ATTACHMENT 7

SUMMARY OF SUBMISSIONS

Introduction

In total, FSANZ received 147 submissions to the Initial Assessment Report of Proposal P293 – Nutrition, Health and Related Claims. Table 7.1 in Appendix 1 to this attachment illustrates the spread of submissions across stakeholder groups and between Australia and New Zealand. Table 7.2 in Appendix 2 to this Attachment provides a list of these submitters' names.

The following provides a brief summary of the main responses that were received in answer to each question that was asked in the Initial Assessment Report. Further detail on submitters' comments will be available on the FSANZ website at a later date.

Note: The following answers and percentage calculations relate to the number of submitters who directly responded to the particular question.

Issue: Advantages and disadvantages of Regulatory Option 1 (*Status quo*)
Question
What do you think are the advantages and disadvantages of Option 1?

About 25% of submitters (20) believed Option 1 was invalid. Reasons related to its inconsistency with the Policy Guidelines. Another 25% stated that there were no advantages for this option. However, others noted advantages relating to protection of public health and safety and the prevention of false or misleading health claims to consumers. Others stated there would be no costs associated with substantiation, enforcement, monitoring, evaluation of health claims, or changes in domestic product labelling. Some noted Option 1 would bring the least disruption to all businesses. With regard to disadvantages, 25% stated that CoPoNC was not readily enforceable or legally binding. Some noted non-compliance issues. Other submitters noted disadvantages relating to consumer/public safety, imports or international trends.

Issue: Advantages and disadvantages of Regulatory Option 2 (Standard & Guideline)
Question
What do you think are the advantages and disadvantages of Option 2?

Nearly 30% of submitters (21) stated that Option 2 was either consistent with the Policy Guideline or allowed for development of a framework for health claims. Advantages related to consumer/public health and safety (e.g. more information made available to consumers leading to more informed food choices), enforcement and compliance (e.g. high level claims being included in a standard that is legally enforceable). Other advantages included less costs to government, a level playing field for claims, an impetus for product innovation, and greater flexibility (e.g. guidelines easier and faster to amend than a standard). However, 25% of submitters stated a disadvantage was that guidelines are not enforceable or as easy to enforce. Other disadvantages were about non-compliance, consumer protection and confusion among manufacturers.

Issue: Advantages and disadvantages of Regulatory Option 3 (Standard only)
Question
What do you think are the advantages and disadvantages of Option 3?

There was some disagreement as to whether Option 3 was consistent with the Policy Guidelines. However, some submitters (10) believed this option would ensure that consumers/public health and safety concerns would be met for high level and general level claims. Advantages included: the creation of a level playing field/fairer system (20); greater clarity (16); all levels of claims legally enforceable (12); more consumer confidence (10); misleading and deceptive conduct prevented or reduced (8); and greater compliance by industry (4). Disadvantages included less flexibility/more difficulty or a slower process (27), 'medicalising the food supply' or processed foods favoured over fresh foods (11), higher enforcement costs, and over-regulation or under-regulation of general level claims.

Issue: Potential risks to public health and safety
Question 1
To what extent does the level of compliance and non-compliance with the CoPoNC impose costs on industry and consumers? How significant are these costs?

Costs of non-compliance to consumers related to provision of misleading information, confusion and resulting loss of confidence, as well as paying higher costs for foods making non-compliant claims without recognised benefits. Other costs to consumers related to the cost of products with claims compared to those without claims, the perceived benefits of products with claims compared to products without claims and the subsequent equitable application of policy. The main cost of non-compliance to industry was an unfair marketing advantage for companies who choose not to comply. Costs of compliance were those of analysis ($1000 to $10,000 per product per annum) and of ensuring truthful and accurate labels.

Issue: Potential risks to public health and safety
Question 2
What are the likely impacts on consumption patterns arising from a permission to make claims relating to nutrition and health? If there is a consequential risk to public health and safety, how significant do you consider this risk to be? Please provide any evidence you have to support your response to the extent of these risks.

Some submitters quoted evidence from the National Heart Foundation research, use of the GI endorsement and FSANZ quantitative research of a positive effect from existing nutrition claims. Others noted 'minimal' impact or provision of greater information, increased innovation resulting in more nutritious products – leading to better food choices in line with dietary guidelines and improved health. Some applicable research from the United States, the United Kingdom and Netherlands was referenced. Negative impacts included the potential for an increase in consumption, an imbalance in nutrient intake, an increase in consumption of processed, packaged and labelled foods at the expense of 'healthy' fruit and vegetables, and equitable application of policy.

Issue: Potential risks to public health and safety
Question 3
Would consumers in general (or specific consumer groups) benefit from a broader range of nutrition, health and related claims? If so, which claims?

Sixty per cent of submitters (52) believed or implied that consumers in general (or specific consumer groups) would benefit from a broader range of nutrition, health and related claims. Another 17 agreed, but only if certain conditions were met (e.g. education for consumers and the claim being made in the context of the total diet). The main benefits related to provision of information to assist with healthy food choices. Other claims that would be of benefit ranged from all types of claims to specific high level claims. Five submitters believed or implied that consumers in general (or specific consumer groups) would not benefit from a broader range of nutrition, health and related claims.

Issue: Potential risks to public health and safety
Question 4
What opportunities could industry take up in terms of product development and placement? Provide examples or data to show how significant the opportunities are to industry at present.

The opportunities that industry could take up in terms of product development and placement were identified as an increase in the range of functional foods, investment in research and development and innovation, reformulation, research and targeting specific segments of the population, and developing claims and products to support dietary guidelines. Some submitters noted that other standards, proposals and applications should be considered to answer this question. Current opportunities that were identified included enrichment of foods with sterols, increased sales of 'low fat' foods, and the impact on the food supply of the National Heart Foundation 'Pick the Tick' programme.

Issue: FSANZ claim descriptors – Rationale
Question 5
Do you think the working definition of a 'general level claim' captures all the possible types of claims, which would not reference a biomarker or serious disease or condition?

Almost 40% of submitters (36) believed that the working definition captured all possible types of claims, which would not reference a biomarker or serious disease or condition. However, more than half (51) stated that the definition would not capture all types of claims, or disagreed with the wording. Various comments and recommendations were made regarding the following terms: content claims, biomarker, non-serious disease or condition, serious disease or condition, function claims, enhanced function claims, risk reduction claims, and claims.

Issue: FSANZ claim descriptors – Rationale
Question 6
Do you think the working definition of a 'high level claim' captures all the possible types of claims, which would reference a biomarker or serious disease or condition?

Nearly 40% of submitters (34) agreed that the working definition of a 'high level claim' captures all the possible types of claims, which would reference a biomarker or serious disease or condition. However, most (48) either disagreed with the specific wording or believed that some claims would not be captured by the definition.

Issue: FSANZ claim descriptors – Rationale
Question 7
Are there any circumstances not adequately captured by the proposed wording of FSANZ's working definition of a 'therapeutic claim'?

More than 20% of submitters (16) stated that there were 'no circumstances' not adequately captured by the definition of 'therapeutic claim' or that they supported the working definition as it was presented in the Initial Assessment Report. Other submitters expressed concerns that related to the inclusion of [outside the context of the total diet] and the terms 'may prevent' and 'helps reduce' etc being used to avoid classification as a therapeutic claim. There were also concerns regarding confusion with the terminology used in the high level claim definition and the need to align the definition with the Therapeutic Goods Act definition.

Issue: FSANZ claim descriptors – Rationale
Question 8
Should the definition of a therapeutic claim explicitly include claims that can be interpreted as medical advice or is this already implied in the definition? Or should such claims be treated separately?

Almost 20% of submitters (14) recommended that the definition should explicitly include claims that can be interpreted as medical advice, whereas 35% of submitters (26) stated or implied that the inclusion of claims that can be interpreted as medical advice was already implied in the definition. Another six submitters stated that claims which could be interpreted as medical advice should be treated separately.

Issue: FSANZ claim descriptors – Rationale
Question 9
Does the terminology of 'disease, aliment, defect or injury' in the definition of a therapeutic claim, in contrast to the high level claim definition which centres on disease, conditions or biomarkers, cause any specific problems?

Nineteen per cent of submitters (13) considered that the difference in terminology in the definition of a therapeutic claim in contrast to the high level claim definition did not cause any specific problems. Another 12% of submitters (8) implied that they did not see any problems with the difference in terminology because it helps differentiate 'therapeutic claims' from 'health claims'. However, 20% of submitters (14) stated that there were problems as a result of the difference in terminology, including confusion, lack of consistency and cross-over of therapeutic claims to general level claims.

Issue: FSANZ claim descriptors – Serious disease
Question 10
Should a reference to 'disorders, conditions or defects' be included in the definition of serious disease?

Almost 60% of submitters (52) supported the inclusion of 'disorders, conditions or defects' in the definition of serious disease. Thirty per cent (26) opposed the inclusion. Many submitters commented that reference to disorders, conditions and defects should be included as this is consistent with the Therapeutic Goods Act definition of disease. Several submitters suggested it would be helpful to provide examples of professional groups considered to be suitably qualified health care professionals to diagnose and treat conditions.

Issue: FSANZ claim descriptors – Serious disease
Question 11
Would it be useful to include a list of serious diseases/conditions in a guideline document? Do you have any suggestions about the proposed list of serious diseases conditions?

Eighty-six per cent of submitters (77) supported the inclusion of a list of serous diseases/ conditions, of which 30 had specified that the list should be part of a user guide. One submitter categorically stated that they did not support the inclusion of a list. Seven submitters inferred that they did not agree with the inclusion of a list in either a user guide or in the Standard. One submitter felt it would be difficult to find a list that is fully comprehensive. Another stated that a list of common ailments (not considered serious disease) should be provided in the Standard.

Issue: FSANZ claim descriptors – Serious disease
Question 12
Should claims in relation to cancer be permitted in food regulation?

More than 70% of submitters (58) supported permissions for health claims relating to cancer. Two submitters implied they supported health claims pertaining to cancer and 19% of submitters (15) did not support health claims referring to cancer. Several conditions (e.g. level of evidence, claim wording, claims around specific rather than generic cancer) were considered necessary before a cancer claim could be made. Many submitters commented on the level of evidence for a relationship between particular/specific foods and cancer(s) and the difficulties in undertaking research proving a protective effect.

Issue: FSANZ claim descriptors – Non-serious
Question 13
Is there a need to define 'non-serious disease' in the Standard for nutrition, health and related claims?

Seventy per cent of submitters (60) agreed or implied that there is a need to define 'non-serious disease'. Twenty-three submitters did not support the inclusion of the definition. Opinion was spilt as to whether the list should go into a standard or a guideline. Regardless of the opinion on the inclusion of a definition for non-serious diseases, the majority of submitters made comment on examples of non-serious diseases either in the guideline document or in the Standard.

Issue: FSANZ claim descriptors – Non-serious
Question 14
Can you provide examples of what may constitute a non-serious disease or condition?

Submitters provided an extensive list of over 60 non-serious diseases ranging from constipation, irritable bowel syndrome, overweight, migraines and heart burn to bruises, coughs, headaches and acne. There was much discussion and comment surrounding the wide spectrum of severity of disease and the difference of disease severity according to individuals. It was noted that health professionals treat some non-serious diseases or conditions. In addition, there was concern that non-serious diseases may also become serious or be indicative of serious disease for some individuals.

Issue: FSANZ claim descriptors – Biomarkers
Question 15
Do you prefer the term 'biomarker' to that of 'surrogate outcome'?

The majority of the 86 submitters preferred the term 'biomarker' to 'surrogate outcome'. Only three submitters did not prefer 'biomarker'. One submitter was of the opinion that both terms should be used. Several comments were made about the wording of the definition of biomarker, particularly concerning the use of the word 'predicts' and its appropriateness.

Issue: FSANZ claim descriptors - Biomarkers
Question 16
What practical implications do you see from the proposed definition?

Several submitters commented on the appropriateness of the word 'predicts' in the definition of biomarker and thought that the term 'predictive of the risk' better expresses the relationship between the biomarker and risk of human disease, disorder, condition or defect. There was also discussion pertaining to the ability of a biomarker to measure disease, as is the case with blood glucose and diabetes. Most submitters considered that FSANZ should provide a list of biomarkers either in the Standard or guideline document.

Issue: FSANZ claim descriptors - Biomarkers
Question 17
What practical implications do you see from the proposed criteria for use of biomarkers in substantiation?

Several submitters acknowledged the importance of having a list of approved biomarkers in the criteria for substantiating a health claim. Many submitters commented that it is important to only use biomarkers where a causal link with disease has been established or at least an assessment of the weight of evidence by an independent panel of experts. Several submitters commented on possible consumer perceptions of biomarkers. Some believed that consumers would understand the concept. Others were of the opinion that this would not be the case.

Issue: Other related claim descriptors – Content claims
Question 18
Should the descriptor for a 'content claim' refer to biologically active substances or other substances in addition to nutrients and energy?

Eighty per cent of submitters (70) agreed that the descriptor for a 'content claim' should refer to biologically active substances or other substances in addition to nutrients and energy. Only four submitters expressed their opposition to the inclusion of biologically active substances or other substances in addition to nutrients and energy.

Issue: Other related claim descriptors – Health claims
Question 19
Do you agree that in accordance with the FSANZ claims Classification Framework all claims other than content claims are health claims?

Almost 60% of submitters (48) agreed that in accordance with the FSANZ claims Classification Framework all claims other than content claims were health claims. Thirteen submitters either opposed the concept of having a separate definition of a health claim or disagreed that all claims other than a content claim were health claims.

