

Submission to

Review of Food Labelling Law and Policy

from

FOE (Fight the Obesity Epidemic)

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FOE (Fight the Obesity Epidemic) is a voluntary New Zealand organisation working to promote policies to stop and reverse the rise of type 2 diabetes and obesity in children. It wants to change the social, cultural, physical and regulatory environment so to it is easier for all New Zealanders, and especially children, to maintain a healthy body weight.

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Introduction and Summary

Australia and New Zealand have the opportunity to lead the world with a food labelling initiative that has the potential to play a significant role in helping us live longer, healthier lives. This initiative is the introduction of a single, mandatory food labelling system that enables consumers to readily distinguish more healthy from less healthy food, accompanied by extensive and sustained consumer education.

To achieve this the food labelling system will need to be interpretive. It must enable food purchasers to see at a glance which products are healthier. Schemes that require shoppers to interpret numbers and percentages will be ineffective. There is strong evidence that this is particularly so for the groups most at risk chronic diseases such as type 2 diabetes and cardiovascular disease: those from lower socio-economic groups, and indigenous and Pacific peoples.

A mandatory interpretive food labelling scheme derives its potential to improve population health in two ways. It can lead consumers to make deliberate choices to purchase healthier products, and can be an important driver in bringing about a change in the food supply. When consumers can see at a glance that some products are healthier than others, food manufacturers will be loathe to see their products labelled as less healthy. They will have a powerful incentive to reformulate them so they meet the criteria for healthier labelling.

For this to happen, governments will need to resist intense lobbying by the food industry. There will also be attempts to paint this as another example of the 'nanny state'. But this an issue of consumer rights: the right to know what's going into our bodies and those of our children, and the effect this has on health.

This submission approaches a number of the questions posed in the Issues Consultation Paper from the perspective just outlined. At all times an attempt has been made to base arguments on the best available evidence.

Four appendices follow. These inform the approach taken in addressing the questions, and provide evidence relating to what are likely to be significant issues for the Review.

- Appendix 1 documents advice received by the Food Regulation Standing Committee (FRSC) making a strong case for the introduction of an interpretive labelling scheme in Australia and New Zealand.
- Appendix 2 looks at recent research showing that a traffic lights type scheme (favoured by Australian and New Zealand public health and consumer groups) is much more likely to protect and promote health than the %DI scheme favoured by the food industry.

- Appendix 3 examines evidence of the impact on sales data on nutritional information available to food purchasers. Limited evidence suggests that there may be some effect. However, no single, mandatory interpretive scheme accompanied by extensive and sustained consumer education has been introduced, and there is therefore no opportunity to collect direct evidence on the extent to which this would increase purchases of more healthy products.
- Appendix 4 outlines how the recent move by the Food Standards Agency (FSA) in the United Kingdom to no longer insistence on use of its own traffic lights scheme is the result of food industry lobbying, and is inconsistent with the evidence-based advice it has been receiving that a single, traffic lights type scheme is the best way forward.

Recommendations

FOE recommends:

- That the Panel, while conducting the Review, continually bears in mind the guidance from the Ministerial Council that the highest priority for the food regulatory system is the protection of public health and safety, including health promotion measures to help people achieve healthier diets (Q1);
- That a front-of-pack interpretive labelling scheme that best helps consumers distinguish more healthy foods is accepted as an essential component of adequate information on food labels (Q2);
- That the Panel notes there is a growing body of research evidence from the United Kingdom, Australia and New Zealand which has consistently shown that traffic light based schemes are substantially more effective in helping consumers to make healthy food choices than are alternative schemes favoured by the food industry (Q2);
- That the Panel recommends to governments they make a decision in principle to adopt some form of a traffic lights scheme, with the details to be the subject to further consumer research in Australia and New Zealand (Q2);
- That the Panel notes that, if an interpretive labelling scheme was in place, misleading or deceptive information on food labels will be more readily dismissed by consumers (Q3);
- That the most important principle to guide food labelling intervention decisions is the extent to which any intervention will effectively protect health and safety, including long-term health (Q4);

- That the Panel notes the costs to the food industry of a labelling scheme that effectively protects public health are not likely to be high, and that should not preclude introduction of such a scheme (Q4);
- That effectiveness in protecting public health and safety, including protection of long-term health through health promotion, is the most important criterion for deciding whether food labelling interventions should be mandatory (Q5);
- That all foods and drinks, including bulk foods sold in supermarkets and food sold in restaurants and by fast food outlets, be included in a mandatory interpretive labelling scheme unless specifically excluded, and that the scheme be designed with this in mind (Q6);
- That the Panel notes there are two major ways in which an interpretive food labelling scheme promotes health,
 - i. by effectively helping consumers make healthier choices from available foods
 - ii. by providing a strong incentive for the food industry to reformulate products to make them healthier
 and that an interpretive food labelling scheme must be mandatory if it is to be effective in achieving these outcomes (Q8);
- That the Panel notes that, in the current food labelling environment, health claims are more likely to mislead consumers about the nutritional quality of a product than assist them to make a healthy choice (Q10);
- That work be discontinued on FSANZ Proposal P293, with the status quo maintained in which health claims are not permitted (Q10);
- That, following introduction of a mandatory interpretive labelling scheme, if health or nutrition claims are to be permitted this should only occur if the claims do not cause confusion about, distract attention from, or contradict the information provided by the interpretive label (Q10);
- That, if space limitations on food labels limit the amount of information that can be made a mandatory requirement, information relating to health and safety is given priority (Q13);
- That for packaged foods, mandatory interpretive labels need to be on the front of packs, and easily seen and understood without having to pick up and examine the package (Q23);
- That extensive and sustained consumer education is accepted as essential to ensuring the success of interpretive labels in improving population health (Q24);
- That pictorial icons carrying nutrient-related information are not permitted if likely to cause confusion about, distract attention from or contradict the information provided by the interpretive label (Q25);

- That the most important criterion in making the decision about the format for front-of-pack nutrient content information is the extent to which a format is likely to lead to a reduction in chronic diseases (Q26);
- That the Panel notes the traffic lights format has been found to be very superior in promoting health compared to the percentage daily intake format favoured by the food industry (Q26);.
- That the Panel notes that the case for nutrition labelling on foods consumed away from home is as powerful as that for packaged foods in supermarkets (Q27);
- That fast food chains be given a high priority for the introduction of mandatory interpretive labelling on menus and display boards (Q27);
- That the Panel notes there is a synergy between food advertising and food labelling, and much to be gained by a consistent approach in regulating both (Q28);
- That decisions about the details of an interpretive food labelling take into account opportunities for a consistent approach between regulating food labelling and regulating food advertising (Q28);
- That the Panel notes that to be effective an interpretive labelling scheme will need to be mandatory, and regulated by government agencies (Q34);
- That the Panel notes the UK's Food Standards Agency did not drop its insistence on traffic light labels because of any evidence, but rather in spite of the evidence, and because of lobbying by the food industry (Appendix 4).

