Submitted to **Public Consultation: Labelling of sugars on packaged foods & drinks**

The Food Regulation Standing Committee (FRSC) is the sub-committee of the Australia and New Zealand Ministerial Forum on Food Regulation (the Forum). The FRSC is responsible for coordinating policy advice to the Forum and ensuring a nationally consistent approach to the implementation and enforcement of food standards. It establishes working groups as required when mapping out the steps required for developing a specific policy.

Submitted on **2018-09-18**

Submitter details

Privacy and confidential information and permissions

No

If you want all or parts of this submission to be confidential, please state why.:

Submitter information

Name of organisation:
The Cancer Society of New Zealand

Sector:
Public Health

If we require further information in relation to this submission, can we contact you?:
Yes

Have you read the Consultation Regulation Impact Statement?

Have you read the Public Consultation Regulation Impact Statement: Labelling of sugars on packaged foods and drinks? (Please click on the link above to open the document)

Yes

Survey Questions 1-4

1 Do you support the statement of the problem: "Information about sugar provided on food labels in Australia and New Zealand does not provide adequate contextual information to enable consumers to make informed choices in support of dietary guidelines"?

No

If you do not support this statement, please justify why not with your reasons.:
The Cancer Society does not support this statement because we believe that the scope of this submission should have been wider and included consideration of all key stakeholder groups. Information about sugar on food labels impacts not only consumers but also impacts on the actions of the food industry and policy/decision-makers.

The Cancer Supports comprehensive efforts create healthier food environments because of the link between obesity and cancer. New Zealand and Australia have a high burden of preventable obesity-related cancers (1)

(1) IARC/WHO (2018). Cancer attributable to obesity. Available: http://gco.iarc.fr/causes/obesity/home

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

5 Effectiveness, strengths and weaknesses of this option

How effective would this option be in addressing the policy issue and achieving the desired outcome? :
Effective in combination with another option (please specify below)

Please provide evidence to justify your views. :
This option would depend on the strategy used to provide education. Education should be more than “providing information” and should instead be part of a comprehensive social marketing program that includes a mass media campaign. Consumers are able to learn when the information is placed in context, and they are able to be actively engaged in the process. Furthermore, in isolation health education can be ineffective, stigmatise certain groups, and is often unethical (1, 2, 3).

A social marketing program should be designed carefully to appeal and engage disadvantaged groups - where the burden of nutrition-related disease is greatest. Such programs involve marketing theory (product, price, place, promotion), use of behaviour change theory, environmental change, and strategic research (including development, testing and evaluation involving the priority audience). There is good evidence that sustained mass media interventions (within a social marketing framework) can improve consumer knowledge and behaviours particularly if run alongside other supportive environmental change strategies, including options 3, 4 and 5 (4,5,6,7). Individually-focused interventions, including health education and primary care consultations on their own are unlikely to achieve population-wide change in behaviour (6,8).

Therefore, we support the provision of an appropriately designed and implemented social marketing/mass media campaign in conjunction with options 3, 4 and 5.

Is the description of the strengths and weaknesses of the proposed option (compared to the status quo) accurate?:
Yes

Please provide evidence to justify your views. :
See above

Please attach references here:
1. Have et al. (2010). An overview of ethical frameworks in public health: can they be supportive in the evaluation of programs to prevent overweight? BMC Public Health. 10:638.

2. Kass, N. An ethics framework for public health. (2001). American Journal of Public Health, Vol 91, No. 11.

3. Gill, T. P., & Boylan, S. (2012). Public Health Messages: Why Are They Ineffective and What Can Be Done? Current Obesity Reports, 1(1), 50-58. doi:10.1007/s13679-011-0003-6

4. Evans, W. D., Christoffel, K. K., Necheles, J. W., & Becker, A. B. (2012). Social Marketing as a Childhood Obesity Prevention Strategy. Obesity, 18(S1), S23-S26.

5. Luecking, C. T., Hennink-Kaminski, H., Ihekweazu, C., Vaughn, A., Mazzucca, S., & Ward, D. S. (2017). Social marketing approaches to nutrition and physical activity interventions in early care and education centres: a systematic review. Obesity Reviews, 18(12), 1425-1438.