Issue: Claim descriptors – Function Claims
Question 20
Should claims other than content claims (that is, health claims) be made in relation to biologically active substances?

Eighty-eight per cent of submitters (75) agreed that claims other than content claims (i.e. health claims) should be made in relation to biologically active substances. Most added provisos with regard to substantiation or gave clarifying statements to their responses. Another three submitters implied that and two clearly did not.

Issue: Claim descriptors – Function Claims
Question 21
Do you agree with the descriptors for a function claim and an enhanced function claim?

Nearly 30% of submitters (22) agreed with the descriptors for a function claim and an enhanced function claim. In addition, 43 submitters agreed subject to provisos, which mostly related to the addition, deletion or replacement of words in the brackets of the descriptors. Another five submitters, who agreed with the proposed definitions, also questioned the practical value in differentiating between the two descriptors. Eight submitters stated that they did not agree with the descriptors for a function and an enhanced function claim. It should be noted that the majority of submitters who agreed with the definitions focused mostly on the descriptors themselves, while those who disagreed, focussed on wider issues and opposed the need for function and enhanced function sub-categories.

Issue: Claim descriptors – Risk reduction claims (non –serious)
Question 22
Should the descriptor for a risk reduction claim include the word 'significantly'?

More than 60% of submitters (53) opposed the inclusion of the word 'significantly' in the descriptor for a risk reduction claim. Twenty-six submitters agreed that the descriptor for a risk reduction claim should include the word 'significantly'.

Issue: Claim descriptors – risk reduction claims (non-serious)
Question 23
Are there likely to be claims which reference a non-serious disease or condition, which would not be expressed as 'risk reduction claims'? If so, is there a need to identify another sub-category of claim in the Claims Classification Framework?

Forty-six per cent of submitters (32) agreed or implied agreement that it was likely that there would be claims that reference a non-serious disease or condition which would not be expressed as 'risk reduction claims'. Sixteen submitters identified other sub-categories of claims in the Claims Classification Framework. Thirteen submitters did not express a clear position or were uncertain as to the need for more sub-categories. Twenty-three submitters did not agree that it was likely that there would be claims which reference a non-serious disease or condition, which would not be expressed as 'risk reduction claims'.

Issue: Claim descriptors – Biomarker claims
Question 24
Should the descriptor for a biomarker maintenance claim and biomarker enhancement claim include the phrase 'recognised biomarker'?

More than half of submitters that responded (42) disagreed that the descriptors for a biomarker maintenance claim and a biomarker enhancement claim should include the phrase 'recognised biomarker'. Three submitters considered it irrelevant as to whether these claims included 'recognised' or not. Seventeen submitters agreed to the inclusion of 'recognised biomarker in the descriptors. Another 12 submitters agreed, subject to specific conditions.

Issue: Claim descriptors – risk reduction claims (serious)
Question 25
Should the descriptor for a risk reduction claim in relation to a serious disease or condition include the word 'significantly'?

Fifty-one per cent of submitters (41) opposed the inclusion of the word 'significantly' in the descriptor for a risk reduction claim in relation to a serious disease or condition. Twenty-six submitters agreed that the descriptor for a risk reduction claim (serious disease) should include the word 'significantly'. Ten agreed, subject to provisos and one regarded the inclusion of 'significantly' as irrelevant.

Issue: Claim descriptors – Risk reduction claims (serious)
Question 26
Are there likely to be claims that reference a serious disease or condition, which will not be expressed as 'risk reduction claims'?

Almost 30% of submitters (18) did not agree that it was likely that there would be claims which reference a serious disease or condition, which would not be expressed as 'risk reduction claims'. Another 18 submitters were unable to either determine or provide examples of such likely claims. Twenty-two submitters agreed or implied agreement that it was likely that there would be claims that reference a serious disease or condition, which would not be expressed as 'risk reduction claims'. Most of these submitters identified examples.

Issues arising from the Claims Classification Framework (CCF) – 'Whole-of-diet' claims
Question 27
Do you think the examples of whole-of-diet claims provided in the Policy Guideline are claims made in the context of the appropriate total diet; and do you think the way the claimed benefit is expressed determines where the claim is positioned in the Claims Classification Framework?

Thirty per cent of submitters (23) agreed that the examples of whole-of-diet claims provided in the Policy Guideline are claims made in the context of the appropriate total diet. Forty submitters agreed that how the claimed benefit is expressed determines where the claim is positioned in the Claims Classification Framework.

Issues arising from the CCF – 'Whole-of-diet' claims
Question 28
Should whole of diet claims always be coupled with a claimed benefit (for example, those illustrated in the Policy Guideline are linked to a risk reduction claim), or should whole-of-diet claims purely represent either the Australian Dietary Guidelines or the New Zealand Food & Nutrition Guideline? If the latter, do you consider the claim to be dietary advice, which would fall outside the scope of the regulatory framework for nutrition, health and related claims?

Less than 10% submitters (6) stated that whole-of-diet claims should always be coupled with a claimed benefit whereas 20 submitters stated that whole-of-diet claims do not necessarily need to be linked with a claimed benefit. Three submitters disagreed that they be coupled with a claimed benefit. Another three stated that all whole-of-diet claims should purely represent either the Australian Dietary Guidelines or the New Zealand Food & Nutrition Guidelines. Nearly 40% of submitters (30) believed that communication of dietary guidelines is dietary advice, which falls outside the scope of the proposed regulations for nutrition, health and related claims. Seven stated that communication of dietary guidelines should be considered as part of the scope of the proposed regulations for nutrition, health and related claims.

Issues arising from the CCF – Performance and wellbeing claims
Question 29
Given the general requirements that claims express a specific, rather than broad health benefit/outcome, do you think that general wellbeing claims or general performance claims that do not reference a specific benefit should be prohibited?

One-third of submitters (28) supported the prohibition of general wellbeing claims or general performance claims that do not reference a specific benefit, whereas more than half (43) opposed this prohibition. Another five submitters implied that they did not support prohibition of general wellbeing claims and four submitters thought that the prohibition should be based on whether the claim was objective or subjective. One submitter recommended treating these claims as function or enhanced function claims.

Issues arising from the CCF – Life Stage Claims
Question 30
Are there any unintended impacts of regulating claims that refer to normal life stages as general level claims?

Nearly 40% of submitters (25) indicated that they were not aware of any unintended impacts of regulating life stage claims as general level claims. Some added this was conditional on the claim being accurate, substantiated and not presented as a disease state or condition. Concerns related to excess consumption of the substance being claimed and 'medicalisation' of the food supply. Some submitters commented that life stage claims could be either a general level or high level claim depending on the nature of the claim i.e. the substantiated benefit rather than the life stage itself, so classification must be on a case-by-case basis. Some submitters recommended prohibition of these claims or regulation as a high level claim only.

Issues arising from the CCF – Slimming claims
Question 31
How do you think 'slimming claims' should be regulated? Please provide your rationale and supporting evidence.

Less than half the submitters (32) stated that slimming claims should be permitted or regulated as either a high level or general level claim. Twenty-five submitters wanted slimming claims to be prohibited. Of these submitters, nine said that slimming claims should be regulated as general level claims, 16 said that (if permitted) they should be regulated as high level claims, and 12 said that the wording of the claim would determine whether it should be regulated as a high level or general level claim.

Issues arising from the CCF – Endorsements
Question 32
What are the impacts on industry, enforcement agencies and consumers in regulating endorsements as nutrition, health and related claims?

Industry groups generally felt that the impact in regulating endorsements as nutrition, health and related claims would be significant through administration, legal and labelling costs. Further costs related to potential duplication of compliance costs and education materials. Some stated that the definition of an endorsement was vague as to how related claims were interpreted, putting at risk industry and consumer confidence in quality and reliability of endorsement programs.

A few submitters believed the impact on industry would be minimal. Others noted positive impacts such as having a level playing field (for industry), the availability of a range of foods that had been through the substantiation process and represented healthy choices (for consumers), and greater clarity (for enforcement agencies).

Issues arising from the CCF – Endorsements
Question 33
Who should be responsible for substantiating an endorsement that is considered a general level claim and hold the evidence to support the claim?

The majority of submitters from all stakeholder groups suggested that it would be the joint responsibility of endorsement agencies and manufacturers to substantiate an endorsement that is considered a general level claim, and hold the evidence to support the claim. The most common model was for the endorsing agency to substantiate the claim/endorsement and ensure it met the requirements of the Standard while the manufacturer took responsibility for ensuring that the food carrying the endorsement met the requirements of the endorsing agency. However, a few submitters noted a conflict of interest if endorsing bodies were also responsible for substantiation. Some submitters stated that the endorsing agency should take responsibility. Others believed the responsibility lay with the manufacturer, producer or supplier.

Issues arising from the CCF – Endorsements
Question 34
Can you provide examples of endorsements currently in the market place that may constitute a general level claim or a high level claim?

Submitters provided a range of examples of endorsements currently in the market place that may constitute a general level claim or a high level claim. These included GI Symbol, National Heart Foundation 'Pick the Tick', 'Tooth friendly', Dairy Good trademark/logo, Weight Watchers points system, Coeliac Society, Australian Institute of Sport, Sports Dietitians Australia, International Diabetes Institute 'Go for Gold', Kenman Super Naturals confectionary 'Sids and Kids', 5+ a day logo and various health professionals. There were divided views as to whether the National Heart Foundation and the GI endorsement symbols were a high level claim or a general level claim.

Issues arising from the CCF – Endorsements
Question 35
Can you provide any evidence that indicates how consumers interpret endorsement statements?

Many of the submitters gave evidence as to how consumers interpret endorsement statements by referring to the NHF 'Pick the Tick' Program. They quoted various surveys e.g.:

- NHF Newspoll Survey *(*Sept 2004);
- Noakes M & Crawford DA (1991) National Heart Foundation's 'Pick the Tick' program, consumer awareness, attitudes and interpretation, *Food Australia 43:262-66;* and
- Rayner, M (2001) Consumer use of health-related endorsements on food labels in the United Kingdom and Australia *Journal of Nutrition Education* 33 (1).

'Pick the Tick' endorsements on foods were interpreted as meaning that those foods were a healthier choice. They were also perceived to be low in saturated fat and salt, helped prevent heart disease, simplified the decision making process and provided extra information.

Issues arising from the CCF – Cause-related marketing
Question 36
What are the impacts on consumers, public health professionals and industry of permitting cause-related marketing statements?

The permission of cause-related marketing (CRM) statements were believed to impact in the following ways: consumers might interpret a CRM statement as a health claim or an endorsement, opportunities are provided for industry to support organisations which results in benefits for all stakeholders, a significant negative economic impact would occur if CRM includes individual sponsorship arrangements (e.g. Kieran Perkins) and CRM regulation would provide a level playing field for health agencies.

Issues arising from the CCF – Cause-related marketing
Question 37
Is there any evidence to indicate how consumers interpret cause-related marketing statements?

Forty per cent of submitters (18) were not aware of any evidence on how consumers interpret cause-related marketing, so many (from all stakeholder groups) suggested the need for consumer research to assist in the development of risk management strategies for cause-related marketing statements. Only one submitter provided new information.

Issues arising from the CCF – Cause-related marketing
Question 38
What words could be used in a disclaiming statement to ensure cause-related marketing is not interpreted as a nutrition, health or related claim?

One-third of submitters (20), all of whom were from the food industry, did not support mandatory wording for a disclaimer. However in general, they supported cause related marketing and the use of a disclaimer. Seventeen submitters proposed wording for mandatory disclaimers, with most being to the effect that the product will not help in the reduction of risk of disease nor in the enhancement of health.

Issues arising from the CCF – Implied claims
Question 39
Are you able to provide any evidence that indicates how consumers may interpret various types of representations of claims?

Evidence that was provided included the outcome evaluation of the folate neural tube defect health claims pilot, the UK Joint Health Claims Initiative, Fullmer, Geiger and Parent (1991), and Chan, Patch and Williams (2004). Some submitters noted their concerns in relation to implied claims. Some food manufacturers noted from their own experience in the market, or indicated that they carry out their own research.

Sixteen submitters stated that they were unable to provide evidence that indicates how consumers may interpret various types of representations of claims. Another six submitters stated that they were not aware of any research on implied claims

Issues arising from the CCF – Implied claims
Question 40
Does FSANZ need to establish criteria to enable industry and enforcement agencies to determine whether the representation of a claim conveys a greater perceived health benefit to the consumer? If so, what might these criteria be?

Forty-one per cent submitters (30) stated or implied that they did not support FSANZ establishing criteria to enable industry and enforcement agencies to determine whether the representation of a claim conveys a greater perceived health benefit to the consumer. Another 27 submitters (37%) stated or implied agreement that FSANZ establishes criteria to enable industry and enforcement agencies to determine whether the representation of a claim conveys a greater perceived health benefit to the consumer. Two submitters supported this latter approach for images only.

Issue: FSANZ Regulatory Model – Setting criteria and conditions for claims
Question 41
Can the criteria and conditions that apply to content claims establish the minimum criteria and conditions for other general level claims?

Sixty-three per cent of submitters (52) agreed that the criteria and conditions applying to content claims provided a starting point for establishing the minimum criteria and conditions for other general level claims. There was discussion about various aspects e.g. minimum criteria, biologically active substances, risk increasing nutrients, socially responsible claims, and vulnerable groups. However, 30 % of submitters (24) opposed the notion that criteria and conditions that apply to content claims should be used to establish minimum criteria and conditions for other general level claims. Some suggested case-by-case assessment. Others believed there was no need for criteria and conditions that took into account other compositional attribute. The only requirement was that the claim was fully substantiated and could deliver the benefit.