Addressing the questions in the Issues Consultation Paper

Q1: The food regulatory system and public health objectives

As the Issues Consultation Paper notes, food labelling relates to two distinct aspects of public health: health safety and health promotion. The need for labels to enable consumers to identify whether foods are safe for them is beyond dispute. At issue in the Review is the extent to which they should be used to promote health.

The Explanatory Note to the Public Health Bill¹ currently awaiting its second reading in the New Zealand Parliament is pertinent here. It notes that public health legislation has traditionally focussed on communicable diseases and environmental health, but these (while still very significant) are no longer the major causes on death and illness in New Zealand. Rather:

The major causes of population ill-health today, and the major drivers of health care expenditure, are those broadly categorised as non-communicable diseases, such as cardiovascular, diabetes, cancers, mental illness, and additions (pp5-6).¹

This implies that future progress in improving public health will come mainly from measures to reduce the risk of chronic diseases rather than by extending protection from health risks posed by communicable diseases and the environment. It will, in other words, come from health promotion, defined in the Consultation Paper as “activities designed to inhibit chronic disease by the promotion of healthy eating”.

The strategic direction endorsed by the Food Regulation Ministerial Council

The objective of highest priority for FSANZ when developing or reviewing food standards is “the protection of public health and safety”. The Consultation Paper notes that “public health and safety” is not defined in the FSANZ Act, and in a narrow interpretation could mean the avoidance of illness and death resulting from the consumption of unsafe food.

The Food Regulation Ministerial Council, through its endorsement in 2008 of the “Overarching Strategic Statement for the Food Regulatory System”,² has taken a broader view of public health that specifically includes health promotion. According to the Strategic Statement:

The primary goal of the [food] regulatory system is to protect the health and safety of consumers of food – in other words, to protect Australians and New Zealanders from preventable health risks associated with the consumption of food... [This includes] providing consumers with information so that they can choose appropriate food and remain healthy over time.²

More specifically, the aims of the food regulatory system as set out in the Strategic Statement include “support[ing] public health objectives by

promoting healthy food choices, maintaining and enhancing the nutritional qualities of food and responding to specific public health issues".²

The role of diet in maintaining good health

Diet plays a huge part in maintaining good health and a healthy body weight, and in preventing major chronic diseases.^{3,4}

Much is at stake. A major study by New Zealand's Ministry of Health and the University of Auckland estimated that, in 1997, 11,000 deaths (40% of all deaths) could be attributed to the joint effect of sub-optimal diet and physical activity levels. Of these deaths, about 8000-9000 were related to poor diet, and 2000-3000 to physical inactivity. These 11,000 deaths included over 85% of those from ischaemic heart disease, 70% from stroke, 80% from diabetes and 6% from cancer.⁵

This New Zealand study recognised that a wide range of environment, social and behavioural interventions will be required to reduce mortality resulting from sub-optimal diet, including nutritional labelling of foods.

The case for interventions to improve nutrition

Promoting good nutrition is a key component of measures to prevent obesity,⁶ type 2 diabetes,⁷ cardiovascular disease,⁸ cancer,⁴ and other chronic diseases.³

There is a powerful case for the promotion of healthy eating as a key component of public health policy. The report from a joint WHO/FAO expert consultation in 2003 calls for "placing nutrition – together with the other principal risk factors for chronic disease, namely, tobacco use and alcohol consumption – at the forefront of public health policies and programmes".³ The report continues:

Chronic diseases are largely preventable diseases. Although more basic research may be needed on some aspects of the mechanisms that link diet to health, the currently available scientific evidence provides a sufficiently strong and plausible basis to justify taking action now. Beyond the appropriate medical treatment for those already affected, the public health approach of primary prevention is considered to be the most cost-effective, affordable and sustainable course of action to cope with the chronic disease epidemic worldwide.³

The report's approach to chronic diseases is reflected in what it says about type 2 diabetes:

Lifestyle modification is the cornerstone of both treatment and attempts to prevent type 2 diabetes. The changes required to reduce the risk of developing type 2 diabetes at the population level are, however, unlikely to be achieved without major environmental changes to facilitate appropriate choices by individuals.³

We need, in other words, to make healthy choices easier. Food labelling has an important role to play.

Recommendation:

That the Panel, while conducting the Review, continually bears in mind the guidance from the Ministerial Council that the highest priority for the food regulatory system is the protection of public health and safety, including health promotion measures to help people achieve healthier diets.

Q2(a): Adequate information for food purchase choices on labels

As just argued, food labelling has a key role in the prevention of chronic diseases through promotion of healthy eating. Consumers need adequate information to assess the health benefits or otherwise of consuming particular products. This means food labelling must be interpretive.

The distinction between interpretive and non-interpretive labelling schemes is made in a paper prepared for the Food Regulation Standing Committee (FRSC) by the 2009 FRSC Working Group.⁹

Non-interpretive schemes, which include Daily Intake Guides (DIGs) and Guideline Daily Amounts (GDAs), provide information on the proportion of an average requirement of selected nutrients each food product contains... The scheme requires consumers to interpret this information and decide if the proportion of the nutrient in the food is appropriate for their individual circumstances.

Interpretive schemes aim to interpret nutrient information for consumers, and attempt to provide an indication of the healthiness of the food within the diet or a category of foods. The two main types of interpretive schemes are colour-coded schemes and health marks, logos and symbols.

The FRSC Working Group concludes:

Evidence indicates that improvements in nutrition labelling, such as the addition of interpretational aids and descriptors, help consumers in product comparison and in putting products into a total diet context. These format changes could make an important contribution towards making the shopping environment more conducive to the selection of healthier choices.⁹

FRSC has received advice from the Australian Population Health Development Principal Committee (APHDPC) that makes a strong case for a move to a single interpretive front-of-pack labelling system for Australia and New Zealand. A summary of this advice is attached as Appendix 1.

Appendix 2 to this submission describes some of the evidence. The conclusion is clear: interpretive schemes are better at assisting consumers in distinguishing healthier choices.

Lack of interpretive information for food purchasers can result in market failure.¹⁰ Food industry representatives will sometimes claim, when pressed

about less healthy products, that the role of the food industry is to provide a range of choices, and it is up to consumers to make appropriate choices from this range. Under this scenario market failure will result if consumers cannot readily make healthy choices because of insufficient or confusing information.

The need for Front of Pack interpretive labelling is particularly great for children's food. A Canadian study of supermarket foods targeted specifically at children (excluding confectionery, soft drinks and bakery items) showed a picture that is probably similar to that in Australian and New Zealand supermarkets. The investigator found that 89% of the 367 products analysed could be classified as 'of poor nutritional quality' because of high levels of sodium, fat or sugar. Of these less healthy products, 62% made one or more nutrition claims on the front of the box. Almost all of the products (21 out of 22) claiming to be low fat, for example, were high in sugar. Health-conscious caregivers making food purchases for children were left with the task of analysing the mandatory Nutrition Facts table which provides information on calories and 13 nutrients in order to make informed decisions.¹¹

Recommendation:

That a front-of-pack interpretive labelling scheme that best helps consumers distinguish more healthy foods is accepted as an essential component of adequate information on food labels.

