making nutrient claims on their product labels, for example Tip Top Raisin toast states it is “Made with No Added Sugar”. A cross-sectional study of ultra-processed food labelling in Australia by Pulker et al.<sup>1</sup> noted that added sugar was described in 34 different ways.

Reference:

1. Pulker CE, Scott JA, Pollard CM. Ultra-processed family foods in Australia: nutrition claims, health claims and marketing techniques. *Public Health Nutr.* 2018; 21: 38-48.

Question 3: Are you aware of other sources of information (publically available or otherwise) on the added sugars content of foods available in Australia and New Zealand, beside those described above?

- DAA are aware that there is public information available online regarding sugar sweetened beverages through [rethinksugarydrink.org.au](http://rethinksugarydrink.org.au)<sup>1</sup> and their partner websites, including recommendations, advertising campaigns, statistics and education.

Reference:

1. Rethink Sugar Drink [internet]. Victoria (AU): Cancer Council Victoria; 2016 Dec 8 [cited 2018 Aug 31]. Rethink Sugary Drink. Available from: <http://www.rethinksugarydrink.org.au/about>.

Question 4: Do you agree with the desired outcome of this work proposed above? If not, please suggest an alternate desired outcome and justify your suggestion.

- DAA recognises that the desired outcome only seeks to provide consumers with information, however there is scope for policy changes to concurrently improve consumer purchases. Moreover, there is a public health need for policies that can improve population health<sup>1</sup>. To protect consumer health and safety ‘by reducing risks related to food’– an overarching objective of the Food Regulatory System<sup>2</sup> – it is paramount that this work seeks to be more comprehensive and address the full potential of labelling.
- DAA suggests that this can be done by using a multifaceted approach to labelling, with several policy options outlined, in order to provide adequate contextual information to consumers from various backgrounds and socioeconomic statuses.

- DAA notes that diet-related health issues such as obesity disproportionately affect those of lower socioeconomic positions. The health equity implications of any selected strategy should be considered, and the desired outcome should be to enable and promote healthy choices for all socioeconomic groups<sup>3-5</sup>.
- DAA recognises that there have been some efforts to improve population diets, however these have not occurred on a national level and thus have been limited in reach<sup>6-8</sup>. The desired outcome should therefore bridge this gap and focus on both enabling and promoting healthy choices<sup>1</sup>.

#### References:

1. Peeters A. Obesity and the future of food policies that promote healthy diets. *Nat Rev Endocrinol*. 2018; 14(7):430-7.
2. Food Regulation [internet]. Canberra, ACT: Commonwealth of Australia; 2015. Aims and Objectives: 2016 Nov 12 [cited 2018 sept 13]. Available from: <http://foodregulation.gov.au/internet/fr/publishing.nsf/Content/system-aims-and-objectives>
3. Devaux M, Sassi F. Social inequalities in obesity and overweight in 11 OECD countries. *Eur J Public Health*. 2013; 23(3):464-9.
4. Backholer K, Spencer E, Gearon E, Magliano DJ, McNaughton SA, Shaw JE, et al. The association between socio-economic position and diet quality in Australian adults. *Public Health Nutr*. 2016;19(3):477-85.
5. Stringhini S, Carmeli C, Jokela M, Avendaño M, Muennig P, Guida F, et al. Socioeconomic status and the 25 × 25 risk factors as determinants of premature mortality: a multicohort study and meta-analysis of 1.7 million men and women. *Lancet*. 2017 Feb 1; 389(10075):1229-37. doi: 10.1016/S0140-6736(16)32380-7.
6. Carey R, Caraher M, Lawrence M, Friel S. Opportunities and challenges in developing a whole-of-government national food and nutrition policy: lessons from Australia's National Food Plan. *Public Health Nutr*. 2016; 19(1):3-14.
7. Wutzke S, Roberts N, Willis C, Best A, Wilson A, Trochim W. Setting strategy for system change: using concept mapping to prioritise national action for chronic disease prevention. *Health Res Policy Syst*. 2017; 15:1-13.
8. Bastian A. The future of public health nutrition: a critical policy analysis of Eat Well Australia. *Aust N Z J Public Health*. 2011; 35(2):111-6.

#### **Option 2: Education on how to read and interpret labelling information about sugars**

Question 5: How effective would this option be in addressing the policy issue and achieving the desired outcome? Please provide evidence to justify your views.

- DAA advocates for consumer education, including social marketing campaigns to support any evidence-based nutrition labelling initiative. However, contends that education alone will be insufficient to meet the proposed sugar labelling policy objective. It has been found that nutrition education is most effective in conjunction with other interventions and over prolonged periods<sup>1</sup>. The short time frame of this approach will ultimately render it very difficult to achieve the desired impact.