Issue: FSANZ Regulatory Model – Setting criteria and conditions for claims
Question 42
In addition, do these criteria and conditions need to be taken into account in pre-market assessment and approval of high-level claims?

One-third of submitters (24) supported the view that 'these criteria and conditions' need to be taken into account in pre-market assessment and approval of high-level claims. Another 17 submitters gave conditional support. A further 28 opposed the view. One submitter considered that it would depend on the claim and the risk or benefit.

Issue: FSANZ Regulatory Model – Setting criteria and conditions for claims
Question 43
What factors need to be taken into account when establishing criteria which apply to general level claims that describe a relationship between a whole food and a specific health benefit? For instance, claims in relation to the whole food could only be made where that food is a primary food (that is, fruit, vegetables, grains, legumes, meat, milk, eggs, nuts, seeds and fish). Otherwise the claim would need to specify the component within the food (that is, nutrient, energy or biologically active substance) that is linked to the claim benefit.

There were varying responses to the task of identifying factors needed to be taken into account when establishing criteria which apply to general level claims that describe a relationship between a whole food and a specific health benefit. The overall responses were in relation to whole foods, all foods and 'primary food'; substantiation and/or regulation around nutrition health and related claims; qualifying and disqualifying criteria, and exclusion of certain categories/types of food.

Issue: Substantiation
Question 44
Does the Substantiation Framework clearly establish the processes FSANZ will use to assess high level claims?

Many submitters considered that the framework provided in the Initial Assessment Report clearly establishes the process that FSANZ will use to assess high-level claims. Additional comments were noted too, surrounding issues that were considered important. Several submitters (mostly industry) were concerned that the process was too complex for manufacturers and the delineation between FSANZ and manufacturer responsibility was unclear. Much discussion also centred on the similarities between these criteria and the criteria required for medicines.

Issue: Substantiation
Question 45
Have the different study types and evidence sources been described accurately and adequately for the purposes of the Substantiation Framework?

Sixty-one per cent of submitters (38) responded positively, agreeing that the different study types and evidence sources have been described accurately and adequately. However, eight respondents did not feel that the different study types and evidence sources have been accurately and adequately described. Six submitters suggested that there be a greater level of detail regarding study types and evidence sources. Road testing of the substantiation process was recommended by a number of respondents.

Issue: Substantiation
Question 46
Do you agree with the proposed evidence requirements for substantiating high level claims?

Eighty per cent of submitters (48) agreed with the proposed evidence requirements for substantiating health claims. However, several of these submitters commented that the baseline data from the National Nutritional Survey is now nine years out of date and does not represent current consumption patterns in Australia.

Several comments were made pertaining to the criteria for assessing a convincing level of evidence. It was also noted that meta-analyses should not be treated as a secondary source of data.

Issue: Substantiation
Question 47
Does the Substantiation Framework clearly establish the processes manufacturers should use to assess general level claims?

Thirty per cent of submitters (26) agreed that the substantiation framework does establish the processes manufacturers should use to assess general level claims. Twenty-three submitters disagreed, mostly from industry. Many submitters made additional comments relating to clarity and the ease for industry and enforcement agencies to have a practical understanding of the process. Other issues included the level of rigour of scientific substantiation required, evidence sources and appropriateness of different types of evidence, the ability of industry to understand and undertake the substantiation process, and the provision of pre-approved claims by FSANZ.

Issue: Substantiation
Question 48
What practical issues do you envisage will arise when attempting to follow the Substantiation Framework to substantiate a general level claim?

Submitters envisaged that many practical issues would arise when attempting to follow the Substantiation Framework to substantiate a general level claim. These issues included: difficulties and issues faced by enforcement agencies, requirement for who holds the substantiation evidence, sources of evidence, cost and resources required to substantiate a claim, inequity between large and small manufacturers, consumer confidence and consumer confusion, and the pre-approval of general level claims.

Issue: Substantiation
Question 49
Are there authoritative evidence sources that could be included in the appropriate evidence sources for general level claims?

Most submitters named sources of evidence that they considered appropriate for substantiating general level health claims. These sources included: documents from reputable government organisations (e.g. the National Health and Medical Research Council), non-government organisations and professional associations (e.g. Dietitians' Association of Australia and the National Heart Foundation), international groups (including the World Health Organization and the Food and Agriculture Organisation), and textbooks from relevant university courses. Several respondents suggested that textbooks were not appropriate.

Issue: Substantiation
Question 50
Would you support FSANZ producing an indicative list of acceptable authoritative evidence sources?

Over three-quarters of submitters (71), mostly industry, agreed that an indicative list of authoritative texts should be provided. Fifteen submitters (mostly from public health and government) did not agree that an indicative list should be provided. Those in favour of a list suggested that it would have to be regularly reviewed. The Dietitians' Association of Australia suggested that they have the skills and expertise to provide FSANZ with a list and that they be held responsible for establishing and maintaining a list. Several submitters, however, did not think a list was required as they considered the onus should be on FSANZ to pre-approve general level health claims.

Issue: Substantiation
Question 51
Do you support FSANZ developing a list of model general level claims and associated qualifying/disqualifying criteria, to help manufacturers/suppliers streamline the substantiation of claims? These model general level claims may be included in interpretive user guides.

All submitters agreed that FSANZ should provide a list of model claims. (None disagreed). In addition, many suggested that the list (of general level function, enhanced function and risk reduction claims as well as high level claims) be included in the standard. Others recommended inclusion in a guideline document.

Issue: Preliminary advice on the priority list for pre-approved high level claims
Question 52
Which of the public health claims approved overseas do you believe would have the most public health impact?

Many submitters supported the use of all claims substantiated overseas for use in New Zealand. No claim was favoured above others for permission by submitters. In addition, there were comments made about testing claims that are permitted overseas in the context of the New Zealand and Australian situation, before being allowed in these countries.

Issue: Preliminary advice on the priority list for pre-approved high level claims
Question 53
Which of the health claims approved overseas would industry wish to make?

The majority of submissions from both Australian and New Zealand industry recommended that all health claims used overseas that been subject to a rigorous assessment process or at least an approval process would be appropriate for use. Public health and government submitters were of the opinion that no overseas claims should be accepted without a process to ensure they are based on valid and up to date evidence. The most popular claims from industry submitters were those pertaining to fruit and vegetables and those relating to coronary heart disease.

Issue: Preliminary advice on the priority list for pre-approved high level claims
Question 54
What factors do you consider in prioritising the list of health claims in terms of scientific validation?

There were many factors listed as being important when prioritising the list of health claims. The two most commonly cited factors were public health significance and strength of evidence. Many submitters made comment in relation to the adoption of overseas claims substantiated through a rigorous scientific framework. Several submitters suggested that scientific validation must conform to the substantiation framework/requirements and that if the claim cannot be appropriately substantiated it should not be considered.

Issue: Preliminary advice on the priority list for pre-approved high level claims
Question 55
Are there any other health claims that you believe should be considered for pre-market assessment?

Over 30 health claims were suggested as being worthy of consideration of pre-market assessment. The most popular were those about fruit and vegetables, phytosterols and cholesterol, and sodium potassium and blood pressure/heart health. Three submitters did not believe there were any other claims to be considered.

Issue: Review of pre-approved high level claims
Question 56
What do you consider would be an appropriate process to undertake a regular review of approved claims?

The Australian and New Zealand Governments favoured a regular review of health claims every five years in conjunction with a watching brief, as did the majority of Australian and New Zealand public health organisations. Many Australian and New Zealand industry groups stated that a review process would need to be responsive to new scientific evidence that becomes available and therefore a continuous watching brief would be appropriate. Several groups supported linking a review of health claims to the five-year review of dietary guidelines undertaken by the National Health Medical Research Council, pending the availability of new scientific evidence.

Issue: Review of pre-approved high level claims
Question 57
What risks would there be in maintaining a watching brief on new or contrary evidence as opposed to conducting a regular review?

Many submitters stated that there was no real risk from maintaining a watching brief on new or contrary evidence as opposed to conducting regular reviews. Others considered a watching brief too haphazard and unsystematic and that it might not consider the totality of evidence that a regular review would cover.

Issue: Implications of the claim-by-claim approach to pre-market assessment
Question 58
Given the claim-by-claim approach to pre-assessing claims, can you foresee any circumstance where a manufacturer can gain exclusive right to a claim?

Given the claim-by-claim approach to pre-assessing claims, the majority of submitters stated that there were circumstances where a manufacturer could gain exclusive right to a claim. These related to patentable ingredients, technologies or information and intellectual property other than patents (e.g. copyright, trademark, brand and confidential research).

Issue: Implications of the claim-by-claim approach to pre-market assessment
Question 59
If so, does this present a problem in the context of the broader regulatory framework for nutrition health and related claims?

Some submitters suggested that exclusive rights to a claim by a manufacturer might present problems in the context of the broader regulatory framework for nutrition health and related claims. These problems included reducing the public health benefit of health claims and favouring larger companies. Other comments related to possible neutral or positive effects of exclusive claims.

Issue: Consumer research
Question 60
Are you aware of any additional consumer research on nutrition, health and related claims?

A variety of references were provided from a number of submitters. Refer to the summary document of question 60 for these references.

Issue: Education
Question 61
What do you consider to be the essential components of an education strategy for nutrition, health and related claims?

Essential components of an education strategy for nutrition and health claims included defining the target groups, understanding their knowledge (via quantitative survey or focus groups), developing communication campaigns, testing and modifying campaign messages for comprehension, defining relevant communication vehicles, implementing communication/education programs, and defining evaluation methods to test the effectiveness of the messages and the campaigns. Another suggestion related to a management system that is independent of the food industry. Many of the submitters expressed recommendations relating to industry and consumer education, stakeholders and other aspects of communication (e.g. use of websites).

Issue: Education
Question 62
Who should be responsible for undertaking such education activities?

It was recommended that education should be undertaken by various combinations of sectors which included the following organisations: FSANZ, New Zealand Food Safety Authority, governments (Australian, New Zealand, States and Territories), non-government organisations, state and territory health departments, public health associations, National Centre of Excellence in Functional Foods, health professionals, the food industry, industry associations, universities, schools, consumer organisations and the Health Sciences and Nutrition unit of the Commonwealth Scientific Industrial Research Organisation. Some submitters clarified that the education process was a joint responsibility by all parties. Others stated that each sector should be responsible for specific tasks. However, some submitters recommended that FSANZ be responsible for undertaking education activities in consultation with other sectors.

Issue: Education
Question 63
How can stakeholders work together to develop and implement an education strategy for industry, health professionals and consumers in relation to the proposed regulatory framework for nutrition health and related claims?

Almost half the submitters recommended the establishment of a working group with aims that included reviewing proposed claims, developing and implementing an education strategy and orchestrating an appropriate communication strategy. Some submitters suggested that the working group should represent various stakeholder groups (e.g. industry, health professionals, consumers, government, non-government organisations, and consumer communication experts). It was also recommended that FSANZ, supported by specific combinations of other groups, coordinate the educational process to target groups such as manufacturers, health professionals, consumers and enforcement agencies.

Issue: Compliance and enforcement of evidence in relation to general level claims
Question 64
Would it be more appropriate for the 'manufacturer' or the 'supplier' to hold and produce evidence in relation to a general level claim?

Similar numbers of submitters responded as to whether it was appropriate for the manufacturer or the supplier to hold and produce evidence in relation to a general level claim. However, another 40 submitters stated that the entity making the claim (whether it be manufacturer, supplier, vendor or marketer) named on the product labels or packaging should hold the substantiating evidence. A few submitters believed that neither the supplier nor the manufacturer should hold and produce substantiating evidence, as they preferred that general level claims were pre-approved and listed in the Standard.

Issue: Compliance and enforcement of evidence in relation to general level claims
Question 65
What are the legal and/or practical difficulties for an enforcement agency when requesting and assessing evidence in relation to general level claims?

Submitters stated that the legal and/or practical difficulties for an enforcement agency when requesting and assessing evidence in relation to general level claims involved issues relating to insufficient resources (21), the requirement for a high level of technical expertise (19), timeliness of provision and evaluation of evidence (14) and handling confidential information (9). Two Australian Government submitters noted that the Food Act does not currently provide enforcement agencies with the power to request substantiating evidence. A few others believed that enforcement would only be possible with a standard.

Issue: Compliance and enforcement of evidence in relation to general level claims
Question 66
Under existing food legislation, are the current powers of enforcement agencies to 'call on' evidence in support of general level claims, adequate?

Twenty submitters (none from actual enforcement agencies) stated that under existing food legislation the current powers of enforcement agencies, to 'call on' evidence in support of general level claims, were adequate. Another 19 submitters (including some enforcement agencies) disagreed with this statement (further responses related to enforcement powers under the proposed Guideline or Standard). One submitter noted that adequacy of powers would depend on whether general level claim criteria and conditions are in a guideline or a standard.

Issue: Compliance and Enforcement – Enforcement of a standard vs. a guideline
Question 67
From the point of view of industry, consumers, public health professionals and enforcement agencies, what are the benefits of including certain criteria and conditions relating to general level claims in a Guideline instead of a Standard?

Almost 80% of submitters (56), from industry, consumers, public health professionals and enforcement agencies, identified the benefits of including certain criteria and conditions relating to general level claims in a guideline instead of a standard. These benefits primarily related to greater flexibility concerning the amendment of criteria. Guidelines also provided more flexibility to: incorporate new claims more quickly, explore product innovation and advances in nutrition research, and offer consumers more choice. Other benefits of guidelines included ultimate cost savings and that it was an easier option for industry and enforcers. The remaining 20% of submitters supported the introduction of a standard so that general level claims could be legally enforced.