Q2(b): Characteristics of an adequate interpretive labelling scheme

Research published in 2009 and summarised in Appendix 2 is conclusive: consumers in the United Kingdom, Australia and New Zealand can more readily distinguish healthier foods by using a traffic lights scheme rather than the %GDA (Percentage Guideline Daily Amounts) scheme favoured by parts of the UK food industry, or the similar %DI (Percentage Daily Intake) favoured by the Australian and New Zealand food industries. An interpretive labelling scheme is likely to be particularly helpful for assisting those from lower socio-economic groups, and in New Zealand to Māori and Pacific peoples.

Reviews of earlier research have also concluded that traffic lights are superior to %DI or %GDA in promoting healthier choices among consumers.^{12, 13}

An adequate interpretive labelling scheme is therefore likely to be some form of traffic light system, and certainly not will be %DI. However, substantial research remains to be done in Australia and New Zealand on the best format for traffic lights. This includes whether they are simple (one coloured symbol with text such as "more healthy", "OK" and "less healthy), multiple (as in the United Kingdom), or some combination of both.

Recommendations:

That the Panel notes there is a growing body of research evidence from the United Kingdom, Australia and New Zealand which has consistently shown that traffic light based schemes are substantially more effective in helping consumers to make healthy food choices than are alternative schemes favoured by the food industry;

That the Panel recommends to governments they make a decision in principle to adopt some form of a traffic lights scheme, with the details to be the subject to further consumer research in Australia and New Zealand.

Q3: Ensuring that labelling is accurate and consistent

The background to Question 3 indicates that it is concerned with misleading or deceptive information on food labels. This submission does not address this issue directly, but draws attention to a beneficial side effect of interpretive labelling.

An interpretive labelling scheme needs to be mandatory (Q8), and will indicate in some way the contribution or otherwise to good health of consumption of the product. If, for example, a mandatory traffic lights scheme was in place, consumers would much more readily see deceptive or misleading claims (such as “low fat” on high sugar products) as advertising rather than useful nutritional information. Once a large number of consumers became familiar with an interpretive scheme such claims might start looking silly, and be made much less often.

Recommendation:

That the Panel notes that, if an interpretive labelling scheme was in place, misleading or deceptive information on food labels will be more readily dismissed by consumers.

Q4: Principles guiding decisions about government intervention

Principles guiding decisions about government food labelling interventions need to be consistent with what these interventions are designed to achieve. The Ministerial Council has endorsed protecting the health and safety of consumers as the priority for interventions. This includes helping consumers choose appropriate foods that will benefit their long-term health (Q1).

In this context FOE believes the most important principle to guide intervention decisions is the extent to which any intervention will protect health and safety, including long-term health.

We believe a mandatory FOP interpretive scheme selected because of its evidence-based contribution to healthy eating is the most important intervention the Panel can recommend to governments.

We note the current COAG regulatory agenda requires the benefits of food labelling interventions to be weighted against their costs. We are confident, given the potentially large benefits to public health from an effective interpretive scheme, that a cost-benefit analysis will find in its favour. Benefits will include not only improving the ability of consumers to make better food choices, but improvements to product content as manufacturers seek to improve nutritional quality in response to better consumer information (see Q8 below).

It is difficult to see how food manufacturers can make the case that production of new labels will be unduly costly. They are already required to supply Nutrition Information Panels. Both the New Zealand and Australian Food and Grocery Council are pushing for use of percentage daily intake information on labels. The information that interpretive labels would use is thus readily available. To construct interpretive labels food manufacturers would merely need to apply FSANZ-supplied formulae to existing information.

The Australian Chamber of Commerce and Industry (ACCI) has argued against the introduction of a mandatory interpretive scheme on cost grounds.¹⁴ According to the ACCI:

Food manufacturers already display significant information on food labels, both due to regulatory obligations and in response to consumer demand. Labelling changes in response to consumer demand through voluntary industry codes cause industry to incur costs, but costs that can be recouped due to the competitive advantage of providing information that consumers want and thus increased sales or market shares. The problem with regulatory imposed labelling changes and associated costs is that no competitive advantage is gained by companies complying with the legislation.¹⁴

This is a poor argument, as it completely ignores the opportunities for competitive advantage available to food companies prepared to reformulate their products to meet changing consumer demand resulting from a mandatory interpretive scheme.

It is expected that a new interpretive scheme would be phased in to avoid undue costs on manufacturers. They would need to be given adequate time to reconsider market strategies, develop new labels, and sell existing inventory. But the implementation timeframe would need to be set and monitored by an independent body such as FSANZ. Otherwise reluctant food industry players might drag the process on unduly.

As in any market, change will advantage some players (manufacturers and retailers of more healthy products) and disadvantage others, motivating the disadvantaged to invest in making their products more attractive to consumers.

Recommendations:

That the most important principle to guide food labelling intervention decisions is the extent to which any intervention will effectively protect health and safety, including long-term health;

That the Panel notes the costs to the food industry of a labelling scheme that effectively protects public health are not likely to be high, and that should not preclude introduction of such a scheme.

Q5: Criteria for determining appropriate tools for intervention

The issue raised here in the Consultation Paper is what criteria should be used to determine whether food labelling interventions should be mandatory, or left to voluntary codes of practice or industry driven self regulatory approaches.

The most important criterion must be the extent any approach is likely to be effective in achieving the primary aims of the food regulatory system, the first of which is the protection of public health and safety, including protection of long-term health through health promotion (Q1).

FOE believes that application of this criterion will result in the mandatory implementation of a single FOP interpretive labelling scheme (Q8). Experience in the United Kingdom, where attempts have been made by the Food Standards Agency to introduce a voluntary traffic lights scheme, show that relying on the cooperation of the food industry will not be successful (Appendix 4).

Recommendation:

That effectiveness in protecting public health and safety, including protection of long-term health through health promotion, is the most important criterion for deciding whether food labelling interventions should be mandatory.

Q6: The spectrum for labelling requirements

FOE believes an interpretive labelling system needs to be applied beyond packaged foods. The same arguments for interpretive labelling apply irrespective of whether food is packaged by manufacturers. The principle

should therefore be that all foods and drinks are subject to a mandatory interpretive labelling scheme unless they are specifically excluded.

An interpretive labelling scheme should apply to unpackaged products such as meat, fish, vegetables and fruit. The requirement need only be that an interpretive label is attached to container in which the product is displayed. With mass-production of a range of suitable labels this could be made relatively inexpensive for retailers. It could be made the responsibility of suppliers to indicate the appropriate label to retailers.