6. Hyseni, L., Elliot-Green, A., Lloyd-Williams, F., Kypridemos, C., O’Flaherty, M., McGill, R., & Capewell, S. (2017). Systematic review of dietary salt reduction policies: Evidence for an effectiveness hierarchy? PloS one, 12(5), e0177535.

7. Boles, M., Adams, A., Gredler, A., et al. (2014) Ability of a mass media campaign to influence knowledge, attitudes and behaviours about sugary drinks and obesity. Preventative Medicine 67 (Supplement 1): s40-5

Are there additional strengths and weaknesses associated with the proposed option (compared with the status quo)?:
Yes

Please describe what these are?:
Additional strengths of a comprehensive health communication program:

* Mass media/social marketing programs are effective at changing behaviours across large populations (1)
* This approach directly involves priority high-risk groups in campaign planning, design, evaluation (and permits program refinements). This is more likely to ensure an appropriate and effective campaign is developed (2)
* A multi-component approach i.e. a comprehensive health communication program in conjunction with other strategies (options 3, 4 and 5) is the most effective way of improving knowledge, changing unhealthy behaviours and reducing inequalities among a population (1).
* A number of media communication channels/formats can be utilised with this approach – likely increasing the reach and effectiveness of the program.
* On the whole, public health mass media campaigns are cost effective (3)

Weaknesses:
*Health communication programs need to be regular and sustained over long periods of time to be effective and are therefore often costly (but also cost-effective in the longer term because they can reach large audiences at relatively low cost per person) (3)
* Education programmes can increase inequity (3)

Please attach references here:

References option2a.docx was uploaded

6 Impacts

How would this option impact you?:
Somewhat

Please provide impacts and cost relevant to you, with evidence to justify your views.:
A comprehensive health communication program would support health promotion activities, including policy and advocacy efforts that the Cancer Society undertakes in relation to the prevention of nutrition-related cancers.

Option 3: Change to statement of ingredients

7 Effectiveness, strengths and weaknesses of this option

How effective would this option be in addressing the policy issue and achieving the desired outcome?:
Effective in combination with another option (please specify below)

Please provide evidence to justify your views. :
Consumer understanding of what added sugars are is limited and this is an obstacle to cancer prevention efforts (1, 2, 3). An estimated 40 to 50% of all cancers are preventable through lifestyle changes, including an appropriate diet and nutrition (4). However, limiting sugar intake may be difficult for consumers if they cannot determine sugars added to the product. Therefore, we would support the option to overtly identify sugars-based ingredients (grouped together in brackets in the ingredient list).

Although there is limited evidence on this options efficacy in changing consumer behaviours at a population level (5), there is a potential benefit from separate labelling of added and total sugars, particularly if this option is also offered alongside a public health communication campaign. This would help consumers to determine if there is a little or a lot of sugar in a product. Furthermore, this approach would also facilitate monitoring of added sugar in the food supply; assist evaluation of the new approach; and make industry more accountable if regulated.

Overall, the Cancer Society supports option 3 being implemented in conjunction with options 2, 4 and 5 as the efficacy would be higher. We do not support asterisked or bolding of sugar ingredients because this might cause confusion for consumers given allergens are already bolded.

Please attach references here:
1. Patterson, N. J., Sadler, M. J., & Cooper, J. M. (2012). Consumer understanding of sugars claims on food and drink products. Nutrition Bulletin, 37(2), 121-130. doi:10.1111/j.1467-3010.2012.01958.x

2. Kyle, T. K., & Thomas, D. M. (2014). Consumers believe nutrition facts labeling for added sugar will be more helpful than confusing. Obesity, 22(12), 2481-2484. doi:10.1002/oby.20887

3. Tierney, M., Gallagher, A. M., Giotis, E. S., & Pentieva, K. (2017). An online survey on consumer knowledge

and understanding of added sugars. Nutrients, 9(1), 37.

4. Hodge, A. M., Bassett, J. K., Milne, R. L., English, D. R., & Giles, G. G. (2018). Consumption of sugar-sweetened and artificially sweetened soft drinks and risk of obesity-related cancers. Public Health Nutrition, 21(9), 1618-1626. doi:10.1017/

5. Ni Mhurchu C, Volkova E, Jiang Y, Eyles H, Michie J, Neal B, et al. Effects of interpretive nutrition labels on consumer food purchases: the Starlight randomized controlled trial. The American Journal of Clinical Nutrition. 2017;105(3):695-704.