Issue: Compliance and Enforcement – Enforcement of a standard vs. a guideline
Question 68
From the point of view of industry, consumers, public health professionals and enforcement agencies, what are the costs of including certain criteria and conditions relating to general level claims in a Guideline instead of a Standard?

The majority of submitters, from industry, consumers, public health professionals and enforcement agencies, identified the costs of including certain criteria and conditions relating to general level claims in a guideline instead of a standard. These costs primarily related to fair trading issues within industry that would arise from non-compliance with a guideline. Costs also related to criteria being open to interpretation and inconsistent application made to claims so that the consumer would ultimately lose confidence in health claims, food manufacturers and the food industry. Some submitters stated that there would be a greater likelihood of a guideline being breached because it was not legally enforceable. Eight submitters believed there would be no significant difference in costs between a guideline and a standard.

Issue: Compliance and Enforcement – Measures to promote compliance
Question 69
From the point of view of industry, consumers, public health professionals and enforcement agencies, which interpretive guides should be given priority during the Standard development process?

The majority of submitters, from industry, consumers, public health professionals and enforcement agencies, considered interpretive guides to be a priority during the standard development process, given that they involve substantiation, pre-approval of high level claims, general level claims, model claims, interpretive advice, compliance with the Standard, education and communication strategies. It was suggested by 28 submitters that user guides for general level claims should take precedence over other user guides. Five of these submitters clarified that user guides for substantiation requirements of high level claims were also important. However, 10 submitters recommended that a full suite of user guides be developed prior to the implementation of the Standard.

Issue: Therapeutic goods and foods – Food-medicine regulatory interface
Question 70
From the point of view of food and medicine enforcement agencies and food and medicine manufacturers, can the proposed FSANZ Conceptual Framework for the Regulation of Nutrition, Health and Related Claims ensure a clear boundary at the food-medicine interface for foods carrying health related claims?

Almost 30% of submitters (20) stated that the proposed FSANZ Conceptual Framework for the regulation of Nutrition, Health and Related Claims would ensure a clear boundary at the food-medicine interface for foods carrying health related claims. Another 12 implied agreement, some conditional on the development of certain definitions. Eighteen submitters stated or implied that the proposed framework would not ensure a clear boundary at the food-medicine interface for foods carrying health related claim. A number of submitters raised the issue of the differences in the definition of 'therapeutic claim' in the Code when compared to the Therapeutic Goods Act.

Issue: Therapeutic goods and foods – Regulatory equality
Question 71
From the view point of food and medicine enforcement agencies and food and medicine manufacturers, would the proposed FSANZ Conceptual Framework for the Regulation of Nutrition, Health and Related Claims and proposed Substantiation Framework promote equality between the regulation of foods and medicines?

Forty-six per cent of submitters (24) agreed, or implied agreement, that the proposed FSANZ Conceptual Framework for the regulation of Nutrition, Health and Related Claims and proposed Substantiation Framework would promote equality between the regulation of foods and medicines. Seven submitters did not agree that these proposed frameworks would promote equality between the regulation of foods and medicines.

Issue: Fair trading legislation
Question 72
With the exception of unqualified 'free' claims, are there any areas where the regulation of nutrition, health and related claims and fair trading provisions might be inconsistent or in conflict?

More than half of the submitters that responded to this question agreed that it was unlikely that there were any areas (with the exception of unqualified 'free' claims), where the regulation of nutrition, health and related claims and fair trading provisions might be inconsistent or in conflict. However, several areas of inconsistencies were identified such as limits of detection versus absolute values (i.e. zero) and the use of the word 'health' and 'weight' in brands, logos and trademarks. It was noted that health claims, which imply that people 'need' a nutrient or certain food, contravene the Fair Trading Act where no 'need' has been established. It was also suggested that the Standard should recognise that Certified Trade Marks are assessed under fair trading legislation.

Issue: Monitoring and Evaluation – Proposed evaluation research activities
Question 73
Can the jurisdictions provide enforcement data on food categories where the use of nutrition, health and related claims may be a problem?

More than one-third of submitters (9) stated that government might be unable to provide enforcement data in relation to advertising where the use of nutrition, health and related claims might be a problem. Four submitters agreed that jurisdictions could provide enforcement data on food categories (including long life soups and meat products). One submitter recommended the New Zealand Commerce Commission. Five stated that this question required a government response or were unable to answer the question.

Issue: Monitoring and Evaluation – Proposed evaluation research activities
Question 74
Can the food industry provide data on the types of food categories currently carrying content or function claims, a folate/neural tube defect health claim or endorsements?

The majority (28) of the submitters provided general or specific data on claims carried by products. Refer to the summary of responses in question 74.

Issue: Impact Analysis – Consumers and the community – Regulatory Option 1 Question 75

Are consumers currently being presented with consistent messages regarding the role of individual foods in improving or maintaining health?

Sixty-two per cent of submitters (54) stated that consistent messages are not presented to consumers regarding the role of individual foods in improving or maintaining health. This was for a range of reasons. However, 17 submitters agreed that consumers do receive consistent messages, by means of compliant food labels or from government agencies and health and nutrition professionals. Eight submitters expressed both agreement and disagreement, depending on the source of the messages. Many different examples of regulatory breaches and confusing or contradictory messages were provided.

Issue: Impact Analysis – Consumers and the community – Regulatory Option 1 Question 76

If not, what is the extent of any inconsistency and what is the impact on consumers?

Of those submitters that commented on inconsistencies in nutrition-related messages, nine considered that the extent ranged from 'minimal to widespread' and one submitter believed that it is difficult to quantify. Seventy-six per cent of submitters (45) identified a number of impacts on consumers, which included: consumer confusion; poor ability to make informed healthy food choices due to a lack of nutrition knowledge or limited available nutrition information; possible health-related implications; the expense of some foods; and consumer cynicism and distrust about health/product claims and the food industry. Two submitters believed that the impacts on consumers are unknown. Many submitters provided examples of inconsistencies identified in nutrition-related messages (33).

Issue: Impact Analysis – consumers and the community – Regulatory Option 1 Question 77

What is the impact of the general prohibition on health claims on the ability of consumers to make informed choices about foods?

Seventy-three per cent of submitters (53) agreed that the consumers are constrained from making informed food choices. Submitters provided a range of reasons for this impaired ability. The reasons included: not permitting the potential health benefits to be communicated; a lack of good, accurate information and an abundance of bad information; consumers left to obtain information from unregulated and unreliable sources; consumers increasingly exposed to diet fads; and the limited availability of choices. Six submitters believed that the general prohibition on health claims do not (or appear not) to have any impact, while three submitters believed that the impact is unknown. .

Issue: Impact Analysis – Consumers and the community – Regulatory Option 1 Question 78

Are consumers' choices being distorted towards purchasing dietary supplements in preference to food not carrying health claims? If so, to what extent is this occurring?

Some submitters believed that consumer choices are being distorted towards purchasing dietary supplements (11). Several submitters stated that distortion was likely or possible (5), and others suggested that although supplement use has increased, there is no evidence that this is occurring in relation to foods not carrying health claims (4).

Of those who responded in relation to the extent of the distortion, most considered that it was either difficult to gauge or unknown (6), while one submitter suggested that it was occurring to some extent, and another believed that the extent was widespread. Nine submitters disagreed that consumer choices are being distorted, and a further 15 submitters could not provide figures or were unaware of any evidence to support or refute consumer choice distortion.

Issue: Impact Analysis – Consumers and the community – Regulatory Option 1
Question 79
What, if any, are the impacts on consumers of choosing to purchase dietary supplements over food?

More than half of the submitters (28) provided a range of negative impacts on those consumers who choose to purchase dietary supplements over food. Negative impacts encompassed the cost to consumers, poor nutritional profiles and adverse health outcomes. Some submitters quoted research findings on the poor efficacy of supplements over food. Two submitters noted that consumer impacts would be dependent on reasons for supplement purchase or on individual circumstances, and 11 submitters were unaware of any evidence for consumer impacts, or believed that there were no impacts resulting from purchasing dietary supplements.

Issue: Impact Analysis – Consumers and the community – Regulatory Option 1
Question 80
Are consumers in Australia confused or misled by current nutrition content claims? If so, to what extent is this occurring?

Two-thirds of submitters (34) agreed that Australian consumers are confused or misled by current nutrition content claims. A range of reasons and some specific nutrition content claims and terms were given to illustrate the extent to which this is occurring. Thirteen submitters disagreed, were unaware, or had no evidence of consumer confusion.

Issue: Impact Analysis – Consumers and the community – Regulatory Option 1
Question 81
Are consumers in New Zealand confused or misled by current nutrition content claims? If so, to what extent is this occurring?

Two-thirds of submitters (24) agreed that New Zealand consumers are (or might be) confused or misled by current nutrition content claims. These submitters provided several reasons for consumer confusion and some specific nutrition content claims/terms to illustrate the extent of consumer confusion. Eleven submitters disagreed, were unaware, or had no evidence of consumer confusion.

Issue: Impact Analysis – Consumers and the community – Regulatory Option 1
Question 82
To what extent has the CoPoNC been effective in providing a framework to facilitate informed consumer choice?

Forty-six per cent of submitters (25) considered CoPoNC to be effective or very effective in facilitating informed consumer choice. Some submitters (4) believed that CoPoNC was effective, with the exception of percentage fat free claims; that effectiveness of CoPoNC was limited overall; or had less effect in New Zealand.

Others believed that CoPoNC was unlikely to have been or was not effective (5). Most submitters provided arguments in support of their views. Several submitters (9) stated that there was no evidence or formal external review of the effectiveness of CoPoNC in providing such a framework.

Issue: Impact Analysis – Consumers and the community – Regulatory Option 2 Question 83
In what circumstances would consumers be prepared to pay higher prices for foods carrying claims?

The majority of submitters noted circumstances in which consumers would be prepared to pay higher prices for foods carrying claims. These circumstances included perceived health benefits (28), the influence of market forces (17), specific products (8), proven claims and scientific breakthroughs (5), affordability and perceptions about value for money (4) and health problems (3). Four submitters did not know or were unsure about the circumstances in which consumers would pay more. One-third of submitters did not agree that consumers would or should pay higher prices for foods with claims.

Issue: Impact Analysis – Consumers and the community – Regulatory Option 2 Question 84
Under Option 2, is there a risk of consumers losing a whole of diet perspective when choosing food?

Thirty-two per cent of submitters (22) stated that under Option 2, there was a risk of consumers losing a whole of diet perspective when choosing food. However, similar numbers (17) disagreed, and stated there would be no risk. Four submitters indicated there was a 'minimal' risk and another 12 submitters implied there was no risk or that there was no evidence of risk. Some submitters were not aware of research demonstrating that consumers have a 'whole of diet perspective' when choosing foods.

Issue: Impact Analysis – Consumers and the community – Regulatory Option 2 Question 85
To what extent could this risk be addressed through education and the efforts of health professionals?

Nearly 40% of submitters (21) considered that the risk of consumers losing a whole of diet perspective when choosing food could be addressed, through education and the efforts of health professionals, to various extents including: 'mostly', 'highly', 'extensively', 'considerably', 'substantially', and 'greatly'. The issue of adequate funding in order to be able to do this was raised. Eleven submitters agreed or implied that this risk could be addressed to a 'limited' extent. Two submitters believed the extent to which this risk could be addressed was not possible to quantify. Seven submitters did not believe there is a risk of consumers losing a 'whole-of-diet' perspective when choosing food.

Issue: Impact Analysis – Consumers and the community – Regulatory Option 2
Question 86
Under Option 2, what would be the impacts on consumers of including a greater range of claims in a Guideline, which is not legally enforceable?

Some submitters stated that the impacts on consumers of including a greater range of claims in a guideline, which is not legally enforceable, would be: confusion and/or lack of confidence; an increase in misleading claims (which might result in adverse health effects), financial implications or other associated risks to public health. Twenty-two industry submitters rejected the assertion that guidelines are not legally enforceable. However, three submitters considered that the current lack of compliance with CoPoNC provides rationale as to why a legally enforceable standard is required. Other submitters considered that the situation under Option 2 would be very similar to the current position with CoPoNC. It was also noted that compared to a standard, a guideline could be updated more easily which would improve consumer choice.

Issue: Impact Analysis – Consumers and the community – Regulatory Option 2
Question 87
To what extent would consumers use additional information presented in health claims and in what circumstances would this be of benefit to them?

A quarter of submitters (15) commented on how additional information would assist consumers in making informed food choices. Many submitters (22) considered that the extent of consumer use would be dependent on the relevance, accessibility and effectiveness of the additional information presented in health claims. Measures that would ensure health claims were effective were suggested. Fifteen submitters provided a range of comments about the circumstances in which additional information would be of benefit. Nine submitters stated that the extent to which additional information is used, and the circumstances in which consumers would benefit, are unknown.

Issue: Impact Analysis – Consumers and the community – Regulatory Option 3
Question 88
Under what circumstances would consumers be prepared to pay higher prices for foods carrying claims?

The majority of submitters noted circumstances in which consumers would be prepared to pay higher prices for foods carrying claims. These circumstances included consumers' perception that health benefits are associated with consumption of the food, the influence of market forces and when claims were considered substantiated or associated with breakthroughs in science. Other circumstances related to specific health problems, when consumers could afford to pay higher prices and perceptions about value for money. Some submitters did not agree that consumers would be required to, or should have to, pay higher prices for foods with claims. The issue of equity of application of policy was also raised.