Interpretive labels should certainly apply to bulk foods sold in supermarkets. An interpretive label could readily be attached to bulk bins. Without this, manufacturers of food that would attract a less healthy rating if packaged might be tempted to sell the product in bulk.

Non-alcoholic beverages often contain high levels of sugar, and clearly should carry interpretive labels. Alcoholic beverages can also be high in energy, but whether they should carry the same interpretive labels as other drinks is a complex issue given other important health considerations arising from alcohol consumption.

The case for interpretive labelling of fast food and food sold in restaurants is made under Q27.

Customer selection of the amount purchased would pose problems for labelling schemes based on percentages of daily intake, but not for interpretive schemes using words or symbols.

Recommendation:

That all foods and drinks, including bulk foods sold in supermarkets and food sold in restaurants and by fast food outlets, be included in a mandatory interpretive labelling scheme unless specifically excluded, and that the scheme be designed with this in mind.

Q8: Supporting health promotion through food labelling

We have argued (Q1) that health promotion must be a key aim for any food labelling scheme, and (Q2) that an interpretive scheme that effectively helps consumers make healthy food choices is required.

There are two major ways in which an interpretive food labelling scheme promotes health:

- by effectively helping consumers make healthier choices from available foods
- by providing a strong incentive for the food industry to reformulate products to make them healthier.

An interpretive food labelling scheme must be mandatory if it is to be effective in achieving these outcomes.

The case for a single, mandatory interpretive scheme

Recent experience from the United Kingdom shows that an interpretive scheme needs to be mandatory if it is to be effective. While the Food Standards Agency (FSA) has been promoting a traffic lights scheme, some retailers and manufacturer have established other schemes, such as use of Percentage Daily Guideline Amounts (%GDAs).

Research commissioned by the FSA shows the presence of several different schemes can lead to confusion. In-depth interviews revealed, for example, that some consumers thought the colours of %GDA labels indicated nutrient levels in the same way as did traffic light colours, which could lead to consumers drawing incorrect conclusions about the healthiness of products.¹⁵

Another study commissioned by the FSA using workshops with consumers found a perception that a single approach would be easier to understand and more convenient, and that it was inconvenient and time-consuming to try and interpret different schemes.¹⁶ Public opinion research has shown the public would prefer one scheme.¹²

A report to the Australian Population Health Development Principal Committee¹⁷ highlights a danger of voluntary schemes:

Industry has indicated an unwillingness to highlight unhealthy products. Voluntary front of pack labels could continue to be used as a positive marketing tool and only placed on healthier products, increasing their costs... If industry costs were passed on to the healthier choices, the cost barrier for lower socio-economic groups to increasing intakes of healthy foods could be increased.¹⁷

A review of research and issues relating to nutrition labels sets out the theoretical case for mandatory labelling.¹⁸ Putting the analysis in this review in terms of interpretive labelling, a market will work well when healthier products can be readily distinguished by buyers. If, however, sellers cannot effectively signal the higher nutritional quality of their products they may lose market share. In the absence of good information about nutritional quality, mandatory labelling can correct distortions in information and enable the market to function effectively. The study of children's food in Canadian supermarkets discussed under Question 1 shows how distorted and misleading information can fill the void in the absence of interpretive labelling.

Mandatory labelling, in other words, can create a market that works well for manufacturers of healthier products. It will work less well for manufacturers of less healthy products, motivating them to improve nutritional quality. A shift to such a market is required if food labelling is to make an effective contribution to improved population health.

Interpretive labelling and product reformulation

According to the economic theory just outlined, product reformulation can be expected to follow from the introduction of an interpretive labelling scheme. There is also evidence about product reformulation occurring in practice.

The 2007/08 FRSC FOPL Working Group reviewed evidence relating to the likely effect of food labelling schemes on product reformulation. It found no independent research on this, but pointed to some indicative evidence for reformulation from the Pick the Tick schemes in both Australia and New Zealand, and from industry sources in the United Kingdom.¹³ The Working Group also noted that the Australian Population Health Development Committee (ADHDPC) had advised the FRSC that interpretive front-of-pack labelling “has promising potential to provide a strong incentive for industry to reformulate products”, and that evidence for this had been observed with existing labelling schemes.¹³ The National Preventative Health Taskforce came to the same conclusion after reviewing evidence from the United Kingdom.¹⁹

There are already reports from the United States of some chain restaurants in reformulating menus in preparation for menu nutrition labelling requirements that are part of President Obama’s healthcare reform.²⁰

Recommendation:

That the Panel notes there are two major ways in which an interpretive food labelling scheme promotes health,

- *by effectively helping consumers make healthier choices from available foods*
- *by providing a strong incentive for the food industry to reformulate products to make them healthier*

and that an interpretive food labelling scheme must be mandatory if it is to be effective in achieving these outcomes.

Q10: Health claims on food labels

Health claims on food are a marketing tool, and in the current food labelling environment their use is more likely to mislead consumers about the nutritional quality of a product than assist them to make a healthy choice. FOE therefore sees no health benefits in moving from the status quo in which General Level Health Claims (GLHCs) are not permitted in New Zealand and Australia.

Research from the United States, where health claims are permitted under the Nutrition Labeling and Education Act (NLEA) of 1990, have led to questions about their usefulness, both for consumers and food manufacturers. Unqualified health claims require a very high level of scientific evidence before

they are permitted, and appear on labels in quite lengthy and involved statements that are not very consumer-friendly. Qualified health claims (requiring a lower standard of evidence) are even more wordy and confusing. As a result, some leading manufacturers have been by-passing health claims with “better for you” on-package logos. Others are using star ratings based on nutrient profiling.¹⁸

In summary, in the United States the use of health claims “has had limited success and in fact may be misleading to consumers with regard to understanding of scientific evidence as well as overall diet choices”.²¹

A literature review commissioned by the UK’s Food Standards Agency found that many consumers are confused by health claims, which are often complex and difficult to understand. Further, consumers often do not make distinctions between nutrient content claims and health claims, and can treat nutrient content claims as though they are health claims.²²

The United States experience, with manufacturers seeking to distinguish products they believe have health benefits in ways other than through health claims, is relevant to the case for health claims in Australia and New Zealand. An interpretive labelling scheme would mean that manufacturers had less reason to make health claims in order draw consumer attention to the healthy qualities of their products. Health claims could become redundant, providing a reason to drop the work that has been done on FSANZ Proposal P293 and retain the status quo in which health claims are not permitted.

FOE is aware that health claims may eventually be approved following work done on Proposal P293. If health claims on food are to be permitted, this must only be in conjunction with an interpretive scheme such as traffic lights. This would greatly reduce the likelihood of consumers purchasing less healthy products for dubious or irrelevant health-related reasons.

