**Submission from the Cancer Society of New Zealand on Food Labelling**

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The Mission of the Cancer Society is:

To improve community well-being by reducing the incidence and impact of cancer.

Te whakapai ake i te oranga hapori mā te whakaiti ake i te pupūtanga me te pānga o te matepukupuku.

This submission results from the invitation issued at the Food labelling Review roundtable discussion held at the Ministry of Agriculture and Forestry (MAF) office in Wellington on 25 August 2011.

We briefly address the questions about the Issues Hierarchy Framework and New Technologies but mainly focus on the Food and alcohol labelling questions. Please note we have not included references in this document but can provide them if required.

**Principles-based framework for food labelling regulation**

As a broad concept we consider the principles- based framework and Hierarchy of food labelling issues is a useful basis for guiding decisions on the appropriate regulatory approach. The distinct tiers cover each of the issues that need to be taken into account in food labelling. We would however prefer a higher focus on mandatory rather than co-regulation mode of intervention for the 'Preventative Health' area.

**New technologies**

We consider that the hierarchy should be followed and safety ensured for all foods produced from, or treated by, major new technologies. If there is lack of scientific evidence of safety or any doubt from available evidence a food should not be approved. Having the 30 year period implies there may be something to worry about

and a 30 year period, if there is something wrong, is too long to have an unsafe item of food available.

## Interpretive Front –of Pack labelling

We consider there are many things that impact on what people eat and consider that food labelling as a form of food advertising is an important factor in food choice. Food labelling is a vehicle that can either confuse people or assist them to make healthier food choices. Clearer food labelling can also be a means of encouraging the food industry to innovate and develop healthier food products. The Cancer Society is concerned about the potential for false, misleading, deceptive, or simply misconstrued food labelling, which has the potential to contribute to unhealthy food choices, leading to the development of obesity and consequent Non Communicable Diseases (NCD), including cancer. The high rates of obesity in New Zealand and the link between obesity and cancer make this issue of extreme importance to the Cancer Society of New Zealand.

*Q1If these recommendations (50 – 54) were agrees to how could this be implemented and what could be the consequences?*

We consider it is necessary to have single mandatory labelling system which applies to all foods that is designed to give consumers accurate, easily accessible information. Labels must have enough information to assist consumers to clearly identify the foods and beverages they should eat less of to achieve population level improvements in nutritional status and reductions in chronic disease. At a minimum labelling should include sufficient information to allow correct assessment of the 'healthiness' of the food. We support labelling that has an ingredients list, nutrition information panel, and a front-of-pack 'at a glance' system.

Our rationale is that the information on the label must be adequate to guide consumer decisions at the point of sale where consumers make buying decisions. Given that label space is limited priority must be given to nutrition information which is simple and clear.

We are keen to ensure that the current situation in the United Kingdom is avoided. There, multiple schemes are promoted, in particular the Guideline Daily Amount system supported by food manufacturers, and the traffic light system introduced by the Food Standards Agency. The coexistence of these schemes has been shown to lead to consumer confusion.
We consider that Recommendation 52 is crucial. Sustained and repeated education campaigns will be needed help consumers understand the adopted system, and to encourage them to use the system to improve their diet.  While education programmes are an essential part of assisting consumers to understand food labels nutrition education alone, without the support of understandable and consistent information on food labels will not result in improvements in nutrition, and a reduction in NCD.

***Q 2: What issues need to be explored from an industry/public health perspective when considering these recommendations?***

Central to the issues surrounding the recommended introduction of a multiple Traffic Light System (MTL) is that of effectiveness. The costs to food manufacturers of changing labels has been mentioned as a reason against implementation of a new system. However, over the last several years many food manufacturers have begun to put DIG symbols on packaging. Had they used MTL symbols instead they would have incurred similar costs. Implementation of an MTL system over a phased period to enable manufacturers to coordinate traffic light labelling with the other label changes they make from time to time would help keep costs down.

We endorse the recommendation that consumer research is undertaken before the traffic light system is introduced.