Issue: Impact Analysis – Consumers and the community – Regulatory Option 3
Question 89
Under Option 3, is there a risk of consumers losing a whole of diet perspective when choosing food?

One-third of submitters (21) stated that under Option 3, there was a real risk or possible risk of consumers losing a whole of diet perspective when choosing food. However, 15 submitters disagreed, and stated there would be no risk and another 13 submitters implied there was no risk or that there was no evidence of this risk. Two submitters indicated there was a 'minimal' risk under Option 3 of consumers losing a whole of diet perspective when choosing food. Five submitters were not aware that consumers have a 'whole of diet perspective' when choosing foods or aware of any research indicating this perspective.

Issue: Impact Analysis – Consumers and the community – Regulatory Option 3
Question 90
To what extent could this risk be addressed through education and the efforts of health professionals?

Nearly 20% of submitters (10) considered that the risk of consumers losing a whole of diet perspective when choosing food could be addressed through education and the efforts of health professionals, to various extents including 'mostly', 'highly', 'extensively', and 'greatly'. The issue of adequate funding to achieve this was raised. Eight submitters agreed or implied that this risk could be addressed to a 'limited' extent. Two submitters believed the extent to which this risk could be addressed was not possible to quantify. Seven submitters did not believe there is a risk of consumers losing a 'whole-of-diet' perspective when choosing food.

Issue: Impact Analysis – Consumers and the community – Regulatory Option 3
Question 91
Does Option 3 provide greater benefits to consumers than Option 2 in relation to the reliability and validity of general level claims? If so, why?

Almost 40% of submitters (29) stated or implied that Option 3 provides greater benefits to consumers than Option 2 in relation to the reliability and validity of general level claims. Similar numbers disagreed (27) including 18 who considered the benefits to consumers would be much the same with both options. Reasons provided for Option 3 providing greater benefits mainly concerned the fact that the claims would be in a legally enforceable standard – which would provide more uniformity in claims and hence improve consumer confidence. The main reasons provided for disagreeing (that Option 3 provided greater benefit) were that the reliability and validity of claims comes from substantiation not regulation, and that a guideline can be more easily updated.

Issue: Impact Analysis – Industry – Regulatory Option 1 (status quo)
Question 92
To what extent, if any, has your business been disadvantaged by the current ambiguities regarding the prohibition on health claims?

Many submitters stated that they had been disadvantaged to some extent by the current ambiguities regarding the prohibition on health claims, some of them 'extensively' or 'significantly'.

Some believed there was an uneven playing field between Australia and New Zealand with regard to dietary supplements and absence of CoPoNC in New Zealand (which had disadvantaged Australia). Others felt limited in their development of health products, by not being able to communicate the role of nutritious food types to consumers, some noting that the absence of health claims had also resulted in extra costs to re-label some imported foods. Some submitters stated that it was difficult to compete against unethical manufacturers that did not comply with legislation or guidelines.

Issue: Impact Analysis – Industry – Regulatory Option 1 (status quo)
Question 93
To what extent does the current prohibition on health claims prevent real marketing opportunities for your products or limit innovation?

The majority of submitters expressed that they were limited by the current prohibition on health claims in terms of preventing real marketing opportunities for their products or limiting innovation. More than half stated there was a 'major' constraint on innovation or new product development because they were prevented from telling consumers about substantiated benefits. Others stated that the prohibition prevented communication of unique selling points and additional health benefits, limited the opportunity to gain market advantage, created a disincentive to investment and proved difficult to get a return on the more expensive ingredients for high level claims. One submitter considered the question irrelevant as the Ministerial Council has permitted health claims. Another noted that the scope of advertising had not been made clear.

Issue: Impact Analysis – Industry – Regulatory Option 1 (status quo)
Question 94
To what extent, if any, is the Australian food industry disadvantaged by being unable to make health claims on products that compete with imports?

One submitter quoted a 'considerable' disadvantage in the sports food and weight management sector. Another noted a disadvantage 'in general' concerning the competition with imports. It was stated that Australian manufacturers were unable to compete on a level playing field. More than one-third of the submitters specifically stated that the Australian food industry had been disadvantaged by the ability to import dietary supplements into Australia that are manufactured in New Zealand but could not be manufactured in Australia. Another one-third of submitters stated there was little incentive for Australian and New Zealand manufacturers to develop food products for health claims due to their prohibition on the domestic market whilst competing with other countries. A few submitters indicated they were not disadvantaged.

Issue: Impact Analysis – Industry – Regulatory Option 1 (status quo)
Question 95
In Australia, how effective is CoPoNC in providing guidance to industry on content claims and does the fact that it is not legally enforceable create compliance problems?

Almost half the submitters believed that, in Australia, CoPoNC had provided good guidance to industry on content claims. Another 25% stated that CoPoNC needed updating and a few others considered it inadequate. With regard to compliance, over 40% noted problems with companies who chose not to follow the guideline, as it was not legally enforceable. These problems led to inconsistent or misleading messages to consumers.

However, 25% of submitters believed there was general compliance with the Code and the lack of legal enforcement had not caused problems. It was also pointed out that CoPoNC was legally enforceable through State and Territory fair trading laws, the Commonwealth Trade Practices Act and the Australian Competition and Consumer Commission.

Issue: Impact Analysis – Industry – Regulatory Option 1 (status quo)
Question 96
In New Zealand, are there any costs to industry from a general reliance on fair trading provisions to manage content claims? If so, please identify these costs.

Some submitters stated there were media advertising costs to industry from a general reliance on fair trading provisions to manage content claims. It was also noted that many claims went unchallenged by industry because companies could not afford the time or money. It was suggested that the New Zealand Commerce Commission was in a position to provide information of costs involved to ensure compliance with the *Fair Trading Act 1986.* Other submitters believed that Option 1 was not sustainable in a 'harmonised food regulatory environment' between Australia and New Zealand. Some did not believe that the New Zealand industry was incurring any or greater costs from relying on fair trading provisions to manage content claims in New Zealand.

Issue: Impact Analysis – Industry – Regulatory Option 1 (status quo)
Question 97
How effective is CoPoNC in providing guidance to industry in marketing current products and developing new products?

Over 30% of submitters (13) believed that CoPoNC provides guidance to industry in marketing current products and developing new products. Some added that CoPoNC needed to be updated – to be consistent with the Code, to reflect latest developments, consumer needs and trends, or to develop it into a guideline with legal status. One submitter specifically stated that CoPoNC had been 'highly' effective in establishing industry guidelines for nutrient claims. Four others affirmed its use as a reference framework. However, two submitters stated that CoPoNC was inadequate because newer health food claims lay outside its scope or it was not widely known and not policed. Another 25% stated that although CoPoNC was an excellent set of principles, the numerous breaches had resulted in 'ineffectual' standardisation.

Issue: Impact Analysis – Industry – Regulatory Option 2 (Standard and Guideline)
Question 98
Can industry indicate the nature and extent of compliance costs that could be incurred under Option 2?

About 20% of industry submitters indicated the nature of compliance costs under Option 2. They ranged from gathering and storage of evidence, literary searches, consultants, research and development, product testing, labelling changes, substantiation, changing the standard and seeking legal advice, to lodging a submission with FSANZ. It was suggested that costs of compliance under Option 2 might be 'extensive' and the same as Option 3. Although nearly 40% of submitters (14) suggested that it was difficult to determine the costs at this stage, some provided estimates of $2500 per label based on costs of changing from the former Australian *Food Standards Code* to the current Code.

One-third stated that the proposed substantiation process would increase costs 'significantly'. A few suggested 'limited' costs for general level claims.

Issue: Impact Analysis – Industry – Regulatory Option 2 (Standard and Guideline)
Question 99
Can industry indicate the probable cost of complying with the need to develop systems to compile and assess evidence to substantiate general level claims?

The majority (20) of industry submitters indicated that at this stage it was difficult to determine the costs of complying with the need to develop systems to compile and assess evidence to substantiate general level claims. Some industries suggested that costs would be influenced by the complexity of the claim or factors relating to each company (e.g. data availability, company size and number of products). Other suggestions were that costs would be similar to what companies already incurred, related to the gathering and storage of evidence (mainly a human resource) and would not be unreasonable (given it was a regulatory requirement). However, others felt that costs might be extensive, including setting up a database. One submitter noted that industry compliance costs under Option 2 were not relevant.

Issue: Impact Analysis – Industry – Regulatory Option 2 (Standard and Guideline)
Question 100
What would be the impact on your business arising from a permission to use high level claims? In your response consider marketing opportunities and potential sales revenue.

Twenty-five per cent of industry responses (10) suggested that it was difficult to estimate the impact on their business should permission be given for them to use high level claims. Some indicated there would be a positive impact with 'significant' opportunities arising such as increases in fresh food sales, ranges and types of private labels. Other opportunities included reformulated products, product differentiation, target marketing, promoting benefits and more pro-active education of consumers. There would also be a greater incentive to invest in research and development. Another 30% stated that certain companies would be disadvantaged as the likely number of pre-approved high level claims might favour a few industries.

Issue: Impact Analysis – Industry – Regulatory Option 2 (Standard and Guideline)
Question 101
What would be the impact on your business arising from permission to use a greater range of general level claims? In your response consider marketing opportunities and potential sales revenue.

The majority of submitters suggested that the impact on their business, arising from permission to use a greater range of general level claims, would be positive. More than half stated that the biggest impact would be allowing manufacturers to communicate truthful/scientifically substantiated or more information to consumers. It was suggested that more informed consumers created the opportunity for marketers to target them with increased promotions about healthy food and healthy eating. There would be an associated increased advertising of healthy food. Other submitters identified opportunities related to taking market share from competing products (e.g. carbonated beverages versus flavoured milk), increasing the sugar free market or not having to go through the lengthy and costly application process. A few submitters needed to consider reviews.

Issue: Impact Analysis – Industry – Regulatory Option 3 (Standard)
Question 102
To what extent does option 3 provide greater benefits to your business than Option 2 in relation to general level claims?

More than 60% of industry groups (30) did not agree that Option 3 provided greater benefits to their business than Option 2 in relation to general level claims. In contrast, Option 3 'significantly' reduced business opportunities for some, by providing a less flexible approach, including the updates of general level claims. However, about 12% believed that Option 3 provided a level playing field with regard to recourse in cases of non-compliance, medicines/therapeutic goods industry, providing a clearer legal position, more effective enforcement agencies, more consistent messages and more trusting consumers. Other submitters stated that Option 3's impact on their business would be 'minimal' or provided general comment about Option 3.

Issue: Impact Analysis – Government – Regulatory Option 1 (status quo)
Question 103
What are the impacts of the current regulatory arrangements on enforcement agencies? Please provide evidence of the level of resources involved.

Seven out of 17 submitters noted that difficulties with enforcement of the current regulatory arrangements related to prohibiting truthful claims beneficial to consumers. The New Zealand and two Australian Governments also noted difficulties – relating to subjective judgements made on claims that are in the 'grey' areas of legislation, an unclear scope for advertising and a lack of sufficient resources. It was suggested that two full-time officers be appointed to complete initial tasks with further resources provided as needed. One submitter recommended enforcement should include assessments, mediations and training of the food industry by government on health and nutrition claims. Another stated there was no impact on enforcement agencies as very little enforcement was being done due to lack of resources.

Issue: Impact Analysis – Government – Regulatory Option 3 (Standard)
Question 104
To what extent would Options 2 and 3, that permit a wider range of claims, require additional resources to enforce?

The majority of submitters (13 out of 20) indicated that Options 2 and 3 would require additional resources to enforce. Four specified additional 'government' resources. Other comments included: 'problematic' without additional resources and considerable national assistance; a need to broaden the scope of enforcement action to include assessments, mediations and training of the food industry by government on health and nutrition claims or develop another category for them; the resources need to be inversely proportional to the level of compliance by industry with the proposed standards; and Option 3 requiring a commitment from State Health Authorities to adequately fund enforcement activities (including advertising). Seven submitters believed there would not be any 'significant' resources required.

Issue: Impact Analysis – Government – Regulatory Option 3 (Standard)
Question 105
Are there any additional benefits for government in proceeding with Option 3? If so, please identify.

All but one submitter (16) agreed that there were additional benefits for government in proceeding with Option 3. These benefits were identified as relating to consumer confidence, transparency, better harmonisation with other global regulatory arrangements, equity with the medicines industry, less opportunity for products to attempt to jump from the therapeutic regime to the food regime, valuable 'before and after' data to measure the effectiveness of the introduction of health and nutrition claims and a clearer legal position (than Option 2) so there would be less enforcement time and effort spent (e.g. on ambiguous claims). Eight submitters commented on long-term effects. These included better informed and healthier consumers (another tool for reducing obesity) and reducing demand on healthcare services.

Issue: Impact Analysis – Government – Regulatory Option 3 (Standard)
Question 106
What is your preferred regulatory option and why?

Fifty-one per cent of submitters (58) expressed their support for Option 2 (of which six submitters supported a modified version). Forty per cent of submitters (45) supported Option 3. Six per cent of submitters (7) selected Option 1 as their preferred regulatory option. Of those remaining, one submitter supported elements of Option 1 and 3, one preferred a combination of Options 2 and 3 and another opposed all regulatory options.

Issue: Transitional Issues
Question 107
Are there any reasons why the proposed transitional arrangements should be shortened, lengthened or otherwise changed?