FRSC has received advice from the 2007/08 FRSC FOPL Working Group that “it would be desirable to consider the consistency between the nutritional criteria for foods eligible to carry healthy claims and those criteria which may be promoted by a FOP scheme as being healthier in order to avoid consumer confusion”.¹³

FOE believes a single, mandatory front-of-pack interpretive scheme indicating the overall nutritional status of a product should dominate the perception of health-conscious consumers viewing the label. Any health claims (if health claims are to be allowed) should not be permitted to dominate consumer perceptions at the expense of the interpretive information, and must be seen as providing further information at a secondary level.

Further, FOE believes that any nutrient-related information on labels should not be permitted if they could cause confusion about, distract attention from or contradict the information provided by the interpretive label.

Recommendations:

That the Panel notes that, in the current food labelling environment, health claims are more likely to mislead consumers about the nutritional quality of a product than assist them to make a healthy choice.

That work be discontinued on FSANZ Proposal P293, with the status quo maintained in which health claims are not permitted.

That, following introduction of a mandatory interpretive labelling scheme, if health or nutrition claims are to be permitted this should only occur if the claims do not cause confusion about, distract attention from, or contradict the information provided by the interpretive label.

Q12: Specific health warnings on food labels

If the current food labelling environment were to continue then there would be a strong case for health warnings on energy-dense and nutrient-poor foods, given their contribution to chronic diseases and obesity when eaten on a regular basis. However, good interpretive labelling would obviate the need for this by providing a clear signal, such as a red traffic light, that the product should be eaten only occasionally or not at all.

This is not to say that there should not be warnings on labels relating to other issues, such as food allergies.

Q13: Additional consumer-related concerns about food labelling

As the Consultation Paper points out, there are a wide range of concerns about requirements for food labelling that extend beyond public health, such as country of origin, environmental sustainability, animal welfare, genetic modification, irradiation and nano-technology. It may not be practical to address all these concerns on labels.

The Ministerial Council has given priority to public health and safety in regulating food. FOE believes this is appropriate given the discussion under Q1.

Other concerns such as genetic modification are serious issues for some, but of no concern to others. They should not therefore be included on labels at the expense of easily seen interpretive labelling on the front of packs. Information relevant to public health must take priority at point-of-sale.

Given the limited space on labels other solutions for issues extending beyond public health could be considered, such as mandatory information on manufacturer websites. Those who had these concerns would then have the

ability to check individual products, and to publicise their findings about products either meeting or not meeting their approval.

Recommendation:

That, if space limitations on food labels limit the amount of information that can be made a mandatory requirement, information relating to health and safety is given priority.

Q23: The arrangement of information on food labels

Mandatory interpretive labels need to be on the front of packs, and easily seen and understood without having to pick up and examine the package. Other mandatory information such as the list of ingredients and Nutrition Information Panel need to be readily readable when the package is examined.

Recommendation:

That for packaged foods, mandatory interpretive labels need to be on the front of packs, and easily seen and understood without having to pick up and examine the package.

Q24: Maximising consumer understanding of food labelling information

Quantitative research conducted for FSANZ suggested “a mass population approach to information and education strategies is likely to be most cost-effective” in improving consumer use of label information. The authors concluded “[if] consumers are to use label information more (or more often), then they need to be enabled, via information, education and practice”.²³

Extensive and sustained consumer education will be an essential to ensuring the success of interpretive labels in improving population health. These will need to start before an interpretive scheme is introduced, and continue for some months. Periodic campaigns will be required into the indefinite future.

In New Zealand Māori, Pacific peoples and people on low incomes have the poorest health status, and as well tend to be poorer in understanding and less likely to use food labels.²⁴⁻²⁶ Educational and social marketing interventions will need to focus strongly on these groups.

An interpretive labelling scheme needs to be simple, and not reliant on understanding of percentages, or the willingness or ability to perform calculations in a supermarket environment. Traffic lights schemes have been shown by consumer research to easily out-perform the percentage daily intake scheme favoured by the food industry in assisting consumers to distinguish healthier from less healthy choices (Appendix 2).

A report to the Australian Population Health Development Principal Committee¹⁵ sums up a key requirement for maximising consumer understanding:

It is critical to adopt one front-of-pack labelling system and thus avoid the confusion that would result from multiple voluntary front-of-pack labelling systems (each applying different criteria with different formats). One labelling approach should meet the needs of consumers, government and the food industry. This would then enable all groups to combine their efforts in communication with, and education of, consumers.¹⁵

Recommendation:

That extensive and sustained consumer education is accepted as essential to ensuring the success of interpretive labels in improving population health.

Q25: The role for government in relation to pictorial icons on food labels

Introduction of an interpretive labelling scheme would make some currently used pictorial icons such as 'Pick the Tick' largely redundant. This would probably make food manufacturers less inclined to sign up to Pick the Tick, reducing the income of New Zealand's Heart Foundation. However, given the much greater health benefits provided by mandatory, cross-category interpretive labels than by a voluntary and within-category scheme, FOE hopes that this is a cost the Heart Foundation would be happy to bear.

Pictorial icons or any other nutrient-related information on labels should not be permitted if causing confusion about, distracting attention from or contradicting the information provided by the interpretive label. To this extent there is a regulatory role for government with respect to pictorial items.

Recommendation:

That pictorial icons carrying nutrient-related information are not permitted if likely to cause confusion about, distract attention from or contradict the information provided by the interpretive label.

Q26: Objectives informing decisions about the format of front-of-pack labelling

There is a single criterion of overwhelming importance in making the decision about the format for front-of-pack nutrient content information: what scheme is most likely to be effective in achieving the biggest reduction in chronic diseases? This issue is addressed in Appendix 2 which concludes, based on evidence to date, that interpretive schemes such as traffic lights are very superior to percentage daily intake models. Not only are interpretive schemes

better understood, but they are much more likely to motivate manufacturers to reformulate products to improve their nutrient quality.

Recommendations:

That the most important criterion in making the decision about the format for front-of-pack nutrient content information is the extent to which a format is likely to lead to a reduction in chronic diseases;

That the Panel notes the traffic lights format has been found to be very superior in promoting health compared to the percentage daily intake format favoured by the food industry.

Q27: The case for food label information on foods prepared and consumed in commercial or institutional premises

The case for nutrition labelling on foods consumed away from home is as powerful as that for packaged foods in the supermarket. The rate of consumption of away-from-home meals has increased dramatically in recent years and now forms a significant part of the diet for many people. Further, most of this consumption is of “fast food” which is typically energy-dense and nutrient-poor. Consuming fast food is associated with weight gain, insulin resistance, and increased risk of type 2 diabetes.^{27, 28}

Several recent studies from the United States highlight the potential for mandated labelling of calories on restaurant menus to reduce energy intake.^{29, 30} In one study parents were presented with a McDonald’s menu and were asked to select meals for themselves and their child. The menus were identical except for the presence of nutrition information for the intervention group. Parents in the intervention group ordered meals with significantly fewer calories for their children.³¹

Other older studies have, however, shown no change in consumer choices as the result of nutrition labelling at restaurants and fast food outlets.³² A review of these studies suggested that lack of ability of consumers to translate nutrition information into health benefits is part of the reason they failed to make healthier food choices. The authors conclude:

Consumers would need to be educated on the motivation behind the policy change [to introduce nutrition labelling], how to read the new labels, and how they can use the information to maintain a healthy diet. Without consumer education, mandatory FAFH [food away from home] labeling may not have a significant effect on health.³²

This conclusion points to the importance of interpretive labelling for away-from-home meals as well as on food packaging. It also draws attention to the need for a common interpretive labelling scheme across both packaged and away-from-home food. Education of consumers as to how to use label information will be much more effective for a single system.