- DAA observes that objective measures of nutrition label use have been found to be low, and use decreases as complexity of information increases <sup>2</sup>. At-risk consumer groups (e.g. the elderly, those with a disability, or those with lower levels of education and income) have been found to have the greatest difficulty interpreting nutrition labels <sup>3</sup>. Any education campaigns should particularly target these at-risk consumer groups.
- DAA supports that use of education campaigns including social marketing should follow best-practice design and encourages both short-term evaluation (to test for consumer acceptability and understanding), and long-term evaluation (to assess consumer impact) <sup>4</sup>.
- As per the Tipping the Scales suite of policy options<sup>5</sup>, DAA note that successful education campaigns need to be maintained over time to be effective (and therefore need consistent funding over time).
- DAA identifies that education-based interventions rely on individuals to make healthy choices and select healthier alternatives. Therefore, it is important to consider education policies as complementary to other policies that may also support at-risk consumer populations (such as Option 6, pictorial labelling).
- DAA encourages that education campaigns should acknowledge sugar labelling is only currently on packaged foods. In order to be consistent with the policy objective and the Australian Dietary Guidelines, education campaigns should encourage not only selection of packaged foods lower in sugar, but also packaged foods lower in fat and salt, and above all emphasize consumption of the core food groups.
- DAA highlights that, in contrast to an education-only campaign, the alternative labelling interventions proposed (Options 3 to 6) may also stimulate manufacturer reformulation to reduce added sugar content. This will also allow for targeted approaches, such as identification of high sugar foods to be restricted from sale in school canteens <sup>6</sup>.

#### References:

1. Murimi MW, Moyeda-Carabaza AF, Nguyen B, Saha S, Amin R, Njike V. Factors that contribute to effective nutrition education interventions in children: a systematic review. *Nutr Rev.* 2018; 76(8):553-80.
2. Cowburn G, Stockley L. Consumer understanding and use of nutrition labelling: a systematic review. *Public Health Nutr.* 2005; 8: 21-28.
3. Backholer K, Beauchamp A, Ball K, Turrell G, Martin J, Woods J, et al. A Framework for Evaluating the Impact of Obesity Prevention Strategies on Socioeconomic Inequalities in Weight. *Am J Public Health.* 2014; 104(10):e43-e50.
4. Andreasen AR. Marketing social marketing in the social change marketplace. *Journal of Public Policy & Marketing.* 2002; 21: 3-13.
5. Obesity Policy Coalition [internet]. Melbourne, Australia: Obesity Policy Coalition Tipping the Scales: Australian obesity prevention consensus; 2017 [cited 2018 Aug 10]. Available from: <http://www.opc.org.au/downloads/tipping-the-scales/tipping-the-scales.pdf>, accessed Aug 10 2018.

6. Australian Government Department of Health [internet]. Canberra, ACT: Commonwealth of Australia; 2014. National Healthy School Canteens: guidelines for healthy foods and drinks supplied in school canteens [cited 2018 Aug 10]. Available from: <https://www.health.gov.au/>.

Question 6: How would this option impact you? Please provide impacts and cost relevant to you.

- DAA views its members as a key resource for nutrition education in the community, with broad reach in traditional and social media, including through the DAA spokesperson program. DAA advises that dietitians should be consulted in the development of any educational campaign. Strategies for a specific education campaign should be communicated to the broader dietetic community to enable dissemination through key nutrition information channels and settings.

### **Option 3: Change to statement of ingredients**

Question 7: How effective would this option be in addressing the policy issue and achieving the desired outcome? Please provide evidence to justify your views.

- DAA supports Option 3 as a viable option to meet the policy objective. However, DAA identifies there is a lack of evidence to support its effectiveness compared to other options.
- If Option 3 was to be implemented, DAA would recommend a bracketed approach in identifying added sugars. This is to reduce confusion with allergen ingredients, which are frequently bolded in ingredients lists. A bracketing approach may conflict less with existing labelling practices and would be consistent with the Canadian approach and the market practice of using Food Standards Code Schedule 10 *Generic names of ingredients and conditions for their use*<sup>1</sup> to group ingredients such as vegetables together. If this was adopted the definition of sugars in Schedule 10 would need amendment to remove the prohibition on using the word ‘sugars’ in a statement of ingredients.
- DAA strongly disagrees that sugars should be bolded on the ingredients list. Consumers with allergies and their carers are taught to rely on the industry practice of bolding declarable allergens to make safe food choices. The DAA is concerned that bolding of non-allergenic ingredients may compromise consumer comprehension of allergen declarations. Enabling consumer identification of allergens should be prioritised in line with the aims of the Food Regulation System in Australia, including to “protect the health and safety of consumers by reducing risks related to food”<sup>2</sup>.
- The use of an asterisk to identify sugar may avoid confusion with allergens, however it will add an additional coded element in the ingredients list. DAA are

concerned this is likely to increase complexity for consumers. High complexity may reduce consumer ability to use information<sup>3</sup>, and reduce saliency of sugar information, therefore not achieving the policy objective.