Is the description of the strengths and weaknesses of the proposed option (compared to the status quo) accurate?:
No

Please provide evidence to justify your views. :
It could support educational efforts. Refer to consultation question 11.

Please attach references here:

Are there additional strengths and weaknesses associated with the proposed option (compared with the status quo)?:
No

- a clear definition of sugars based ingredients is provided by the World Health Organisation (1). This evidence-informed definition includes sugars added by the manufacturer plus the sugars present in honey, syrups and fruit juices, and excludes sugars present in whole fruit and vegetables.
weaknesses:
- identifying sugars on the ingredients list is unlikely to result in widespread change in consumer behaviour unless it is implemented with other options supported in this submission.

Please attach references here:
references option3_a.docx was uploaded

8 Impacts

How would this option impact you?:
Somewhat

Please provide impacts and cost relevant to you, with evidence to justify your view.:
This measure will assist the Cancer Society to inform the public about maintaining healthy dietary practices (in order to reduce the risk of nutrition-related cancers).

9 Implementation mechanism

Referring to Table 1 in section 3 in the Consultation paper: "Characteristics of the proposed implementation mechanisms", which implementation mechanism would be most appropriate for this policy option?:
Regulatory

Please provide the pros and cons of your selected implementation mechanism, using evidence to justify your view.:
The ingredients list is already a regulatory measure, therefore a regulatory mechanism would be most appropriate for consistency.

Please provide the pros and cons of your selected implementation mechanism, using evidence to justify your view
Pros of regulation:

Help consumers to make informed choices in support of dietary guidelines (1)
Consistent information will be able to be provided to consumers (2)
Consumers perceive nutrition labels as highly credible sources of information (1)
Ensures industry compliance and monitoring (1, 3)
Permits comprehensive evaluation (4)
is likely to support responsible marketing (5)
May strengthen the HSR system (1, 3)

•

Cons of regulation:

• Costs to industry
• Knowledge alone does usually not influence behaviour so this option should be put in place along with other measures (2)

Please attach references here :
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Option 4: Added sugars quantified in the NIP

10 Effectiveness, strengths and weaknesses of this option

How effective would this option be in addressing the policy issue and achieving the desired outcome? :
Effective in combination with another option (please specify below)

Please provide evidence to justify your views. :
In a review of food labelling law and policy the importance of the NIP in the overall food labelling strategy was highlighted (1). There may be some potential for putting added sugars into the NIP, however, evidence is mixed (1, 2). Evidence shows that there are already difficulties with consumer understanding of Nutrition Information Panels (NIPs) (4), especially for disadvantaged New Zealanders with low health literacy (5). As the policy issue stands, this option alone would not be very effective at supporting all consumers to make informed choices about the dietary guidelines. Research on the UK salt reduction strategy highlight the importance of food labelling measures being part of a wider strategy, and the importance of mandatory regulation (7,8). Therefore, we would support this option in conjunction with option 2, 3 and 5.

Presentation and layout of the NIP also have an impact on consumer understanding (1,2). Including added sugars underneath total sugars, similar to saturated fat being underneath total fat, has been shown to increase understanding (3). We would support this layout.

We agree that including high, medium, and low in the NIP for only sugars has the potential to be confusing for consumers. Therefore, unless it is included for other nutrients such as, fibre, and saturated fat we do not support this.

Please attach references here:

1. Blewett, N., Goddard, N., Pettigrew, S., Reynolds, C., & Yeatman, H. (2011). Labelling Logic: Review of Food Labelling Law and Policy.