***Q 3: To what extent is there a willingness from industry and public health groups to work collaboratively to consider how the existing schemes could be enhanced with a view to maximising opportunities to provide consumer friendly interpretive nutrition information on the front of food labels on a voluntary basis?***

This question appears to assume the continuance of multiple schemes. We strongly support the call for a single interpretive system. We are concerned that if a non-interpretive scheme is introduced those most at risk of NCD (those with multiple indicators of social deprivation including lower levels of literacy and numeracy) will continue to be confused by food labels and make unhealthy food choices.

We believe that the diverse desired outcomes between parts of the food industry and public health can only be broken by leadership from governments. By stating their commitment to an interpretive scheme such as MTL, to be developed with both industry and public health participation, governments can help create an environment in which progress could be made.

***Question 4: Can you suggest alternative solutions to the problems that the recommendations seek to address?***

There is no single solution for nutrition-related diseases. Progress requires multiple strategies and interventions. Interpretive MTL labelling is an important part of the mix.

Some parts of the solution, such as stopping the advertising of less healthy food to children, require government action. Also important are the efforts of families and individuals to live healthier lives. Changing eating habits in what has been termed an obesogenic environment is hard. Interpretive labelling, by giving consumers the means to better understand the health-related qualities of food products, is an important part of empowering them to make more healthy choices.

Ultimately, consumers want, and are entitled to, information that is accurate and guides them towards healthier food choices. Given costs incurred by the food industry are likely to be passed on to consumers anyway, and that it is the health of consumers that is at risk, consumers' interests and needs should be paramount.

*Re Recommendation 54*

The proportion of meals eaten away from home is increasing but much of the food sold to consumers eating away from home is not currently required to be labeled. Foods eaten away from home tend to be high in energy, saturated fat, and sodium, served in large portions, and, especially in fast-food chains, priced in a way that makes larger serving sizes more appealing. 'Away-from-home' foods are typically ready-to-eat and consumed 'as is,' and the consumer has less control over, or knowledge of, their nutritional content" We therefore support the recommendation for chain food outlets in Australia and New Zealand to display MTL system on menus/menu boards.

*Alcoholic Beverages*

Alcohol is a known risk factor for cancer. The International Agency for Research on Cancer (IARC) has recognised alcohol as a Group 1 carcinogen for 20 years and as a risk factor for cancers of the mouth, pharynx, larynx, oesophagus and liver for a decade. A Group 1 carcinogen is the highest classification for harmful substances affecting humans.

The 2007 World Cancer Research Fund (WCRF) and American Institute for Cancer Research (AICR) report *Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective* states that the evidence does not show any "safe limit" of intake and that the evidence for alcohol as a cause of specific cancers is stronger now than it was in the mid 1990s The report notes the evidence for alcohol as a cause of cancers of the mouth, pharynx, larynx, oesophagus, colorectum (in men) and breast (all-age breast cancer) is convincing and that it is also a probable cause for liver cancer and colorectal cancer in women.

Given the special carcinogenic and foetal risks associated with alcohol the Cancer Society supports the need for compulsory health warnings to be included on alcohol labels so consumers can be informed that the product they are purchasing and/or consuming can have a serious impact on their health and wellbeing.

Health information and warning labels need to follow strict guidelines for wording, format, legibility, colours used and size of the label and position on the bottle. Therefore current voluntary industry labels are not considered to be sufficient. Such labels should include;
- A full list of ingredients and nutritional information, including the energy content per container and per 100mLs. This is particularly important in relation to overweight, obesity and allergy concerns.
- consistent and uniform information about the estimated number of standard drinks in relation to the size and legibility, using a clear, consistent logo across all products

In order to maximise the impact of these messages their format and content should be standardised and defined. The labels should be tested with consumers to ensure they are understood, especially by people with low literacy or who speak languages other than English.

The preferred warning message would be **Warning: Alcohol can be damaging to health, especially during pregnancy.**

The introduction of health information and warning labels should be part of a wider alcohol control strategy that includes advertising and sponsorship bans and targeted pricing and taxation measures.

I trust these responses will assist you in your deliberations. If you require further explanations or references please get in touch.

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