- In a Committee meeting with APDs on the Dietitians Association of Australia Food Regulatory and Policy Committee (August, 2013), it was agreed that DAA members frequently report consumer confusion with the names of different ingredients. This includes those that may be used as added sugars, including those that may be marketed as ‘healthy’ alternatives to added sucrose/glucose (e.g. fruit juice concentrates or rice malt syrup). Therefore, DAA does support the use of clear, generic names for individual sugars in the statement of ingredients for consumer transparency. In addition to Option 3, a front-of-pack labelling approach (such as Option 5 or 6) is likely to have higher consumer saliency.
- DAA has identified some studies that found approximately 52-64% of participants reported using the ingredients list<sup>4,5</sup>. Those that used ingredients lists the most were individuals with higher income and education levels. Therefore, the effectiveness of a policy involving changes to the ingredients list may have greater impact on this population, and research indicates they have better nutrient intakes to begin with<sup>4,6</sup>. Overall, the ingredients list is reportedly used to a lesser extent than the nutrition information panel (NIP), by approximately 10%<sup>7</sup>. This may infer that updates to the NIP (option 4) area better approach. Updates to the NIP also align with what is already done for fats, and may provide more meaningful data to consumers looking to compare packaged products.
- DAA highlights some concern with adopting Option 3 as a priority, as there is not sufficient evidence to support adoption of the ‘bracketing’ approach to sugar identification in the ingredients. Nor does there appear to be evidence of the actual usage of updated labels or behavior change impact.

#### References:

1. Australia New Zealand Food Standards. Code 10 Generic names of ingredients and conditions for their use [internet]. Canberra, ACT: Federal Register of Legislation; 2017 May 25 [cited 2018 sept 13]. 4 p. Available from: <https://www.legislation.gov.au/Details/F2017C00415/Download>
2. Food Regulation [internet]. Canberra, ACT; Commonwealth of Australia; 2016 Nov 21. Aims and Objectives [cited 2018 sept 13]. Available from: <http://foodregulation.gov.au/internet/fr/publishing.nsf/Content/system-aims-and-objectives>.
3. Cowburn G, Stockley L. Consumer understanding and use of nutrition labelling: a systematic review. *Public Health Nutr.* 2005; 8: 21-28.
4. Ollberding NJ, Wolf RL, Contento I. Research: Food Label Use and Its Relation to Dietary Intake among US Adults. *J Am Diet Assoc.* 2011; 111(Supplement):S47-S51.
5. Bleich SN, Wolfson JA. Differences in consumer use of food labels by weight loss strategies and demographic characteristics. *BMC Public Health.* 2015; 15(1):1-8.
6. Miller LMS, Cassady DL. The effects of nutrition knowledge on food label use. A

review of the literature. *Appetite*. 2015; 92:207-16.

7. Food Labelling Issues: Quantitative Research with Consumers [internet]. Canberra, ACT: Food Standards Australia New Zealand; 2013 June [cited 2018 August 7]. 42 p. Evaluation Report Series No. 4. Available from: <http://www.foodstandards.gov.au/publications/pages/evaluationreportseries/foodlabellingissuesquantitative/Default.aspx>.

Question 8: How would this option impact you? Please provide impacts and cost relevant to you.

- DAA identifies that dietitians may need to spend more time explaining ingredients lists to their patients and clients.
- DAA understands that food industry/consulting dietitians can assist food industry / business to implement this policy. Industry will need education tools to assist in calculating added sugars from product recipes; DAA recommend Food Standards Australia New Zealand should provide tools on its website similar to the Nutrition Information Panel generator.

Question 9: Referring to Table 1 in Section 3.1, which implementation mechanism would be most appropriate for this policy option? Please provide the pros and cons of your selected implementation mechanism.

- Given the key importance of the ingredients list to allergen identification and informed consumer choices, DAA advocate for a regulatory approach to ensure consistency in this key area. This may increase costs for manufacturers and the monitoring burden for Food Standards Australia New Zealand, however will be important to maintain the integrity of the allergen identification system.

#### **Option 4: Added sugars quantified in the NIP**

Question 10: How effective would this option be in addressing the policy issue and achieving the desired outcome? Please provide evidence to justify your views.

- The adoption of Option 4 is recommended by DAA, in combination with a front of pack labelling scheme (Option 5 or 6, and/or the Health Star Rating), to ensure policy options that are equitable across different demographics and literacy levels. It underpins the ability to implement many of the other proposed options and provides transparency and additional contextual information for consumers.
- DAA agrees that the quantification of added sugars in the Nutrition Information Panel (NIP) is in line with current approaches for single nutrients (e.g. fat etc.). As identified by FSANZ <sup>1</sup>, the NIP is the label element most commonly used by consumers to select a healthier (lower sugar) product. Therefore, leveraging current consumer behavioral practices may reduce the burden on consumers to

generate awareness, knowledge and use of a new label element. The new American NIPs also require the display of added sugars <sup>2</sup>.