2. Laquatra, I., Sollid, K., Smith Edge, M., Pelzel, J., & Turner, J. (2015). Including “Added Sugars” on the Nutrition Facts Panel: How consumers Perceive the Proposed Change. Journal of the Academy of Nutrition and Dietetics

3. Gorton, D., Ni Mhurchu, C., Chen, M-H., & Dixon R. (2008). Nutrition labels: a survey of use, understanding and preferences among ethnically diverse shoppers in New Zealand. Public Health Nutrition: 12(9), 1359–1365 doi:10.1017/S1368980008004059

4. Signal, L., Lanumata, T., Robinson, J-A., Tavila, A., Wilton, J., & Ni Mhurchu, C. (2008). Perceptions of New Zealand nutrition labels by Maori, Pacific and low-income shoppers. Public Health Nutrition: 11(7), 706–713 doi:10.1017/S1368980007001395

5. Kypridemos, C., Guzman-Castillo, M., Hyseni, L., Hickey, GL., Bandosz, P., Buchan, I., Capewell, S., & O'Flaherty M. (2017). Estimated reductions in cardiovascular and gastric cancer disease burden through salt policies in England: an IMPACT NCD microsimulation study. BMJ Open, 7 (1): e013791 DOI: 10.1136/bmjopen-2016-013791

11 Impacts

How would this option impact you? :
Somewhat

Please provide impacts and cost relevant to you, with evidence to justify your view.:
Obesity is the single biggest preventable cause of cancer after tobacco. A high sugar diet can lead to weight gain, which increases the risk of cancer (1). The option has the potential to reduce people’s consumption of sugar and therefore reduce the incidence and impact of cancer in our community. It could also support our health communication efforts.

However, this option should be part of a much wider comprehensive strategy, through addressing structural policies, such as mandatory reformulation of processed foods, to ensure inequity is not increased. The most recent New Zealand Health Survey found that half of Maori adults (50%) and more than two thirds of Pacific adults are obese (69%), and adults living in the most deprived areas were 1.5 times as likely to be obese as adults living in the least deprived areas. Similar trends were found for children (2,3). Furthermore, the UK salt reduction strategy found that there was a likely increase in inequality for lower sociodemographic groups in gastric cancer rates (4). Therefore, labelling changes will need to be considered carefully.

Please attach references here :

(1) World Cancer Research fund/American Institute for Cancer Research. (2018). Diet, nutrition, physical activity and cancer: a global perspective. Retrieved from: dietandcancerreport.org

(2) Ministry of Health. New Zealand Health Survey: 2016/17. Retrieved from: https://www.health.govt.nz/nz-health-statistics/health-statistics-and-data-sets/obesity-statistics Accessed January 25 2018.

(3) Ministry of Health Annual Update of key results 2016/17: New Zealand Health Survey. Retrieved from: https://www.health.govt.nz/publication/annual-update-key-results-2016-17-new-zealand-health-survey Accessed January 25 2018.

(4) Kypridemos C, Guzman-Castillo M, Hyseni L, Hickey GL, Bandosz P, Buchan I, Capewell S, O'Flaherty M. (2017). Estimated reductions in cardiovascular and gastric cancer disease burden through salt policies in England: an IMPACT NCD microsimulation study. BMJ Open, 7 (1): e013791 DOI: 10.1136/bmjopen-2016-013791

12 Impact on existing elements of a food label

How would the proposed option impact existing elements of a food label (both mandatory and voluntary)?:
n/a

Would adopting this option require another element of a food label to be removed from the package?:
No

If so, which labelling element/s would be removed?:

Please provide evidence to justify your response. :
n/a

13 Implementation mechanism

Referring to Table 1 in Section 3 of the Consultation paper: "Characteristics of the proposed implementation mechanisms", which implementation mechanism would be most appropriate for this policy option:
Regulatory

Please provide further comments here:
The NIP is already a regulatory measure, therefore a regulatory mechanism would be most appropriate for consistency.

Option 5: Advisory labels for foods high in added sugars

14 Effectiveness, strengths and weaknesses of this option

How effective would this option be in addressing the policy issue and achieving the desired outcome? :
Effective in combination with another option (please specify below)

Please provide evidence to justify your views. :
Advisory or warning labels have shown to be potentially more effective at helping consumers make informed choices about dietary guidelines when compared to traditional traffic light front of pack labelling systems (1).

