



**Submission from the Dietitians Association of Australia
P293 – Nutrition, Health and Related Claims
February 2008**

The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 3400 members, and branches in each State and Territory. DAA is a leader in nutrition and advocates for better food, better health, and better living for all.

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DAA appreciates the invitation from FSANZ to comment on the Consultation Paper P293 – Nutrition, Health and Related Claims, in particular on the issues of food eligibility criteria for nutrition content and general level health claims about vitamins and minerals, the Scientific Substantiation Framework and criteria for nutrition content claims about saturated fatty acids as a low proportion of total fatty acid content, and 'free' of *trans* fatty acids.

This is certainly a complex area in which a diversity of opinions have been expressed about the most appropriate way to frame food standards in order to provide protection for consumers, avoid consumer confusion in interpreting food labels and to assist consumers to choose food for good health. DAA considers that it is important to be consistent between food standards and other public health messages. It also acknowledges the desirability of providing standards which may be readily interpreted by industry while protecting consumer interests.

**CLAIMABLE FOOD CRITERIA OR NUTRIENT PROFILING SCORING
CRITERIA FOR CLAIMS ABOUT VITAMINS AND MINERALS p8**

DAA finds that there are limitations with both Options 2 and 3 as presented in the proposal. Given the lack of evidence related to consumer understanding of nutrition content claims related to vitamins and minerals it considers that the risks of Option 3 are greater than the risks carried by Option 2.

CRITERIA FOR NUTRITION CONTENT CLAIMS ABOUT 'SATURATED FATTY ACIDS AS A LOW PROPORTION OF THE TOTAL FATTY ACIDS CONTENT' AND ABOUT 'TRANS FAT FREE' p15

DAA notes that this new claim has been added due to concerns raised by ourselves, and others, in previous submissions. In theory, the use of this new nutrition content claim relating to a lower proportion of saturated fat and trans fats, will be able to be used on higher fat foods with a healthier fat profile. This may help people to choose foods with an optimal proportion of unsaturated fats and thus improve the overall fatty acid profile of their diets. However, DAA remains concerned about the overall usefulness of any of the Options presented by FSANZ to achieve this objective.

DAA does not support the condition of option 3 where claims are limited to foods with more than 30g of fat per 100g. We argue that it is important to be able to talk about the fat profile of all fat-containing foods, regardless of total fat content. By limiting foods to those that are 30% fat or more, a number of foods would be excluded as they fall below this level such as avocados, some salad dressings, oil-based dips, breads with a high seeds content, some fish and seafood (fresh and processed), and some baked products such as biscuits and cakes (based on healthier oils and baking fats).

While DAA sees some benefit in being able to make claims about foods which have a 'healthier' fat profile, it suggests that the wording presented in the Consultation Paper needs to be amended. This being so, DAA expresses a preference for Option 2 provided that the food should contain no more than 28% saturated fat and trans fat and no less than 40% monounsaturated or polyunsaturated fat, as a proportion of total fat.

Furthermore, DAA suggests that there may be other ways of describing the benefits of having greater amounts of unsaturated fat than saturated fat in a food, independent of the total amount of fat. For example, 'favourable fatty acid ratio', 'healthier fatty acid ratio', 'higher proportion of healthier fats'. DAA also suggests that examples of acceptable alternative wordings be placed in an editorial comment in the standard and/or in the user guide.

TRANS FATTY ACIDS p18

DAA supports Option 2 which includes conditions for an absolute value of saturated fat/100g or a limited percentage of saturated fat as a proportion of total fat on the understanding that 'free' means 'not detectable'.

SUBSTANTIATION OF FOOD-HEALTH RELATIONSHIPS FOR USE AS BASIS OF GENERAL LEVEL HEALTH CLAIMS p 23

DAA acknowledges that changes have been made to this section as a result of feedback from enforcing agencies.

With respect to Method 3 (page 27), DAA recommends that the two corroborating sources should be from at least two different authors, preferably from independent laboratories or research institutes. DAA supports further guidance on the use of appropriate textbooks to ensure a similar quality and rigour of evidence as with other sources to provide clarity for manufacturers and enforcements agencies.

With respect to Method 4 (page 27), DAA notes that only the Cochrane database of systematic reviews and the UK Joint Health Claims Initiative are accepted for substantiation. It also states that submitters can conduct their own systematic review of the current scientific literature. DAA suggests that FSANZ also consider other high quality methods of conducting systematic reviews, such as QUOROM¹ for randomized controlled trials or MOOSE² for epidemiological studies.

REFERENCES

1. Moher D, Cook KJ, Eastwood S, Olkin I, Rennie D, Stroup DF. Improving the quality of reports of meta-analyses of randomized controlled trials: the QUOROM statement. Quality of reporting of Meta-analyses. Lancet. 1999;354(9193): 1896-900
2. Stroup DF, Berlin JA, Morton SC, Olkin I, Williamson GD, Rennie D Moher D, Becker BJ, Sipe TA, Thacker SB. Meta-analysis of observational studies in epidemiology: a proposal for reporting. Meta-analysis Of Observational Studies in Epidemiology (MOOSE) group. JAMA. 2000; 283(15): 2008-12.