Nearly 30% of submitters (14) supported the uniform 12-month transitional period and one submitter supported shortened transitional arrangements. However, 65% of submitters (32) suggested longer transitional arrangements, of which six did not propose a specific duration.

Issue: Review
Question 108
While the Policy Guideline points to an assessment of the effectiveness of the 'watchdog' body, what aspects of the system for regulating nutrition, health and related claims should be a priority for review within two years of implementing the Standard?

Almost 70% of submitters (43) considered a range of enforcement and compliance issues to be a review priority. Priorities included: the effectiveness of the proposed Monitoring and Evaluation phases (6), a range of issues relating to industry making health, nutrition and related claims (24), consumer research to assess awareness and understanding of health claims (10), and the need to monitor changes in food composition, food supply, food purchasing patterns, changes in food related behaviours and in nutrition related health (9).

Issue: Review
Question 109
Noting that the focus of the review is on implementation, compliance and enforcement under the health, nutrition and related claims system, who should be involved in conducting such a review and how might this be undertaken?

Several submitters believed that the working group, committee or body undertaking the review should be independent. However, 76% of submitters (49) suggested either general stakeholder participation or specific stakeholders should be represented during the review process. Government, public health, industry, enforcement agencies and consumers were the stakeholders most commonly identified. Suggestions provided for how the review might be undertaken included interactive workshops, using different working groups, requiring FSANZ to repeat quantitative research on food labelling issues, industry to conduct product surveys, assessment of complaints and successful prosecutions, and a process to assess the impact of health claims on consumers.

ATTACHMENT 6 OF THE INITIAL ASSESSMENT REPORT:

Issue: Background to content claims – Placement of content claims
Attachment 6/Question 1
What is the best approach for the placement of generic content claims? Please provide a rationale to support your preferred approach.

More than 50% of submitters (36) stated that generic content claims should be placed in a standard, whereas 27 submitters preferred that they be placed in a guideline. One submitter believed that the best place for generic content claims was in a standard relating to the food for which the claim was being made.

Issue: General conditions for content claims – Eligibility of food
Attachment 6/Question 2
Should any foods be prohibited from making content claims, other than those standards already stipulated in the Code? Please provide evidence and a cohesive rationale to support your answer.

Nine submitters supported the notion that no foods, other than those prohibited in Standards already stipulated in the Code, should be prohibited from making a content claim. However, one-third of submitters (21) stated that no foods at all should be prohibited from making a content claim. A number of submitters recommended specific foods that should be prohibited from making a content claim. These included foods that will be prohibited from making high level claims e.g. alcohol, infant formula, foods for infants, foods with poor nutrient density, foods targeted at children and Formulated Supplementary Foods.

Issue: General conditions for content claims – Methods of analysis
Attachment 6/Question 3
Do you think there should be provisions that stipulate analytical methods for content claims? If yes, what is the appropriate approach or what are the appropriate methods?

Almost 60% of submitters (40) opposed provisions that stipulate analytical methods for content claims. Nine submitters gave their support for prescribing methods for certain nutrient such as fibre, or for certain claims such as ‘free’.

Fifteen submitters supported provisions that stipulate analytical methods for content claims. Proposed approaches included specifying internationally recognised methods of analysis (e.g. Association Of Analytical Chemists), consistency in methods between Australia and New Zealand, specific guidelines that stipulate methodologies and include up-to-date methodology, and a prescriptive approach within a standard.

Issue: General conditions for content claims – Synonyms
Attachment 6/Question 4
Are the listed synonyms similar in meaning to the types of content claims listed? Should the list be considered 'exhaustive' and therefore stipulated in a Standard in the Code or 'illustrative' and therefore provided in a guideline document as examples for manufacturers to use?

Thirty submitters agreed that the listed synonyms were similar in meaning to the types of content claims listed. Two submitters agreed with some synonyms and seven disagreed. Five submitters believed that similarity would depend on the context of the claim. Twenty submitters specified or implied that they preferred that an 'exhaustive' list be stipulated in a Standard. Twenty-four submitters supported an 'illustrative' list be provided in a guideline document. Seventeen submitters favoured an 'illustrative' list without specifying a guideline document, and one submitter preferred a guideline without specifying whether the list of synonyms should be 'illustrative'. One submitter preferred a Standard that contains an 'illustrative' list.

Issue: Conditions regarding food for consumption
Attachment 6/Question 5
Do you agree with CoPoNC's conditions regarding food for consumption? If not, please provide a rationale for why they are not appropriate.

The majority of submitters (71) agreed with CoPoNC's conditions regarding food for consumption. Two submitters disagreed.

Issue: Foods naturally or intrinsically high or low in a nutrient
Attachment 6/Question 6
Do you agree with CoPoNC and NZFR conditions for foods naturally or intrinsically high or low in a nutrient? If not, please explain why you think they are not appropriate.

Forty-two submitters agreed with the CoPoNC and *New Zealand Food Regulations (1984)* conditions for food naturally or intrinsically high or low in a nutrient. Sixteen respondents disagreed. The main reason provided by submitters for not agreeing related to processing of food and technology and innovation in product development meaning that whole foods within a class of foods do not always have similar nutritional content.

Issue: Normal counterpart or reference foods
Attachment 6/Question 7
Do you agree with CoPoNC's requirements for 'normal counterpart' or 'reference foods'? If not, please explain why you think they are not appropriate.

Fifty-three submitters agreed with the three categories in CoPoNC for 'normal counterpart' or 'reference foods'. Ten submitters were less supportive of the first category definition while two submitters suggested alterations to the second category definition.

One submitter disagreed with CoPoNC's requirements on the basis that the term 'normal counterpart' needs to be defined.

Issue: Specific content claims and preferred criteria – Comparative Claims
Attachment 6/Question 8
Should these comparative claims be permitted?

Fifty-six submitters supported the permission of comparative claims in general. Five submitters indicated conditional support on the grounds that claims were true, complied with the preferred criteria and conditions, and gave clarity as to what is 'increased' or 'reduced'. Three submitters did not agree with permission for comparative claims in general. One submitter disagreed with permission of 'reduced' claims for gluten.

Issue: Specific content claims and preferred criteria – Comparative Claims
Attachment 6/Question 9
If permitted, do you agree with FSANZ's preferred criteria?

Forty-six submitters agreed with FSANZ's preferred criteria in general. In addition, eleven submitters agreed with the first criterion of a 25% cut-off only, one submitter agreed this criteria and the requirement that the comparison is made between foods of the same food group, and two submitters agreed with the preferred criteria in relation to 'increased' claims only.

Issue: Specific content claims and preferred criteria – Comparative Claims
Attachment 6/Question 10
Should there be an additional criterion that relates to energy when 'reduced' and 'less than' claims are made in relation to total fat and sugar? If so, what criteria should apply and what evidence supports such an approach?

Twenty-three submitters agreed that there should be an additional criterion that relates to energy when 'reduced' and 'less than' claims are made in relation to total fat and sugar. Two submitters expressed conditional support, and one submitter supported both the use of additional criteria and the recommendation to refer consumers to the Nutrition Information Panel. Thirty-three submitters disagreed with the proposal for an additional criterion.

Issue: Specific content claims and preferred criteria – Free claims
Attachment 6/Question 11
Should 'free' claims be permitted? Briefly explain.

Sixty-three submitters agreed that 'free' claims should be permitted. Most reasons for permitting 'free' claims were related to their use as identifiers for consumers, international consistency, the current value of the 'free' claims market, and that regulation would be through the fair trading laws. A number of submitters raised issues relating to the approval of 'free' claims and subsequent criteria, which included the need for substantiation and improved regulation; compliance with fair trading definitions, inclusion in the Code or related Guideline, and physiologically insignificant amounts. Six submitters opposed the general use of 'free' claims and one submitter opposed permission of all 'free' claims except those in relation to gluten and lactose.

Issue: Specific content claims and preferred criteria – Free claims
Attachment 6/Question 12
If ('free' claims are) permitted, do you agree with FSANZ's preferred criteria?

Twenty-nine submitters agreed with FSANZ's preferred criteria. Some expanded their responses in terms of compliance with fair trading laws. Thirty-four submitters clearly disagreed with FSANZ's preferred criteria, including four submitters who did not agree that 'free' claims should be permitted at all. Other reasons for disagreeing were mostly in terms of a preference for permitted levels that were physiologically, clinically or nutritionally insignificant.

Issue: Energy (low calorie, low joule, low energy and reduced calorie, reduced joule, reduced energy and calorie free)
Attachment 6/Question 13
Should these claims be permitted? Briefly explain.

More than 85% of submitters (61) supported energy claims being permitted in general. Reasons provided for supporting permission of these claims included a history of their use, for provision of consumer information, and because of the overweight/obesity epidemic. Seven submitters did not support the permission of 'calorie free' claims, and two submitters did not support permission of 'increased energy' claims. One submitter did not support permission for 'reduced energy' claims.

Issue: Energy (low calorie, low joule, low energy and reduced calorie, reduced joule, reduced energy and calorie free)
Attachment 6/Question 14
If so, do you agree with FSANZ's preferred criteria?

Forty submitters stated that they supported FSANZ's preferred criteria for all energy claims. Another four submitters supported the criteria for 'low energy' claims and five submitters supported the criteria for 'reduced energy' claims. One submitter did not support the criteria for 'low energy' claims, and another submitter did not support the criteria for 'reduced energy' claims. There was some discussion as to whether the criteria be based on per 100 g/100 mL basis or on a per serve basis, with serve sizes standardised.

Issue: Protein
Attachment 6/Question 15
Should these protein claims be permitted? Briefly explain.

Sixty-seven submitters supported permission for 'source of protein' claims. Three submitters did not support permission for these claims. In addition, 67 submitters specifically supported permission for 'good source of protein' claims and three submitters did not support permission for these claims.

Issue: Protein
Attachment 6/Question 16
If so, do you agree with FSANZ's preferred criteria?

There were 33 submitters who agreed with FSANZ's preferred criteria for 'source of protein' claims, whereas 24 submitters disagreed with these criteria.

Thirty-three submitters also agreed with FSANZ's preferred criteria for 'good source of protein' claims, whereas 26 submitters disagreed with these criteria. There were seven submitters who could not provide comment on the actual figures.

Issue: Fat claims
Attachment 6/Question 17
Should these fat claims be permitted? Briefly explain.

Sixty-nine submitters supported permission of 'low fat' claims, 68 supported permission of 'reduced fat' claims, 64 supported 'fat free' claims, and 57 submitters supported 'x% fat free' claims. There was no opposition to the permission of 'low fat' claims, but one submitter did not agree with permission of 'reduced fat' claims. Another submitter specifically stated that they did not support permission of 'fat free' claims and twelve submitters stated that they did not support permission of 'x% fat free' claims.

Issue: Fat claims
Attachment 6/Question 18
If so, do you agree with FSANZ's preferred criteria?

Six submitters agreed with the concepts but could not comment on the figures. Forty-eight submitters agreed with FSANZ's preferred criteria for 'low fat' claims and another five submitters agreed with these criteria for single foods only. Two submitters disagreed with FSANZ's preferred criteria for 'low fat' claims. Forty-nine submitters agreed with FSANZ's preferred criteria for 'reduced fat' claims and another two submitters agreed with the criteria for single foods only. Three submitters did not fully agree with the proposed criteria. Twenty-eight submitters agreed with the proposed criteria for 'fat free' claims, whereas 20 disagreed. Twenty-three submitters stated that they agreed with FSANZ's preferred criteria for 'x% fat free' claims and 21 disagreed.

Issue: Fat claims
Attachment 6/Question 19
Should there be an additional criterion that relates to energy for 'reduced fat' claims? If so, what criteria should apply and what evidence supports such an approach?

Thirty-five submitters opposed an additional criterion that relates to energy for 'reduced fat' claims. Twenty-four submitters supported this additional criterion. Criteria that were suggested included a 25% reduction in energy or exclusion of food with an energy content greater than 1700 kJ per 100 g.

Issue: Saturated and Trans Fat
Attachment 6/Question 20
Should these saturated and trans fat claims be permitted? Briefly explain.

Fifty-three submitters supported permission of 'low (in) saturated fat' claims, 48 supported 'low in saturated and *trans* fat' claims, 51 supported 'reduced in saturated fat' claims, 46 supported 'reduced in saturated and *trans* fat' claims and 45 supported 'saturated fat free' claims. There were no submitters who opposed permission of 'low (in) saturated fat' claims. Five submitters opposed permission of 'low in saturated and *trans* fat' claims, five opposed 'reduced in saturated fat' claims, seven opposed 'reduced in saturated and *trans* fat' claims and seven submitters opposed 'saturated fat free' claims.

Issue: Saturated and Trans Fat
Attachment 6/Question 21
If so, do you agree with FSANZ's preferred criteria?

Twenty-eight submitters agreed with FSANZ's preferred criteria for the 'low (in) saturated fat' claim and 11 disagreed. Twenty-four submitters agreed with FSANZ's preferred criteria for the 'low in saturated and *trans* fat' claim and 13 disagreed. Twenty-five submitters agreed with FSANZ's preferred criteria for the 'reduced (in) saturated fat' claim and 10 disagreed. Twenty-one submitters agreed with FSANZ's preferred criteria for the 'reduced in saturated and *trans* fat' claim and 14 disagreed. Twenty-five submitters agreed with FSANZ's preferred criteria for the 'saturated fat free' claim and six submitters disagreed.

Issue: Saturated and Trans Fat
Attachment 6/Question 22
Is there merit in a disqualifier for 'low in saturated fat/low in saturated and trans fat'? A possible option is that saturated fat must not provide more than 10% of energy.