Significantly, chain restaurants in the United States have begun reformulating menus to reduce fat and calories and introduce more healthful options in preparation for the federal menu labelling requirements that are part of President Obama's healthcare reform.²⁰ The legislation requires chains with more than 20 outlets to post calories on the menu in a 'clear and conspicuous' manner and to provide complete nutritional information upon request.

The National Preventative Health Taskforce has also noted the value of presenting nutrient information on menu boards at the point of purchase to provide incentives for the food industry to reformulate their products to the benefit of consumers' health.¹⁹

Following experience from the United States, it can be expected that any proposal to introduce interpretive menu labelling in Australia and New Zealand will be met by strong resistance from fast food outlets and restaurants. In the United States most menu labelling laws require nutrition information to be listed on staple items only (as opposed to customised meals). They typically also only apply to chains, and not to small locally owned restaurants for which the cost of nutrition content analysis may be a greater cost burden.²⁸ Introduction of menu labelling (either on printed menus or display boards) would be an insignificant cost for large fast food chains selling standard products. These chains would be an excellent place to start.

Recommendations:

That the Panel notes that the case for nutrition labelling on foods consumed away from home is as powerful as that for packaged foods in supermarkets;

That fast food chains be given a high priority for the introduction of mandatory interpretive labelling on menus and display boards.

Q28: Food labelling and food advertising

Advertising of energy-dense and nutrient-poor food is among the significant drivers of the obesity epidemic and the incidence of nutrition-related chronic diseases.³³ There is a synergy between food advertising and food labelling, and much to be gained by a consistent approach in regulating both.

FOE notes that the Food Standards Code states that "Advertisements for food must not contain any statement, designs or representations which are prohibited by the Food Standards Code from being included in a label for that food." We support retention of this provision.

FOE believes that work on nutrient profiling already done by FSANZ could provide a useful starting point for the regulation of food advertising. There is much to be said for the use of a single nutrient-profiling system that allows

cut-off scores at various points that is used to regulate both labelling and advertising.

Self-regulation of food advertising has failed dismally in New Zealand.³³ FOE believes government regulation is required. Extension of the Food Standards Code may well be the appropriate vehicle for this.

Recommendations:

That the Panel notes there is a synergy between food advertising and food labelling, and much to be gained by a consistent approach in regulating both;

That decisions about the details of an interpretive food labelling take into account opportunities for a consistent approach between regulating food labelling and regulating food advertising.

Q34: Responsibility for administering food labelling regulations

It is widely accepted that governments have some role in regulating food labels, for example in listing specified ingredients important to health. Public health^{34, 35} and consumer^{36, 37} advocates in both Australia and New Zealand want to see government regulation extended to cover the mandatory introduction of an interpretive labelling scheme. This is opposed by the food industry, who claim they already provide consumers with the information they need to make healthy food choices.³⁸

The case for mandatory interpretive labelling has been made above (Q8). The experience with non-mandated traffic lights and the response of the food industry in the United Kingdom illustrates the chaos that can result in the absence of government regulation.

As discussed under Q27, industry self-regulation of food advertising has failed to safeguard public health in New Zealand.³³ The same drivers behind that failure (the food industry exists to sell profitable products, not to protect public health) do not bode well for any attempt to introduce interpretive food labelling other than through regulation by government.

Recommendation:

That the Panel notes that to be effective an interpretive labelling scheme will need to be mandatory, and regulated by government agencies.

Appendix 1

Advice to the Food Regulation Standing Committee (FRSC) supporting front-of-pack interpretive nutrition labelling

The following advice received by FRSC¹³, strongly supportive of the introduction of an interpretive labelling scheme, is quoted directly.

FRSC requested advice from the Australian Population Health Development Principal Committee (APHDPC) regarding how an FOP system could fit with current other Australian and New Zealand health strategies.

The advice of the APHDPC is that:

- Evidence to date indicates that simplified interpretive FOP nutrition labelling may increase understanding of nutrition information and the ability to interpret it. It is a tool that can play a role as part of the health and health-related strategies of Australia and New Zealand in making the food selection environment more conducive to healthier choices and responding to the needs of diverse population groups, provided it does not increase the cost disparity between healthy and less healthy foods. In particular, interpretive, colour-coded FOP nutrition labelling has the potential to be a useful tool to contribute to supporting the recommendations of nutrition guidelines in Australia and New Zealand, such as limiting intakes of total fat, saturated fat, salt and added sugars. Further, on a practical level, simplified interpretive FOP nutrition labelling will be available at the point of purchase and actively facilitate informed choice.*
- Interpretive FOP labelling also has promising potential to encourage industry to reformulate products to make them healthier, as has already happened.*
- Interpretive FOP nutrition labelling must be implemented in a policy and program environment seeking to address and apply all the dietary guidelines. Ongoing communications and other initiatives that promote healthy eating and consumption of core foods will be needed.*
- A FOP labelling system could impact on existing industry and non-government organisation (NGO) programs already in the market place. The extent of impact will depend on the detail of the system and how it is implemented.*
- Trans-Tasman leadership and collaboration are essential to ensure that the nutrition messages made available to consumers are consistent. It is essential to adopt only one FOP labelling system in order to avoid the confusion that would result from multiple voluntary FOP labelling systems (each applying different criteria with different formats). This labelling approach should meet the needs of consumers, government and the food industry. This unique system would enable all groups to combine their efforts to communicate with and educate consumers.¹³*

Appendix 2

Research comparing traffic lights food labelling schemes with schemes based on percentage daily intake

Public health and consumer groups in Australia and New Zealand generally favour adoption of mandatory traffic lights symbols on the front of food packaging as the best means of assisting food shoppers to distinguish healthier choices. The Food and Grocery Councils in both countries oppose this, and instead promote a scheme based on recommended percentages of daily intake for specified nutrients.

This appendix considers supermarket-based research published in 2009 from the United Kingdom, Australia and New Zealand that compares the two schemes in terms of their ability to help shoppers distinguish healthier choices.

The United Kingdom

The Food Standards Agency (FSA) commissioned a major study of the comprehension and use of nutrition labelling schemes in the UK that was published in 2009.¹⁵ The first-listed author was Sally Malam, so for brevity this is referred to below as the Malam study.