- DAA do not recommend enhancing the NIP with contextual information (i.e. Low/Medium/High ratings). This is based on a lack of evidence for this approach and potential confusion with existing labeling systems <sup>3</sup>. Enhancing quantification with additional contextual information of Low/Medium/High classifications may lead to undue emphasis on added sugar (over other key nutrients such as sodium, saturated or trans-fats). Providing %DI (Daily Intake) for all nutrients on the NIP may avoid this effect, however, there is a lack of evidence for the effectiveness of this approach. In an online study based on hypothetical questions, Vanderlee et al. <sup>4</sup> found no improvement in the proportion of consumers who correctly identified a product as containing added sugar when %DV (American equivalent to %DI) provided in addition to added sugar information on the NIP (compared to added sugar in NIP only). DAA understand that, at present, there are no regulated reference values for %DI for added sugars used to calculate %DI. In order to appropriately label added sugar content as Low/Medium/High, extensive research and consultation would be required to determine what these range values should be.
- DAA highlights the implementation of this option in Chile provides good guidance that could be used to inform a similar approach in Australia <sup>5</sup>.
- DAA acknowledged that the inclusion of added sugars in the Health Star Rating is a separate issue to the current submission, however identifies the importance of considering it when deciding on policy for sugar labelling. Some evidence indicates that option 4 would improve the performance of the existing Health Star Rating system <sup>3</sup>, as such, it would improve the current status quo in promoting diets that align with the Australian Dietary Guidelines. DAA continues to advocate for added sugars to be included in the Health Star Rating system. Including added sugars has been found to increase Health Star Rating performance in distinguishing between discretionary and core foods<sup>3</sup>.

#### References:

1. Food Standards Australia New Zealand. Consumer Label Survey - Food Labelling Use and Understanding in Australia and New Zealand [internet]. Canberra, ACT: Food Standards Australia New Zealand; 2015 [cited 2018 Aug 10]. 150 p. Available from: <http://www.foodstandards.gov.au/publications/Pages/consumerlabelsurvey2015.aspx>
2. U.S Food and Drug Administration. Changes to the Nutrition Facts Label [internet]. Silver Spring, MA: U.S Food and Drug Administration; 2018 [cited 2018 Aug 10]. Available from: <https://www.fda.gov/food/guidanceregulation/guidancedocumentsregulatoryinformation/labelingnutrition/ucm385663.htm>.

3. Peters SA, Dunford E, Jones A, Ni Mhurchu C, Taylor F, Woodward M et al. Incorporating added sugar improves the performance of the Health Star Rating Front-of-Pack Labelling System in Australia. *Nutrients* [internet]. 2017 Jul 5 [cited 2018 Aug 10]; 9(7): 701. doi: 10.3390/nu9070701.
4. Vanderlee L, White CM, Bordes I, Hobin EP, Hammond D. The efficacy of sugar labeling formats: Implications for labeling policy. *Obesity*. 2015; 23: 2406-13.
5. Corvalán C, Reyes M, Garmendia ML, Uauy R. Structural responses to the obesity and non-communicable diseases epidemic: the Chilean Law of Food Labeling and Advertising. *Obesity Rev*. 2013; 14(S2):79-87.

Question 11: How would this option impact you? Please provide impacts and cost relevant to you.

- DAA has no comment to provide.

Question 12: How would the proposed option impact existing elements of a food label (both mandatory and voluntary)? Would adopting this option require another element of a food label to be removed from the package? If so, which labelling elements would be removed?

- DAA do not recommend the use of Low/Medium/High added sugar identification in the Nutrition Information Panel, as this could be confusing for consumers attempting to reconcile this information with the Health Star Rating system which currently does not account for added sugar. DAA has previously submitted to the Health Star Rating review, support for distinguishing between added sugars and total sugars in the Health Star Rating algorithm. Including added sugars has been found to increase Health Star Rating performance in distinguishing between discretionary and core foods <sup>1</sup>.
- DAA recommend that if this policy option is adopted, the ‘low in sugar’ claim on product labels should be discontinued, and instead replaced with a ‘low in added sugar’ claim. ‘Low in sugar’ claims should not be further permitted, as relevant healthy products would be captured under a ‘low in added sugar’ definition. The ‘no added sugar’ claim under Food Standards Code 1.2.7 <sup>2</sup> currently permitted for healthy foods/core foods should remain for those healthy foods that do not contain any added sugar.

References:

1. Peters SA, Dunford E, Jones A, Ni Mhurchu C, Taylor F, Woodward M et al. Incorporating added sugar improves the performance of the Health Star Rating Front-of-Pack Labelling System in Australia. *Nutrients* [internet]. 2017 Jul 5 [cited 2018 Aug 10]; 9(7): 701. doi: 10.3390/nu9070701.