Twenty-four submitters considered that there is merit in a disqualifier for 'low in saturated fat'/ 'low in saturated and *trans* fat' claims. Conversely, a similar number of submitters (23) did not see the merit or rationale for having a disqualifier for 'low in saturated fat'/ 'low in saturated and *trans* fat' claims.

Issue: Saturated and Trans Fat
Attachment 6/Question 23
Is there justification in considering a new criterion for 'low in saturated fat/low in saturated and trans fat' claims, such that the total of saturated fatty acids and trans fatty acids comprises no more than 28% of the total fatty acid content of the food? What advantages and disadvantages would such a criterion provide in comparison to FSANZ's preferred option?

Seventeen submitters were in favour of a new criterion for 'low in saturated fat'/ 'low in saturated and trans fat' claims such that the total of saturated fatty acids and *trans* fatty acids comprises no more than 28% of the total fatty acid content of the food. Nineteen submitters were not in favour of this. Seven submitters agreed in principle with a new criterion but could not comment on the figures that were given.

Issue: Saturated and Trans Fat
Attachment 6/Question 24
Is there merit in a disqualifier for 'reduced in saturated fat/reduced in saturated and trans fat', such that there should be no increase in trans fatty acids?

Thirty-four submitters (out of 61) stated that there is merit in a disqualifier for 'reduced in saturated fat'/ 'reduced in saturated and *trans* fat' claims, such that there be no increase in *trans* fatty acids (if this claim is permitted). Thirteen submitters opposed the use of this disqualifier.

Issue: Polyunsaturated, monounsaturated and omega fatty acids
Attachment 6/Question 25
Should these polyunsaturated, monounsaturated and omega fatty acid claims be permitted? Briefly explain.

Sixty-one submitters stated that they supported polyunsaturated, monounsaturated and omega fatty acid claims being permitted, mainly because they are consistent with dietary guidelines and are currently in use in the market place. There was no specific objection to the permission of these claims.

Issue: Polyunsaturated, monounsaturated and omega fatty acids
Appendix 6/Question 26
If so, do you agree with FSANZ's preferred criteria?

Fifty-five submitters agreed with the preferred criteria for polyunsaturated and monounsaturated fatty acid claims. Fifty-seven submitters agreed with the criteria in relation to omega-3 fatty acids, 56 agreed with the criteria for the 'good source of omega-3 fatty acids' claim, and 55 agreed with the criteria in relation to omega-6 and omega-9 fatty acids. One submitter disagreed with all the preferred criteria.

Issue: Polyunsaturated, monounsaturated and omega fatty acids
Attachment 6/Question 27
Should the Code be clarified in relation to polyunsaturated and monounsaturated fat claims? Two possible options are that:

(a) the provisions should only relate to 'source of' claims in order to ensure consistency with omega-6 and omega-9 claims; or
(b) there should be provisions for 'source', good source' and 'increased' claims to ensure consistency with other content claims.

Forty-five submitters agreed that the Code should be clarified in relation to polyunsaturated and monounsaturated fat claims, with 37 supporting Option b and six supporting Option a. Three submitters agreed the Code should be clarified but did not support a particular option. Four submitters indicated that they supported clarification of the Code and made recommendations.

Issue: Cholesterol content claims
Attachment 6/Question 28
Should these cholesterol claims be permitted? Briefly explain.

Thirty submitters supported FSANZ's proposal to prohibit 'low cholesterol', 'reduced cholesterol', and 'cholesterol free' claims. Of these 30 submitters, one supported prohibition of 'cholesterol free' claims only, and another supported prohibition of 'low cholesterol' and 'reduced cholesterol' claims only. In comparison, there were 36 submitters who supported that 'low cholesterol', 'reduced cholesterol' and 'cholesterol free' claims be permitted. Of these submitters, two supported permission of 'low cholesterol' and 'reduced cholesterol' claims only, and two supported permission of 'cholesterol free' claims only.

Issue: Cholesterol content claims
Attachment 6/Question 29
If so, do you agree with FSANZ's preferred criteria.

Twenty-seven submitters agreed with FSANZ's preferred criteria for 'low', 'reduced' and 'free' cholesterol content claims (i.e. prohibition), whereas 22 submitters did not support the prohibition of cholesterol claims. Submitters provided a number of suggestions in relation to setting criteria for cholesterol claims, should they be permitted, including aligning with CoPoNC criteria.

Issue: Carbohydrate Claims
Attachment 6/Question 30
Is there merit in including provisions for making 'carbohydrate claims'? Please provide evidence to support any criteria for preferred 'carbohydrate claims', and suggest, with the support of evidence, where disqualifying criteria such as maximum sugar levels or minimum fibre levels would be required for foods to carry such carbohydrate claims.

Forty-four submitters supported the inclusion of criteria for 'low carbohydrate' claims, 43 supported the inclusion of criteria for 'reduced carbohydrate' claims, 48 supported the inclusion of criteria for 'source of carbohydrate' claims, 49 supported the inclusion of criteria for 'high carbohydrate' claims, and 47 supported the inclusion of criteria for 'increased carbohydrate' claims. Twenty-two submitters opposed the inclusion of criteria for 'low carbohydrate' claims, 17 opposed 'reduced' carbohydrate claims, and 16 opposed 'source', 'high' and 'increased' carbohydrate claims. Eight submitters opposed the use of disqualifying criteria, whereas two submitters supported the use of disqualifying criteria in relation to fibre, and three in relation to sugar levels.

Issue: Carbohydrate Claims
Attachment 6/Question 31
Are Glycaemic Index and Glycaemic load content claims? If so, what criteria should apply and what provisions should be made in relation to declaring the quantity for GI?

There were 15 submitters who considered that GI and GL are content claims, whereas 38 submitters did not agree with this. The main reasons provided for not considering GI and GL as content claims revolved around that fact that they are indicators of an effect on the body, rather than just the 'content' of a food. Some submitters recommended qualifying criteria, such as those already used for 'low', 'medium' and 'high' GI and GL, and some based on level of carbohydrate in the food. T he use of disqualifying criteria was recommended as well. Two submitters felt that GI and GL claims can be displayed on the Nutrition Information Panel, and two other submitters noted previous advice from ANZFA that GI values should appear in a separate box near the Nutrition Information Panel.

Issue: Sugar
Attachment 6/Question 32
Should these sugar claims be permitted?

Sixty-one submitters supported permission of 'low sugar' claims, 60 supported permission for 'reduced sugar' and 'unsweetened' claims, and 59 supported 'no added sugar' and 'sugar free' claims.

In opposition to permission of these claims, four submitters did not support permission for 'low sugar' and 'unsweetened' claims and five did not support 'reduced sugar', 'no added sugar' and 'sugar free' claims.

Issue: Sugar
Attachment 6/Question 33
Do you agree with FSANZ's preferred criteria?

Thirty-seven submitters agreed with the preferred criteria for 'low (in) sugar' claims whereas four disagreed with these criteria. Thirty-five submitters agreed with the preferred criteria for 'reduced (in) sugar' claims, whereas four disagreed. Twenty-three submitters agreed with the preferred criteria for 'no added sugar' claims, whereas 29 disagreed. Twenty-six submitters agreed with the preferred criteria for 'unsweetened' claims, whereas 16 submitters disagreed. Twenty-eight submitters stated that they agreed with the preferred criteria for 'sugar free' claims, whereas 26 submitters did not agree with these criteria.

Issue: Sugar
Attachment 6/Question 34
Should there be an additional criterion that relates to energy for 'reduced sugar' claims? If so, what criteria should apply and what evidence supports such an approach?

Thirty-five submitters disagreed that there should be an additional criterion for energy for 'reduced sugar' claims whereas twenty-three agreed. Suggested criteria included an energy density of more than 1700 kJ per 100 g of food, and a requirement for a reduction in energy, for example 25%, compared to the reference food.

Issue: Fibre Claims
Attachment 6/Question 35
Is there merit in including disqualifying criteria for fibre claims? If so, what nutrients should be considered and what specific criteria should be applied?

Thirty submitters supported the inclusion of one or more disqualifying criteria for fibre claims. Various combinations of nutrients and energy were suggested, these nutrients being saturated fat, *trans* fatty acids, sodium/salt, fat, and sugar. Similar numbers (28) did not support the inclusion of disqualifying criteria.

Issue: Fibre Claims
Attachment 6/Question 36
On what basis should criteria be set for fibre claims?

Seven submitters were in favour of the criteria for fibre claims being based on fibre content per 100g rather than fibre content per serve. Another 32 submitters stated or implied that they preferred the criteria being based on fibre content per serve, as is currently in CoPoNC. This question was interpreted incorrectly by a number of submitters.

Issue: Fibre Claims
Attachment 6/Question 37
What qualifying criteria should apply to fibre claims?

Thirty-nine submitters supported that 'source of fibre' claims should be permitted and of these 38 supported the use of CoPoNC criteria as the qualifying criteria. There were four submitters who did not support the use of this claim. Forty-two submitters supported that 'good source of fibre' claims should be permitted and of these submitters, 39 supported the use of CoPoNC criteria as the qualifying criteria. There were no submitters who did not support the use of this claim. Thirty-five submitters generally supported the use of CoPoNC criteria as the qualifying criteria for 'increased fibre' claims, whereas seven did not support the use of these claims.

Issue: Fibre Claims
Attachment 6/Question 38
Is a 'very high fibre' claim necessary, given that there are no claims for 'very high' for any other nutrient?

Thirty-four submitters did not support a 'very high fibre' claim. Twenty-seven submitters supported the use of this claim.

Issue: Fibre Claims
Attachment 6/Question 39
Should there be any specific provisions for main dishes and meal type products? If so, what criteria should apply?

Twenty-two submitters supported the use of specific provisions for main dishes and meal type products for fibre claims. Fifteen submitters did not support these provisions. The criteria that were suggested included those currently specified in CoPoNC; as well as an increased level to those currently specified. The use of dietary modelling to determine appropriate criteria was also suggested.

Issue: Salt
Attachment 6/Question 40
Should these salt/sodium claims be permitted? Briefly explain.

Permission for 'low salt/sodium' claims was supported by 51 submitters and was not opposed by any submitters. Permission for 'very low salt/sodium' claims was supported by 47 submitters and opposed by eight submitters. Permission for 'reduced salt/sodium' claims was supported by 55 submitters and opposed by one submitter. Permission for 'no added salt/sodium' claims was supported by 54 submitters. One submitter expressed concern regarding this claim. Permission for 'salt free' claims was supported by 52 submitters and opposed by five.

Issue: Salt
Attachment 6/Question 41
If so, do you agree with FSANZ's preferred criteria?

Forty-four submitters agreed with the preferred criteria for 'low (in) salt/sodium' claims whereas three submitters did not agree with these criteria. Thirty-seven submitters agreed with the preferred criteria for 'very low (in) salt/sodium' claims whereas seven submitters disagreed.

Forty-one submitters agreed with the preferred criteria for 'reduced (in) salt/sodium' claims whereas five submitters disagreed. Forty submitters agreed with the preferred criteria for 'no added salt/sodium' claims whereas one submitter disagreed. Thirty-two submitters agreed with the preferred criteria for 'salt free' claims whereas 13 submitters did not agree with these criteria.

Issue: Salt
Attachment 6/Question 42
Should there be additional criteria for 'no added salt/sodium' claims to address the issue of manufacturers making the claim on products that are not low in sodium? Please comment on the usefulness of either of the following two criteria:

(a) the label or advertisement must include a statement adjacent to the claim drawing attention to the sodium content of the product as outlined in the nutrition information panel (for example, 'See nutrition information panel for sodium content'); or
(b) the food must be 'low in salt'.

Thirty-one respondents supported the use of additional criteria for 'no added salt/sodium' claims to address the issue of manufacturers making the claim on products that are not low in sodium. Of these submitters, 13 preferred Option a, whereas 11 preferred Option b. Four submitters preferred that both criteria (a and b) be applied to this claim. Twenty submitters did not support the use of additional criteria for 'no added salt/sodium' claims to address the issue of manufacturers making the claim on products that are not low in sodium.

Issue: Gluten/lactose
Attachment 6/Question 43
Should these gluten and lactose claims be permitted?

Sixty-six submitters indicated their support for the permission of gluten claims in general. Sixty-seven submitters supported the permission of lactose claims in general. One submitter did not agree with permission for gluten claims and two submitters disagreed with allowing lactose claims.

Issue: Gluten/lactose
Attachment 6/Question 44
If so, do you agree with FSANZ's preferred criteria?

Thirty-two submitters agreed with the preferred criteria for 'lactose free' claims, 37 agreed with the preferred criteria for 'low lactose' claims, and 36 agreed with the criteria for 'lactose reduced' claims. Seventeen submitters disagreed with the preferred criteria for 'lactose free' claims (15 of these submitters implied disagreement by making recommendations regarding this criteria). One submitter disagreed with the preferred criteria for 'low lactose' claims (and did not support permission of this claim in the Standard). Two submitters disagreed with the criteria for 'lactose reduced' claims. Regarding gluten claims, preferred criteria were not provided in the Initial Assessment Report (as these are to be defined after the Ministerial Review). Nineteen submitters stated they would await the outcome of the Ministerial Review before commenting.

Issue: Diet claims
Attachment 6/Question 45
Should this diet claim be permitted? Briefly explain.