We would support this option to be part of, rather than separate to, the current HSR label. Research has shown that for front-of-pack labelling to be effective and to avoid consumer confusion, a single, credible and reliable front-of-package nutrition labelling system should be adopted (2,3). Furthermore, research has found that incorporating added sugar into the HSR algorithm leads to better discrimination between core and discretionary foods in alignment with the dietary guidelines(4). This will help food manufacturers and retailers, and may assist consumers to make smarter food as well as beverage choices at a glance. It would also be preferable if, in alignment with a 'whole of diet approach', these advisory labels were be not be limited to sugar but also included saturated fat, energy, and sodium.

Furthermore, making the HSR mandatory (while not in the scope of this submission), would be preferable to ensure the intervention actually has the potential to have a positive effect on population health. The risks for industry self-regulation and some proposed standards have been highlighted in research published in the American Journal of Public Health (5)

If the whole of diet approach is not possible advisory labels could be restricted to sugar sweetened beverages. Other than being a source of energy, sugary drinks provide few essential nutrients in our diets (6, 7). In New Zealand, sugary drinks are the main source of sugar for children. They contribute 26% of sugar to the diets of children and 17% to adults' diets (8,9). The Ministry of Health's Eating and Activity Guidelines for New Zealand Adults includes recommendations to choose foods with the lowest amount of added sugar and replace high sugar drinks like fizzy drinks and sports drinks with plain water (10). Despite these recommendations along with ongoing information campaigns, consumption of sugary drinks continues to grow. Research shows warning labels on sugar-sweetened drinks can improve consumer understanding and also reduce purchase (11). Furthermore, putting advisory or warning labels on sugar-sweetened drinks is supported by numerous health organisations, including the Cancer Society, in the New Zealand Dental Association's Consensus Statement on Sugary Drinks (12). Furthermore, a recent randomised controlled trial highlights their efficacy (13). For this to be effective, the HSR would need to be made mandatory for sugar-sweetened drinks.

Please attach references here:
1. Khandpur, N., de Morais Sato, P., Mais, L. A., Bortoletto Martins, A. P., Spinillo, C. G., Garcia, M. T, & Jaime, P. C. (2018). Are Front-of-Package Warning Labels More Effective at Communicating Nutrition Information than Traffic-Light Labels? A Randomized Controlled Experiment in a Brazilian Sample. Nutrients, 10(6), 688.

2. Lupton, J. R., Balentine, D. A., Black, R. M., Hildwine, R., Ivens, B. J., Kennedy, E. T, & Story, M. (2010). The Smart Choices front-of-package nutrition labeling program: rationale and development of the nutrition criteria. The American journal of clinical nutrition, 91(4), 1078S-1089S.

3. Draper, A. K., Adamson, A. J., Clegg, S., Malam, S., Rigg, M., & Duncan, S. (2011). Front-of-pack nutrition labelling: are multiple formats a problem for consumers?. The European Journal of Public Health, 23(3), 517-521.

4. Peters, S. A., Dunford, E., Jones, A., Ni Mhurchu, C., Crino, M., Taylor, F & Neal, B. (2017). Incorporating added sugar improves the performance of the Health Star Rating Front-of-Pack Labelling System in Australia. Nutrients, 9(7), 701.

5. Sharma, L. L., Teret, S. P., & Brownell, K. D. (2010). The food industry and self-regulation: standards to promote success and to avoid public health failures. American Journal of Public Health, 100(2), 240-246).

6. New Zealand Nutrition Foundation. (2004). The Role of Sugar in the diet of New Zealanders. Retrieved from: http://nutritionfoundation.org.nz/sites/default/files/140601%20Sugar%20in%20diet%20of%20NZ%20White%20Paper.pdf

7. Feunekes, G. I., Gortemaker, I. A., Willems, A. A., Lion, R., & Van Den Kommer, M. (2008). Front-of-pack nutrition labelling: testing effectiveness of different nutrition labelling formats front-of-pack in four European countries. Appetite, 50(1), 57-70

8. Ministry of Health. 2003. NZ Food NZ Children: Key results of the 2002 National Children's Nutrition Survey. Wellington: Ministry of Health.

9. University of Otago and Ministry of Health. (2011) A focus on Nutrition: Key findings of the 2008/09 New Zealand Adult Nutrition Survey. Wellington: Ministry of Health.

10. Ministry of Health. 2015. Eating and Activity Guidelines for New Zealand Adults. Wellington: Ministry of Health.

11.Roberto, C. A., Wong, D., Musicus, A., & Hammond, D. (2016). The influence of sugar-sweetened beverage health warning labels on parents' choices. Pediatrics, 137(2), e20153185.