2. Federal Register of Legislation. Australian New Zealand Food Standards Code. Standard 1.2.7 Nutrition, health and related claims [internet]. Canberra, ACT: Federal Register of Legislation; 2017 [cited 2018 Sept 13]. Available from: <https://www.legislation.gov.au/Details/F2017C01048>.

Question 13: Referring to Table 1 in Section 3.1, which implementation mechanism would be most appropriate for this policy option? Please provide the pros and cons of your selected implementation mechanism.

- DAA recommend a regulatory approach for this option. The NIP is a key piece of consumer information and therefore must be protected and consistency assured through a regulatory approach.
- This aligns with DAAs advocacy for mandating the Health Star Rating on packaged foods, and the inclusion of added sugar into its algorithm.

### **Option 5: Advisory labels for foods high in added sugars**

Consultation question 14: How effective would this option be in addressing the policy issue and achieving the desired outcome? Please provide evidence to justify your views.

- In principle, DAA supports Option 5 (Advisory labels), when accompanied by policy Options 4 and 6. It is important to note that, at present, DAA only supports Option 5 to be applied to sugar-sweetened beverages (SSBs). DAA recognises that SSBs are of no nutritional value beyond their energy content and are a key source of added sugar in the Australian diet <sup>1</sup>. The majority of studies examining advisory or warning labels to date have applied specifically to SSBs <sup>2</sup>.
- DAA is concerned about unintentional implications of advisory or warning labels on packaged food related to the criminalising of one food over others. DAA does not support that one food is responsible for the health status of Australians, however does support evidence-based interventions that can improve health.
- DAA strongly encourages short term evaluation (to test for consumer acceptability and understanding), and long term evaluation (consumer impact). If proven successful, DAA supports this policy to be rolled out for other foods high in added sugars. In order to align with the Australian Dietary Guidelines, DAA encourages this policy to be considered for foods high in saturated and/or trans fats and sodium content.
- DAA encourages that this policy should be used in conjunction with labelling that provides information on healthier alternatives such as the Health Star Rating. DAA acknowledged that, for this to be effective, the Health Star Rating would need to take into consideration added sugar, and become a mandatory system across all packaged foods in Australia.
- DAA highlights evidence in support of the effectiveness of this policy option:
  - In an American online experimental settings, front of pack (FOP) text-based warning labels have been demonstrated to significantly reduce

intended purchases of SSBs by adolescents' and their parents by approximately 20%<sup>3,4</sup>.

- An online study in New Zealand found that a text-based warning label and to a greater extent a graphic warning label, led to a significant reduction in young adults reported likelihood of purchasing SSBs<sup>5</sup>. Text-based warning labels have also demonstrated the potential to improve accuracy in estimating the sugar content of SSBs and increasing awareness that consuming SSBs can lead to diet-related diseases<sup>3,4</sup>.
- An Australian study<sup>2</sup> similarly found that FOP labels, particularly those with graphic warnings, have the potential to reduce intended SSB purchases. This study also found that those labels identifying healthier alternatives (through use of the Health Star Rating system, without warning labels) may influence consumers to substitute SSBs with healthier drinks.
- Other research has encouraged policy makers to apply learnings from the tobacco experience when considering advisory or warning labels on SSBs<sup>6</sup>.

#### References:

1. Australian Bureau of Statistics. Australian Health Survey: consumption of added sugars, 2011-12 [internet]. Canberra, ACT: Australian Bureau of Statistics; 2016 April 27 [cited 2018 Aug 10]. 36 p. Cat no. 4364.0.55.011. Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.011>.
2. Billich N, Blake MR, Backholer K, Cobcroft M, Li V, Peeters A. The effect of sugar-sweetened beverage front-of-pack labels on drink selection, health knowledge and awareness: An online randomised controlled trial. *Appetite* [internet]. 2018 June 4 [cited 2018 Sept 10]; 128:233-41. doi: 10.1016/j.appet.2018.05.149.
3. Roberto CA, Wong D, Musicus A, Hammond D. The influence of sugar-sweetened beverage health warning labels on parents' choices. *Pediatrics*. 2016; 137: e20153185.
4. Van Epps EM, Roberto CA. The influence of sugar-sweetened beverage warnings: a randomized trial of adolescents' choices and beliefs. *Am J Prev Med*. 2016; 51: 664-72
5. Corvalán C, Reyes M, Garmendia ML, Uauy R. Structural responses to the obesity and non-communicable diseases epidemic: the Chilean Law of Food Labeling and Advertising. *Obesity Rev*. 2013; 14(S2):79-87.
6. Noar SM, Hall MG, Francis DB, Ribisl KM, Pepper JK, Brewer NT. Pictorial cigarette pack warnings: a meta-analysis of experimental studies. *Tobacco Control*. 2016; 25(3):341-54.

Question 15: How would this option impact you? Please provide impacts and cost relevant to you.

- DAA has no comment to provide.