This was a well designed study covering both quantitative and qualitative research. The Food and Drink Federation commissioned an independent assessment of this research, which found it to be generally well-conducted and thorough, and employing state-of-the art methodology. The only criticism related to the interpretation of the findings, not the findings themselves.³⁹

The most relevant part of the Malam study for this appendix was an interview survey of a representative UK sample of 2932 adults responsible for at least half of the household's food shopping. Interviewees were tested for their comprehension of three label elements: %GDA (percentage guideline daily amount), traffic lights, and interpretive text ("HIGH", "MED" and "LOW" corresponding to the red, amber and green of traffic lights).

The %GDA, traffic light or text information was provided for Calories and four nutrients: Fat, saturates, sugar and salt. An amber traffic light and/or "MED", for example, indicated that a product was neither high nor low on the nutrient to which it applied.

Tests were conducting using all eight possible combinations of the three elements, that is:

- Traffic lights, text and %GDA
- Traffic lights and text
- Traffic lights and %GDA
- Traffic lights only
- Text and %GDA
- Text only

- %GDA only
- no information.

Each of the eight combinations was tested to explore comprehension of levels of nutrients in a single product, the overall healthiness of a single product, and the relative overall healthiness of two products. The last of these three tests failed to produce useful results, and is not discussed further.

In practice, both traffic light colours and text generally occur together, as can be seen from examples of labels in the UK market place on page 148 of the Malam report.

The presence or absence of interpretive text had the largest influence on ability to answer correctly on the first test (evaluating levels of nutrients in a single product).

The second test (comprehension of the overall healthiness of a product) is of most interest for the purpose of the appendix. Two combinations of elements performed significantly better than the other six combinations but not significantly different from each other: traffic lights and text, and traffic lights, text and %GDA. Poorest performing were %GDA only and no information, these being not significantly different from each other.

A clear conclusion emerges. Traffic light colours with embedded text (HIGH, MED or LOW) perform best, and the addition of %GDA makes no difference to comprehension of the overall healthiness of products. %GDA without traffic lights or embedded text makes no difference to comprehension from no signposting information at all.

%GDA is essentially the same as %DI (percentage daily intake) promoted by the Australian and New Zealand food industries.

The Malam study concluded that two labels outperformed the rest: Text and traffic lights, and Text, %GDA and traffic lights. They went on to recommend inclusion of %GDA in addition to traffic lights and text. Their reasoning was as follows:

The two strongest performing labels were very close in performance on the tests, although %GDA had a small influence on comprehension on judging the level of individual nutrients on a product, which favours its inclusion.

There was no evidence from the research that the use of all three methods of signposting on one label created additional difficulties or increased the danger of misinterpretation for shoppers: in the accompanied shops, bag audits and depth interviews shoppers who found it difficult to use this label tended to find all FOP labels difficult to use. Other shoppers seemed to be able to extract the information in the form they wanted to use: %GDA information for shoppers who understand and like to use it (usually shoppers with a good understanding of nutrition issues); TL colours for shoppers who like to have information quickly and easily; and text for shoppers who were not confident in interpreting other label elements, such as the colour

schemes, the gram weights of nutrients or the %GDA levels, all of which were too difficult for some to understand.

The balance of evidence therefore favours the inclusion of %GDA, which suggests the label that would most useful to shoppers in terms of accurate interpretation would include text, TL and %GDA [their bold text].¹⁵

This is an important conclusion, as it forms the framework for subsequent decisions by the FSA (see Appendix 4).

Australia

An Australian study published in 2009 provides a very useful comparison between traffic light labels and %DI (percentage daily intake options).⁴⁰ The first author of the report was Bridget Kelly, and the study is referred to as the Kelly study below.

The Kelly study examined four front-of-pack label options:

- i. Traffic light symbols (including embedded text) indicating whether products were high (red), medium (amber) or green (low) on total fat, saturated fat, sugar and sodium
- ii. Traffic light symbols as for (i), but with an additional symbol giving an overall rating based on FSANZ nutrient profiling criteria.
- iii. Monochrome %DI indicating the percent dietary contribution of energy and 7 nutrients to the estimated requirements of a 70kg adult
- iv. Colour-coded %DI as for (iii), but with the relevant colour code applied to total at, saturated fat, sugar and sodium, based on nutrition criteria used for the traffic lights system.

The sample comprised 790 adults living in New South Wales who had the primary or shared responsibility for grocery purchases for their household. Participants were recruited from shopping centres and administered face-to-face questionnaires.

In the part of the study most relevant to this appendix, participants were tested on their ability to correctly identify healthier food items. Participants using both variants of the traffic lights system were significantly better at this than were participants using both variants of %DI. There were no significant differences between the two traffic lights variants in participants' ability to identify healthier products.

Compared to the traffic lights system (variant i), participants using the two %DI variants were five times (variant iii) and three times (variant iv) as likely to correctly identify healthier items. Participants from more socially disadvantaged areas performed particularly poorly using %DI.

New Zealand

In the New Zealand supermarket study, conducted by Gorton and colleagues from the University of Auckland,²⁴ outcomes very similar to the Malam study (UK) and Kelly study (Australia). A total of 1525 adult shoppers were recruited from Auckland supermarkets. The sample was stratified by ethnicity so that it included similar numbers of Māori, Pacific, Asian and European/other (NZEO) shoppers.

The Gorton study examined four label options:

- i. A NIP (Nutrition Information Panel) label as required since 2002 in New Zealand and Australia
- ii. A simple traffic light label consisting of a red symbol the text “less healthy choice”
- iii. A multiple traffic light label covering fat, saturates, sugar and salt and the text “Low”, or “Med” embedded in green or amber circular symbols
- iv. A %DI (percentage daily intake) label covering a range of 12 nutrients.

It appears from the report that only one label was used represent each option, which is a limitation of the study.

Overall the simple traffic light format performed best, with 83% of shoppers being able to use it to determine whether a product was healthy. The multiple traffic light label was next (80%), followed by the NIP (54%) and %DI (49%).

The authors concluded:

The NIP was best understood by NZEO and high-income consumers. Conversely, traffic light labels performed best in classifying whether a food was healthy or not across all ethnic groups and income levels, thereby making the information accessible to all members of the community. Traffic light labels therefore appear to offer an equitable and effective way of providing front-of-pack nutrition information to all New Zealand shoppers.²⁴

Conclusion

Three studies of supermarket shoppers, one each from the United Kingdom, Australia and New Zealand and all published in 2009, were consistent in finding that a traffic light labels were very superior to %DI (or %GDA in the case of the United Kingdom) in enabling shoppers to correctly identify healthier food items.

Appendix 3

Evidence relating to the purchase of healthier food as a result of front-of-pack interpretive labelling

Appendix 2 demonstrates that traffic light type schemes are substantially superior in assisting consumers to distinguish more healthy foods. But more important is whether consumer understanding of information about what is healthy translates into purchase and consumption of healthier products. There is only limited information to date on this.