12. NZ Dental Association (2016). NZDA Consensus Statement on Sugary Drinks. Retrieved from: https://www.nzda.org.nz/assets/files/Public/resources/Consensus-Statement-on-Sugary-Drinks.pdf

13. Billich, N., Blake, M. R., Backholer, K., Cobcroft, M., Li, V., & Peeters, A. (2018). The effect of sugar-sweetened beverage front-of-pack labels on drink selection, health knowledge and awareness: An online randomised controlled trial. Appetite.

15 Impact

How would this option impact you? :
A lot

Please provide impacts and cost relevant to you, with evidence to justify your response.:
Please see above for potential impacts on reduction in disease burden in the community. This option would have further benefits in that some education needs would be reduced – if the label shows consumers when it exceeds recommended levels, the need to educate the population on what levels are higher than recommended would not be needed.

16 Impact on existing elements of a food label

How would the proposed option impact existing elements of a food label (both mandatory and voluntary)?:
This option would involve changes being made to the HSR label and algorithm. Adjustments will need to be made to the essential nutrient content bar – added sugar should be a required nutrient to display, and advisory symbols will need to be incorporated/developed when a nutrient exceeds recommendations. This will require industry to make label adjustments if they choose this HSR option.

For sugar-sweetened drinks, if a mandatory sugar advisory HSR label is chosen there would be impacts on cost and design of the traditional label for industry.

Would adopting this option require another element of a food label to be removed from the package? :
No

17 Implementation mechanism

Referring to Table 1 in Section 3 of the Consultation paper: "Characteristics of the proposed implementation mechanisms", which implementation mechanism would be most appropriate for this policy option?:
Voluntary implementation

Please provide pros and cons of your selected implementation mechanism, using evidence to justify your response.:
The HSR system is currently a voluntary front-of-pack scheme. As we are recommending this policy option to be integrated into the HSR system, a voluntary mechanism would be most appropriate.

If advisory warnings were placed with the HSR on sugar-sweetened drinks, this would likely need to be mandatory for industry implementation to occur.

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

18 Effectiveness, strengths and weaknesses of this option

How effective would this option be in addressing the policy issue and achieving the desired outcome?:
Not effective

Please provide evidence to justify your views. :
Evidence for this option is limited. One study on sugar labelling found that pictorials and infographics, such as sugar being depicted in teaspoons, was not as effective as other labelling formats (1). Furthermore, this option provides no contextual information on how much sugar should be consumed.

For sugar-sweetened drinks advisory or warning labels have been shown to be effective, and that information on sugar seems to be less impactful but still has a positive effect (1, 2).

Please attach references here
1.Vanderlee, L., White, C. M., Bordes, I., Hobin, E. P., & Hammond, D. (2015). The efficacy of sugar labeling formats: Implications for labeling policy. Obesity, 23(12), 2406-2413.
2. Billich, N., Blake, M. R., Backholer, K., Cobcroft, M., Li, V., & Peeters, A. (2018). The effect of sugar-sweetened beverage front-of-pack labels on drink selection, health knowledge and awareness: An online randomised controlled trial. Appetite.

19 Impacts

How would this option impact you? :
Somewhat

Please provide impacts and cost relevant to you, with evidence to justify your response.:
A similar impact to option 5, but likely a slightly less effective impact. Consumers would still need education on what the recommended sugar levels actually are to be able to make a more informed decision in support of the dietary guidelines (1).

Please attach references here :
1.Vanderlee, L., White, C. M., Bordes, I., Hobin, E. P., & Hammond, D. (2015). The efficacy of sugar labeling formats: Implications for labeling policy. Obesity, 23(12), 2406-2413.