Question 16: How would the proposed option impact existing elements of a food label (both mandatory and voluntary)? Would adopting this option require another element of a food label to be removed from the package? If so, which labelling elements would be removed?

- DAA is concerned that, given the Health Star Rating does not currently include added sugar, warning labels may seem to provide conflicting information for some food categories, which may not overall enhance consumers' ability to select healthier options. Including added sugars has been found to increase Health Star Rating performance in distinguishing between discretionary and core foods<sup>1</sup>.

Reference:

1. Peters SA, Dunford E, Jones A, Ni Mhurchu C, Taylor F, Woodward M et al. Incorporating added sugar improves the performance of the Health Star Rating Front-of-Pack Labelling System in Australia. *Nutrients* [internet]. 2017 Jul 5 [cited 2018 Aug 10]; 9(7): 701. doi: 10.3390/nu9070701.

Question 17: Referring to Table 1 in Section 3.1, which implementation mechanism would be most appropriate for this policy option? Please provide the pros and cons of your selected implementation mechanism.

- DAA supports a regulatory approach to this policy option. Given that this option is likely to meet strong industry opposition, it should be overseen by government to ensure effective oversight and consistent implementation. There is a strong commercial disincentive for manufacturers to place warning labels on their products. Industry will need education tools to assist in calculating added sugars from product recipes; DAA recommend Food Standards Australia New Zealand should provide tools on its website similar to the Nutrition Information Panel generator.

### **Option 6: Pictorial approaches to convey the amount or types of sugars in a serving of food**

Question 18: How effective would this option be addressing the policy issue and achieving the desired outcome? Please provide evidence to justify your views.

- DAA supports this option to be considered on sugar sweetened beverages (SSBs). Research<sup>1-4</sup> shows that pictorial approaches to convey the amount of sugars in servings of food and drink enhances the impact of advisory labels. In an American real-world intervention study, point-of-sale signage displaying the number of teaspoons of added sugar within SSBs reduced actual purchases of SSBs<sup>5</sup>. After the intervention finished, the impact of the pictorial approach was persistent in

decreasing SSB consumption. Billich et al. also found that FOP labels of sugar content reduced intended purchases of SSBs by half, in an online experiment <sup>4</sup>. Pictorial approaches may also be useful for visually impaired persons.

- DAA is concerned about unintentional implications of advisory or warning labels on packaged food related to the criminalising of one food over others. DAA does not support that one food is responsible for the health status of Australians, however does support evidence-based interventions that can improve health.
- DAA strongly encourages short term evaluation (to test for consumer acceptability and understanding), and long term evaluation (to assess consumer impact). If proven successful, DAA supports this policy to be rolled out for other foods high in added sugars. In order to align with the Australian Dietary Guidelines, DAA encourages this policy to be considered for foods high in saturated and/or trans-fats and sodium content.
- DAA can see the importance of this intervention to provide equitable policy options across different socioeconomic and lower literacy groups.

#### References:

1. Roberto CA, Wong D, Musicus A, Hammond D. The influence of sugar-sweetened beverage health warning labels on parents' choices. *Pediatrics*. 2016; 137: e20153185.
2. Van Epps EM, Roberto CA. The influence of sugar-sweetened beverage warnings: a randomized trial of adolescents' choices and beliefs. *Am J Prev Med*. 2016; 51: 664-72
3. Corvalán C, Reyes M, Garmendia ML, Uauy R. Structural responses to the obesity and non-communicable diseases epidemic: the Chilean Law of Food Labeling and Advertising. *Obesity Rev*. 2013; 14(S2):79-87.
4. Billich N, Blake MR, Backholer K, Cobcroft M, Li V, Peeters A. The effect of sugar-sweetened beverage front-of-pack labels on drink selection, health knowledge and awareness: An online randomised controlled trial. *Appetite* [internet]. 2018 June 4 [cited 2018 Sept 10]; 128:233-41. doi: 10.1016/j.appet.2018.05.149.
5. Bleich SN, Barry CL, Gary-Webb TL, Herring BJ. Reducing sugar-sweetened beverage consumption by providing caloric information: how Black adolescents alter their purchases and whether the effects persist. *Am J Public Health*. 2014; 104: 2417-24.

Question 19: How would this option impact you? Please provide impacts and cost relevant to you.

- DAA has no comment to provide.

Question 20: How would the proposed option impact existing elements of a food label (both mandatory and voluntary)? Would adopting this option require another element of

a food label to be removed from the package? If so, which labelling elements would be removed?

- DAA acknowledges that this policy option may cause some confusion with the current Health Star Rating system, which does not take into account added sugars. This does not preclude either labelling element from being on packaging. DAA recommend that the review of added sugar labelling be done in consultation with the Health Star Rating review, noting DAA's previous recommendation for added sugars to be included in the Health Star Rating and for the Health Star Rating to become mandatory. Including added sugars has been found to increase Health Star Rating performance in distinguishing between discretionary and core foods<sup>1</sup>.