Further, field studies of the impact of a single, mandatory interpretive scheme backed by extensive and ongoing education are not possible at present, because such a scheme is yet to be introduced.

Sales data relating to the effect of traffic light schemes in the United Kingdom

A study by Sacks, Rayner and Swinburn (2009)⁴¹ is the most direct attempt to date look at the impact of traffic light labels on sales. Sacks and his colleagues examined sales data from a major UK retailer in 2007. Two products were analysed – ‘ready meals’ and sandwiches – to see whether there was any change in sales in the 4 weeks before and 4 weeks after the introduction of traffic light labelling. The investigators found no discernable effect on the relative healthiness of consumer purchases.

The authors acknowledge a number of limitations:

- only a small subset of products that had traffic light labels introduced were analysed;
- consumers may take longer than 4 weeks to adjust their habits, meaning that the impact of the labels could be greater over a longer time period;
- they were not able to account for all factors influencing sales.

Though acknowledging that the results may have been different if more effort had been spent on educating consumers on how to use the labels, Sacks and his colleagues fail to report what, if any, consumer education was conducted.

Further, at the time of the study there were a number of variations on traffic light schemes operating in the UK, as well as other schemes based on guideline daily amounts. Research commissioned by the Food Standards Agency reported consumer confusion arising from the presence of different schemes,¹⁵ and evidence that a single scheme would be preferred by consumers.^{12, 16}

Finally, and contrary to the findings in this study, it has been reported that sales data from the UK suggest that traffic light symbols may be effective in encouraging a shift to healthier purchases.^{13, 42}

Because of its limitations and the environment in which it was conducted, the study by Sacks and his colleagues does little to answer questions about the likely effect of introducing what public health and consumer groups in Australia and New Zealand are calling for: a single, mandatory traffic light scheme accompanied by a major and sustained campaign to educate the public about it.

Research on the use of FOP labels conducted for the Food Standards Agency

A major study commissioned by the UK Food Standards Agency included field research on the use of front-of-pack (FOP) labels by shoppers in the United Kingdom.¹³ Stores used in the study were selected to cover the range of FOP label variants in use, including different variants of traffic light and %GDA (guideline daily amount) labels. Three methods were used to collect data: accompanied shopping, in-store shopping bag audits, and in-home shopping bag audits.

FOP label usage was not commonly observed. When it was it tended to be for medical or weight loss reasons, or because shoppers were generally health conscious (including buying food for children). Health-concerned shoppers used labels both to evaluate the healthiness of individual products and (more commonly) compare the healthiness of two or more products.

Three main influences on FOP label use were identified:

- internal factors, including attitudes to healthy eating, and trust of FOP labels
- external factors, including other information present on the packaging, cost, and confusion over the way portion size information on the pack related to information on FOP labels
- label-specific problems in interpreting traffic light colours and %GDA information.

A single, mandatory interpretive scheme backed by extensive and ongoing consumer education would appear to address most of these factors reducing FOP label use.

Other studies

A study of soft drink vending machine sales data at a “large urban college” in the United States suggested that energy-content labels and motivational posters on these machines may be an effective way to encourage healthier purchases.⁴³

In reviewing a number of studies, Drichoutis, Lazaridis and Nayga (2006) reported that nutritional labels can affect purchasing behaviour in a healthy direction, and that most empirical research “indicates that provision and use of nutritional information can significantly change dietary patterns”.¹⁸

Appendix 4

The Food Standards Agency and the dropping of insistence on traffic light labels

On 10 March 2010 the UK's Food Standards Agency (FSA), in a paper to its Board, effectively recommended dropping its previous policy of encouraging UK food manufacturers and retailers to voluntarily introduce a front-of-pack traffic lights scheme.³⁹

The reasoning in the Board paper is hard to follow. The paper claims that research it had commissioned¹⁵ (the Malam study discussed in Appendix 2) had concluded that “while the words ‘high, medium and low’ had the greatest influence on comprehension, combining it with traffic light colour coding and percentage of Guideline Daily Amount enabled more consumers to make healthier choices”. Reference to Appendix 2 will show that this treatment of traffic light colours and %GDA is as though they had a similar impact on healthier choices is misleading. Traffic light symbols without text performed similarly to text alone, and well ahead of %DGA. Further, in practice traffic light symbols usually combine both colour and text, so stripping out the text scarcely provides a suitable comparison with %GDA.

The Board paper moved from this interpretation of the Malam findings to claim that “Provision of the interpretive elements found by the independent FOP evaluation research [the Malam study] to aid the understanding and use of the nutritional information provided with the FOP label ... could be achieved by applying 2 of the 3 elements initially but incorporating all 3 elements over time.”

The combination of elements recommended was:

- text, **and/or**
- traffic light colours **and**
- %GDA.¹⁵

This insistence on the inclusion of %GDA, with either text or traffic light colours able to be excluded, is a complete distortion of the Malam findings and recommendations. As already discussed in Appendix 2, Malam and colleagues reported that:

The two strongest performing labels [text and traffic light colours] were very close in performance on the tests, although %GDA had a small influence on comprehension on judging the level of individual nutrients on a product, which favours its inclusion [as part of a single label].¹⁵

In the Malam study, the presence of %GDA was found to provide no help whatsoever to consumers in understanding the healthiness of particular products. %GDA made it into the Malam study's recommended format, along with text and traffic light colours, “on the balance of evidence”.¹⁵

Newspaper reports suggest why this extraordinary distortion of the evidence probably occurred. Martin Hickman in The Independent noted that the outcome of the FSA board meeting “was the first time the agency had dropped its insistence manufacturers use ‘traffic light’ colours as part of efforts to reduce obesity, heart disease and other diet-related illnesses.”⁴⁴ Hickman continued:

To put its case, the food industry hired a lobbying company, Hill & Knowlton, which engaged in a whirl of activity. Hill & Knowlton boasted on its website that meetings with No10, the FSA, the health select committee, and other parliamentarians had “resulted in a significant shift in attitudes among core government stakeholders.”⁴⁴

The Telegraph carried a report that also stated that previous insistence on traffic lights had been dropped “under pressure from the food industry”.⁴⁵

The point, for the purpose of the Review of Food Labelling Law and Policy, is that the Panel should disregard any suggestion in submissions that the FSA changed its policy regarding traffic lights because of evidence. It changed the policy because of the lobbying efforts of the food industry helped by the champions of the “product defence industry”, Hill and Knowlton.*

Recommendations:

That the Panel notes the UK’s Food Standards Agency did not drop its insistence on traffic light labels because of any evidence, but rather in spite of the evidence, and because of lobbying by the food industry.

*Those wishing to know how Hill and Knowlton operate should read David Michaels, *Doubt is their product: How industry’s assault on science threatens your health* (New York: Oxford University Press, 2008), or McGarity and Wagner, *Bending science: how special interests corrupt public health research* (Cambridge, Massachusetts: Harvard University Press, 2008).

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