20 Impact on existing elements of a food label

How would the proposed option impact existing elements of a food label (both mandatory and voluntary)? :
n/a

Would adopting this option require another element of a food label to be removed from the package? :No

21 Implementation mechanism

Referring to Table 1 in Section 3 of the Consultation paper: "Characteristics of the proposed implementation mechanisms", which implementation mechanism would be most appropriate for this policy option?:
Regulatory

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

22 Effectiveness, strengths and weaknesses of this option

How effective would this option be in addressing the policy issue and achieving the desired outcome? :
Partially effective

Please provide evidence to justify your views. :
Smartphone app such as Food Switch and Change4life Sugar Smart have shown to have had positive effects on consumer understanding, purchase of healthier food choices and/or reduction in sugar intake by some users (1, 2). Therefore, this option could potentially have similar effects. Web-based information could also provide an opportunity to provide easier to understand graphics and images (3). However, using web-based information adds another barrier (i.e. access to internet) and would require motivation for consumers to access. Furthermore, as discussed, education efforts such as this are unlikely to work in isolation (4). The Cancer Society does not support this option. Money and effort could be used more effectively implementing the other options. If this option were to be chosen we recommend using The Food Switch app, which has already been developed and research in peer reviewed journal articles. It also has the added advantage in that the content is user generated, and therefore, provides real-time information on the food system.

Please attach references here:

1.Dunford, E., Trevena, H., Goodsell, C., Ng, K. H., Webster, J., Millis, A., & Neal, B. (2014). FoodSwitch: a mobile phone app to enable consumers to make healthier food choices and crowdsourcing of national food composition data. JMIR mHealth and uHealth, 2(3).
2.Swift, J. A., Strathearn, L., Morris, A., Chi, Y., Townsend, T., & Pearce, J. (2018). Public health strategies to reduce sugar intake in the UK: An exploration of public perceptions using digital spaces. Nutrition Bulletin, 43(3), 238-247. doi:10.1111/nbu.12346
3.Young, O., Kantono, K., Waiguny, M., Hung, L. F., & Hamid, N. (2018). A graphical equivalent to mandated nutrition information tables. British Food Journal, 120(4), 777-787.
4.Boles, M., Adams, A., Gredler, A., et al. (2014) Ability of a mass media campaign to influence knowledge, attitudes and behaviours about sugary drinks and obesity. Preventative Medicine 67 (Supplement 1): s40-5

23 Impact

How would this option impact you? :
Somewhat

24 Impact on existing elements of a food label

How would the proposed option impact existing elements of a food label (both mandatory and voluntary)? :
n/a

Would adopting this option require another element of a food label to be removed from the package? :

If so, which labelling elements would be removed?:

Please provide evidence to justify your response. :
n/a

Please attach references here:
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25 Implementation mechanisms

Referring to Table 1 in Section 3 of the Consultation paper: "Characteristics of the proposed implementation mechanisms", which implementation mechanism would be most appropriate for this policy option?:
Regulatory

Survey Questions 26-30 (on all proposed policy options)

26 Are there additional options that should be considered to address the policy issue and achieve the desired outcome?

Yes

If yes, please describe your suggested option and how it addresses the policy issue.:
-Warning labels for saturated fat, sodium and sugar should be incorporated in the current HSR nutrition label. Free sugars should be identified.
- the HSR should be mandatory due to inadequate uptake by manufacturers

30 Should the proposed options apply to all packaged foods in the Australian and New Zealand food supply, or only particular foods or food categories?

Should the proposed options apply to all packaged foods in the Australian and New Zealand food supply, or only particular foods or food categories? - Option 3 - Change to statement of ingredients:
All packaged foods

Should the proposed options apply to all packaged foods in the Australian and New Zealand food supply, or only particular foods or food categories? - Option 4 - Added sugars quantified in NIP:
All packaged foods

Should the proposed options apply to all packaged foods in the Australian and New Zealand food supply, or only particular foods or food categories? - Option 5 - Advisory labels for foods high in added sugars:
All packaged foods

Should the proposed options apply to all packaged foods in the Australian and New Zealand food supply, or only particular foods or food categories? - Option 6 - Pictorial approaches to convey the amount or types of sugars in a serving of food.:
All packaged foods

If you have selected particular foods or food categories in the question above, please specify which foods or food categories where the option should apply. Please provide evidence to justify your response.:

Impact analysis (costs and benefits)

33 Are there any other benefits or costs associated with the proposed labelling options which have not been identified?
No

34 Should there be exemptions or other accommodations (such as longer transition periods) made for small businesses, to minimise the regulatory burden?
Yes - for small business only