Reference:

1. Peters SA, Dunford E, Jones A, Ni Mhurchu C, Taylor F, Woodward M et al. Incorporating added sugar improves the performance of the Health Star Rating Front-of-Pack Labelling System in Australia. *Nutrients* [internet]. 2017 Jul 5 [cited 2018 Aug 10]; 9(7): 701. doi: 10.3390/nu9070701.

Question 21: Referring to Table 1 in Section 3.1, which implementation mechanism would be most appropriate for this policy option? Please provide the pros and cons of your selected implementation mechanism.

- DAA recommends a regulatory approach. As with advisory labels, the greatest benefit of this policy would be derived from having consistent labelling to allow consumers to compare foods and identify products lower in added sugar. A mandatory regulatory approach is most likely to achieve consistency.

### **Option 7: Digital linking to off label web-based information about added sugars content**

Question 22: How effective would this option be in addressing the policy issue and achieving the desired outcome? Please provide evidence to justify your views.

- DAA does not support this policy option, as it has several limitations. DAA is concerned that it relies on consumers to take substantial action to follow-up information. Existing apps such as FoodSwitch (<https://www.foodswitch.com.au/#/home>) already facilitate comparison of products using NIPs through consumer scanning of barcodes, therefore making added sugar information available on NIPs would facilitate these existing market-driven services, without compromising the ability for consumers without smart phones or internet access to access this information.
- DAA is aware of the limitation that digital linking will require a database of foods, which will have to be kept up to date to be effective. This will require extra investment into employing staff to manage, particularly if barcodes are used and these frequently change on products.

- DAA identifies that this policy option would be inequitable, as not all Australians have access to a smart phone or the internet, and is likely to preferentially benefit higher socioeconomic groups who are more frequent users of nutrition information<sup>1</sup>. There is a distinct lack of access to technology by those from low socio-economic groups, marginalised communities, and those from remote and regional communities<sup>2</sup>. In particular, Indigenous Australians are more likely to live in rural and remote settings with limited access to mobile phone and internet services<sup>3</sup>.

Reference:

1. Ollberding NJ, Wolf RL, Contento I. Research: Food Label Use and Its Relation to Dietary Intake among US Adults. *J Am Diet Assoc.* 2011; 111(Supplement):S47-S51.
2. Edmonds F, Rachinger F, Waycott J, Morrissey P, Kelada O & Nordlinger R. 'Keeping Intouchable': A community report on the use of mobile phones and social networking by young Aboriginal people in Victoria. Melbourne, VIC: Institute for a Broadband-Enabled Society (IBES), University of Melbourne; 2012 Aug [cited 2018 Aug 10]. 32 p. Available from: [http://www.academia.edu/32525723/Keeping\\_Intouchable\\_a\\_community\\_report\\_on\\_the\\_use\\_of\\_mobile\\_phones\\_and\\_social\\_networking\\_by\\_young\\_Aboriginal\\_people\\_in\\_Victoria](http://www.academia.edu/32525723/Keeping_Intouchable_a_community_report_on_the_use_of_mobile_phones_and_social_networking_by_young_Aboriginal_people_in_Victoria)
3. Rice ES, Haynes E, Royce P, Thompson SC. Social media and digital technology use among Indigenous young people in Australia: a literature review. *Int J Equity Health* [internet]: 2016 May 25 [cited 2018 Sept 19]; 15(81). <https://doi.org/10.1186/s12939-016-0366-0>.

Question 23: How would this option impact you? Please provide impacts and cost relevant to you.

- DAA has no comment to provide.

Question 24: How would the proposed option impact existing elements of a food label (both mandatory and voluntary)? Would adopting this option require another element of a food label to be removed from the package? If so, which labelling elements would be removed?

- DAA highlights that codes other than the pre-existing barcodes e.g. QR codes, would occupy space on a label, providing a challenge to manufacturers. DAA views that using existing barcodes for this intervention is the most suitable option. Instructions will need to be included for consumers. DAA indicates a challenge for this intervention would be keeping track of all products if barcodes change regularly on the same product.

Question 25: Referring to Table 1 in Section 3.1, which implementation mechanism would be most appropriate for this policy option? Please provide the pros and cons of your selected implementation mechanism.

- DAA does not recommend this policy alternative.

### **Questions about all proposed options**

Question 26: Are there additional options that should be considered to address the policy issue and achieve the desired outcome? If so, please describe your suggested option and how it addresses the policy issue and would achieve the desired outcome? Please also describe the cost of implementing your proposed option.

- DAA are aware of the report ‘Tipping the Scales’, a joint project led by the Obesity Policy Coalition and Deakin University’s Global Obesity Centre (GLOBE)<sup>6</sup>. DAA support this report and its findings. The report identifies eight clear, practical, and evidence-based actions the Australian Federal Government can take to address Australia’s serious obesity problem, including mandating the Health Star Rating by 2019. It also highlights that successful education campaigns need to be maintained over time to be effective (and therefore need consistent funding over time).