Forty-six submitters supported permission of the 'diet' claim. Fourteen submitters stated that the 'diet' claim should not be permitted, or should be prohibited. Reasons provided by submitters for supporting this claim related to the fact that they have been established in the market place for a long time and provide information that is used by consumers. Reasons provided for not supporting the use of this claim were mainly based around the claim causing confusion and misleading consumers.

Issue: 'Diet' claims
Attachment 6/Question 46
If so, do you agree with FSANZ's preferred criteria?

Twenty-one submitters agreed with FSANZ's preferred criteria for 'diet' claims, six agreed with the concept of the criteria (but could not provide comment on the actual figures) and 27 disagreed with these preferred criteria. Three submitters disagreed with the preferred criteria because they also did not agree with the permission of 'diet' claims or the use of the term 'diet'.

Issue: Light/lite claims
Attachment 6/Question 47
Should these light/lite claims be permitted? Briefly explain.

Forty-eight submitters supported permission for light/lite claims and 18 submitters did not support permission for these claims.

Issue: Light/lite claims
Attachment 6/Question 48
If so, do you agree with FSANZ's preferred criteria?

Thirty-five submitters agreed with all of the preferred criteria for 'light/lite' claims and there were 26 submitters who did not agree with all or some of these criteria.

Issue: Biologically active substances
Attachment 6/Question 49
What are the most common claims in relation to biologically active substances? What criteria have been applied and what evidence is there to support them?

Claims in relation to biologically active substances that were identified included probiotics, prebiotics/fructo-oligosachharides, various phytochemicals, antioxidants, caffeine, allium sulphur compounds, various culinary and non-culinary herbs, cranberry, alfalfa, choline, omega-3, creatine, phytic acid, resistant starch, silica, psyllium, catechins, phseolamin, rutin, and wholegrain.

Regarding criteria for these substances, information was provided for phytoestrogens, antioxidants and lycopene. Crop and Food Research also noted that they have benchmark data for criteria for antioxidant claims and evidence of the benefits of biologically active substances if required. No other evidence was provided and some comments were made regarding the lack of evidence available, by some public health/government submitters.

Issue: Biologically active substances
Question 50
Should criteria be set for certain claims and if so, what types of claims should be made and what criteria should apply? Please provide evidence and a cohesive argument to support your views.

Twenty-nine submitters supported the setting of criteria for certain claims for biologically active substances and five submitters did not. A number of submitters recommended that the criteria should be based on sound scientific evidence. The only specific criteria recommended were for lycopene.

Issue: Implied claims
Attachment 6/Question 51
Should 'lean' and 'extra lean' claims be defined? If so, what criteria should apply?

Twenty-one submitters did not believe that the terms 'lean' and 'extra lean' should be defined, however, 16 submitters preferred that they were. Five submitters felt that these terms should not be permitted if they were not defined. Two submitters were in favour of defining the term 'lean' but not 'extra lean'. The most commonly recommended criterion was that they meet the 'low fat' criteria.

Issue: Implied claims
Attachment 6/Question 52
Should FSANZ develop a definition for implied content claims? If so, why?

Thirty-six submitters did not support the development of a definition for implied content claims. However, 22 submitters agreed that FSANZ should develop a definition of implied content claims. Another two submitters implied support. Reasons provided for support of a definition related to fair trading, clarity for manufacturers and for enforcement, and to prevent consumers from being misled.

APPENDIX 1

Summary of number of submitters to the Initial Assessment Report for Proposal P293 – Nutrition, Health and Related Claims

Country	Government	Industry		Consumers	Public Health*	Other #	**TOTAL**
Australia	9	Food	41	13	18	5	**90**
		Therapeutic	3				
		Media	1				
		TOTAL	45				
New Zealand	2	Food	16	1	13	3	**46**
		Therapeutic	5				
		Media	6				
		TOTAL	27				
Trans-Tasman	-	Food	6	1	-	-	**7**
		Therapeutic					
		Media					
		TOTAL	6				
International	-	Food	4	-	-	-	**4**
		Therapeutic					
		Media					
		TOTAL	4				
TOTAL	**11**		**82**	**15**	**31**	**8**	**147**

***** Includes nutritionists/dietitians, public health and non-government organisations.

[#] Includes research institutions, partnerships and other various sectors.

Appendix 2

List of submitters by sector and acronyms used

Australia - Government	
Australian Competition and Consumer Commission	ACCC
Department of Agriculture, Fisheries and Forestry	DAFF
Department of Health and Human Services Tasmania – Population Health	Tas DoH&HS
Department of Industry, Tourism & Resources – Pharmaceuticals and Biotechnology Branch	DITR
New South Wales Department of Health - Nutrition and Physical Activity Branch	NSW DoH – N&PA Branch
New South Wales Food Authority	NSW Food Authority
Queensland Department of Health – Public Health Services	Queensland Health – PHS
South Australia Department of Health	SA DoH
Western Australia Department of Health – Nutrition and Physical Activity Branch	WA DoH
Australia – Food Industry	
Australian Associated Brewers Inc.	AAB
Australian Beverages Council Ltd	ABC
Australian Egg Corporation Ltd	Aust. Egg. Corp.
Australian Food and Grocery Council	AFGC
Australian Glutamate Information Service	AGIS
Australian Nut Industry Council	ANIC
Axiome Pty Ltd	Axiome
Bakewell Foods Pty Ltd	Bakewell Foods
Cadbury Schweppes Pty Ltd	Cadbury Schweppes
Campbell Arnott's Asia Pacific	Campbell Arnott's Asia Pacific
Coles Myer Ltd	CML
Confectionary Manufacturers of Australasia – South Australia Branch	CM of SA
Confectionery Manufacturers of Australasia – New South Wales Branch	CMA – NSW Branch
Confectionery Manufacturers of Australasia – Queensland Branch	CMA - Qld Branch
Confectionery Manufacturers of Australasia - Victoria Branch	CMA - Vic Branch
CRC for Innovative Dairy Products	CRC for Innovative Dairy Products
Dairy Australia	Dairy Aust.
DSM Nutritional Products Pty Ltd	DSM Nut. Prod.
Flour Millers Council of Australia Pty Ltd	Flour Millers Council of Aust
Food & Beverage Importers Association.	F&B Importers Assoc.
Food Technology Association of Western Australia Inc.	Food Tech. Assoc. of WA
Food Technology Association Victoria, Inc.	Food Tech. Assoc. of Vic.
George Weston Foods Ltd	GW Foods
Go Grains	Go Grains
Goodman Fielder	Goodman Fielder
Horticulture Australia Ltd	Horticulture Aust.
Innovations and Solutions	Innovations & Solutions
Kellogg (Aust.) Pty Ltd	Kellogg's Aust.
Kingfood Australia PL	Kingfood Aust.
Langdon Ingredients	Langdon Ingredients

Lazarus Scientific Research	Lazarus Scientific Research
Mandurah Australia Pty Ltd	Mandurah Aust.
Meat and Livestock Australia	MLA
Med-Chem Ingredients Pty Ltd	Med-Chem Ingredients
National Foods Ltd	National Foods
National Starch	National Starch
Parmalat Australia Ltd	Parmalat Aust.
PB Foods Ltd	PB Foods
Sanitarium Health Food Co.	Sanitarium Health Food Comp.
The Solae Company	Solae Comp.
Wyeth Australia Pty Ltd	Wyeth Aust.
Australia – Therapeutic	
Aussie Bodies Ltd	Aussie Bodies
Australian Self Medication Industry	ASMI
Complementary Healthcare Council of Australia	CHC
Australia – Media	
Australian Association of National Advertisers	Aust. Assoc. of National Advertisers
Australia - Consumers	
Amanda Barnett and family	A. Barnett & Family
Anna Karolyi	A. Karolyi
Annemarie Nevill	A. Nevill
Australian Consumers' Association	ACA
David Dwyer	D. Dwyer
Fiona Wright	F. Wright
Glenn Austin	G. Austin
Julie Gelman	J. Gelman
Kathy McConnell	K. McConnell
Lisa Russell	L. Russell
Mrs Adriane Swinburn	R. Swinburn
National Council of Women Australia	NCWA
Sarah Ritson	S. Ritson
Australia – Public Health	
Adelaide Hills Community Health Service (Dietitians)	Adelaide Hills Comm. HS
Australian Chronic Disease Prevention Alliance	ACDPA
Diabetes Australia	Diabetes Aust.
Dietitians Association of Australia	DAA
Dr Christine Halais	Dr. C. Halais
Dr Rosemary Stanton OAM	Dr. R. Stanton
Glycemic Index Ltd	GI Ltd
Judy Seal (Public Health Nutritionist)	J. Seal – PH Nut.
Kidney Health Australia	Kidney Health Aust.
National Heart Foundation of Australia	NHF Aust.
National Stroke Foundation	NSF
Nutrition Australia	Nutrition Aust.
Penelope Small, (clinical dietitian)	P. Small – dietitian
Public Health Association of Australia	PHAA
The Cancer Council Australia	TCCA
The Coeliac Society of Australia Inc.	Coeliac Society of Aust.
Tomox Pty Ltd	Tomox
Vanessa Schuldt, The Food Group Australia	Food Grp Aust.

Australia – Academic & Other	
CSIRO Health Sciences and Nutrition	CSIRO – HS&N
Nutrition and Dietetic Unit, Department of Medicine, Monash University	Monash Uni. – N&D Unit
University of Adelaide and University of South Australia - Nutritional Physiology Research Group	Uni of Adel. & Uni of SA – Nutrition & Physiology Research Grp
Professor L. Tapsell, Dr P. Williams, Ms L. Ridges - National Centre of Excellence in Functional Foods and University of Wollongong	NCEFF
Therapeutic Goods Advertising Code Council	TGACC
New Zealand - Government	
New Zealand Food Safety Authority	NZFSA
New Zealand Ministry of Health	NZ MoH
New Zealand – Food Industry	
Beer Wine and Spirits Council of New Zealand	Beer Wine & Spirits Council of NZ
Cadbury Confectionery Ltd	Cadbury Confectionery
Confectionary Manufacturers Australasia – New Zealand Branch	CMA – NZ Branch
Fonterra Co-operative Group Ltd	Fonterra
Frucor Beverages Ltd	Frucor
Functional Whole Foods NZ Ltd	Functional Whole Foods NZ
Griffins Foods Ltd	Griffins Foods
Hansells (NZ) Ltd	Hansells NZ
Mainland Products Ltd	Mainland Products
New Zealand Beef and Lamb Marketing Bureau	Beef & Lamb Marketing Bureau
New Zealand Dairy Foods Ltd	NZ Dairy Foods
New Zealand Food & Grocery Council	NZFGC
New Zealand Juice & Beverage Association	NZJBA
NZ Vegetable & Potato Growers' Federation Inc. & NZ Fruit Growers Federation	NZ V&PG Fed/NZFG Fed.
Tegel Foods Ltd	Tegel Foods
The New Zealand King Salmon Co Ltd	NZ King Salmon
New Zealand - Therapeutic	
Good Health Products	Good Health Products
Naturalac Nutrition	Naturalac Nutrition
Naturo Pharm Ltd	Naturo Pharm
Nutra-Life Health & Fitness (NZ) Ltd	Nutra-Life H&F
NutraNZ Ltd	Nutra NZ
New Zealand - Media	
Advertising Standards Authority	ASA
Association of New Zealand Advertisers Inc	Assoc. of NZ Advertisers
Communication Agencies Association of NZ	CAANZ
New Zealand Television Broadcasters' Council	NZTBC
Newspaper Publishers' Association of New Zealand Inc	NPANZ
NZ Magazines	NZ Magazines
New Zealand - Consumers	
Consumers' Institute of New Zealand Inc.	Consumers Instit. of NZ

New Zealand – Public health	
Agencies for Nutrition Action	ANA
Auckland Cancer Society	Auckland Cancer Society
Cancer Society New Zealand Inc.	Cancer Society NZ
Community and Public Health, Canterbury District Health Board	Canterbury DHB
Manufactured Food Database	MFD
National Heart Foundation of New Zealand	NHF NZ
New Zealand Dietetic Association	NZDA
Northland Health Dietitians	Northland Health Dietitians
Nutrition Team, Auckland Regional Public Health Service	Auckland Reg. PHS
Obesity Action Coalition	OAC NZ
Public Health South	Public Health South
Rotorua Branch of the Waikato/Bay of Plenty Division, Cancer Society of New Zealand Inc.	Cancer Society NZ – Rotorua Branch
Waikato/Bay of Plenty Division, Cancer Society of New Zealand Inc.	Cancer Society NZ – Waikato/Bay of Plenty Div.
New Zealand - Other	
Crop and Food Research	Crop & Food Research
New Zealand Fruit and Vegetable Coalition	NZF&V Coalition
The Horticulture and Food Research Institute of New Zealand	Horticulture & Food Research Instit. of NZ
Trans Tasman – Food Industry	
Confectionery Manufacturers of Australasia Ltd	CMA
Heinz Australia and Heinz Wattie's New Zealand	Heinz Aust./Heinz Watties NZ
MasterFoods Australia New Zealand	MasterFoods Aust. NZ
Nestle Australia and Nestlé New Zealand	Nestlé
Nutrinova (Australasia) Pty Ltd	Nutrinova (Australasia)
Unilever Australasia	Unilever Australasia
Trans Tasman - Consumers	
Allergy New Zealand and Anaphylaxis Australia	Allergy NZ & Anaphylaxis Aust.
International – Food Industry	
International Confectionery Association	ICA
Palatinit GmbH	Palatinit GmbH
The William Wrigley Junior Co. Ltd.	William Wrigley Junior
Toothfriendly Sweets International	Toothfriendly Sweets Int.