Reference:

1. Obesity Policy Coalition [internet]. Melbourne, Australia: Obesity Policy Coalition Tipping the Scales: Australian obesity prevention consensus; 2017 [cited 2018 Aug 10]. Available from: <http://www.opc.org.au/downloads/tipping-the-scales/tipping-the-scales.pdf>.

Question 27: Is the description of the strengths and weaknesses of the proposed options (compared to the status quo) accurate? Please justify your response with evidence.

- DAA believes the strengths and weaknesses are accurate, however have identified some additional in question 28.

Question 28: Are there additional strengths and weaknesses associated with the proposed options (compared to the status quo)? Please describe what these are?

- DAA identifies the following:
  - A weakness of option 2 is that research indicates education and the use of nutrition labelling approaches may preferentially benefit those of higher socioeconomic status<sup>1</sup>, potentially increasing the existing inequalities in dietary intake of sugar.

- A weakness of option 3 is the lack of evidence to support effectiveness of this approach to achieve the proposed objectives.
- Options 4, 5 and 6 are most structural in nature and likely to have the greatest reach. As such, they have the potential to achieve the dual goals of enabling and promoting healthy choices.
- The potential benefits to health equity are strengths to options 4, 5 and 6. The potential negative implications for health equity are notable weaknesses of the remaining options and complementary strategies should be implemented if these options are enforced.

Reference:

1. Cowburn G, Stockley L. Consumer understanding and use of nutrition labelling: a systematic review. *Public Health Nutr.* 2005; 8: 21-28.

Question 29: If you proposed a different option at question 26, please detail the strengths and weaknesses of you proposed option, compared to the status quo.

- N/A

Question 30: Should the proposed options apply to all packaged foods in the Australian and New Zealand food supply, or only particular foods or food categories? If so, which option(s) should apply to particular foods or food categories and what would these foods or food categories be?

- DAA recommends that options 2 and 4 be prioritised for implementation on all packaged food. Option 2 is necessary to provide consumers the knowledge of the changes and their justification, option 4 will underpin the ability to implement the other proposed options.
- DAA supports Option 5 and 6 but on sugar-sweetened beverages (SSBs) only, as this is where the evidence exists at present. SSBs are of no nutritional value beyond their energy content and are a key source of added sugar in the Australian diet<sup>1</sup>. DAA advises that these policies will be insufficient to achieve the policy objective on its own, and should be combined with Options 2 and 4. DAA supports that, if option 5 continues to provide positive effects, it should be rolled out to other products that provide no nutritional value beyond their energy content, and are high in total fat and sodium.
- DAA does support option 3 (Statement of Ingredients), however identifies option 4 as better for achieving the policy objective, and can better align with the Health Star Rating system and the Australian Dietary Guidelines. If option 3 was to be implemented, DAA would recommend a bracketed approach to reduce confusion with allergen ingredients. DAA does support the use of clear, generic names for individual sugars in the statement of ingredients for consumer transparency.
- DAA highlights the universal need for mandatory system on packaging to allow the food supply to be monitored as a whole.

Reference:

1. Australian Bureau of Statistics. Australian Health Survey: consumption of added sugars, 2011-12 [internet]. Canberra, ACT: Australian Bureau of Statistics; 2016 April 27 [cited 2018 Aug 10]. 36 p. Cat no. 4364.0.55.011. Available from: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4364.0.55.011>.

Question 31: Is the description of the pros and cons of the different implementation mechanisms in Table 1 accurate? Please justify your response with evidence.

- DAA agree with the pros and cons described in Table 1, except for as described below in Q32.

Question 32: Are there other pros and cons associated with the different implementation mechanisms? Please describe what these are.

- DAA supports a regulatory approach, as it has the additional benefit of providing a level playing field for all businesses, in contrast to voluntary approaches where adopting manufacturers may be subject to additional costs.

Question 33: Are there any other benefits or costs associated with the proposed labelling options which have not been identified above?

- DAA has nothing further to add.

Question 34: Should there be exemptions or other accommodations (such as longer transition periods) made for small businesses, to minimise the regulatory burden? If so, what exemptions or other accommodations do you suggest?

- DAA recommend resources be made available to assist in calculating added sugars from product recipes, particularly for smaller businesses.
- DAA recommend allowing longer transition times for small businesses to enable changes to label artwork to occur within normal review time.

Question 35: What would be the cost per year for the industry to self-regulate (e.g. voluntary code of practice- industry driven)? Please justify your response with hours of time, and number of staff required. Please specify which country (Australia or New Zealand) your evidence is based on.

- DAA has nothing further to add.

Question 36: Would industry pass any of the costs associated with implementing the proposed options on to consumers? What is the basis for your view?

- DAA has nothing further to add.