



**National Council of
Women of New Zealand**

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Wahine O Aotearoa

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25 October 2000

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**Submission to the Australia New Zealand Food Authority on
Review of Health and Related Claims for Proposal P153 and
Pilot for Management Framework for Health Claims P170**

The National Council of Women of New Zealand (NCWNZ) is an umbrella organisation representing 43 nationally organised societies. It has 34 branches spread throughout the country to which women from some 150 societies are affiliated.

NCWNZ has been pleased to receive the Review of Health and Related Claims full Assessment Report Proposal 153 and the Pilot for Management Framework for Health Claims Draft Inquiry Report Proposal 170.

The NCWNZ Consumer Affairs Standing Committee has studied these documents, has sought opinion from NCWNZ members and is pleased to make the following comments.

Page 1 Review of health and related claims:

1. Executive Summary

1.1 Policy context – list of the objectives outlined in Section 10 of the ANZFA Act 1991 are set out. We are adamant that these must be listed in order of priority as previously and that this must be written into the document with the words “in order of priority” stated clearly.

Page 1 last para, first bullet point:

In developing the joint code, consistent with statutory objectives and policies of ANZFA, it is proposed, where possible “to reduce the level of prescriptiveness of standards to facilitate innovation by allowing wider permission on the use of ingredients and additives, but with consideration of the possible increased need for consumer information”.

We contend strongly that “possible increased need” should be replaced by “urgent need for consumer education”. To ensure the highest standards for consumers when “wider permission” is a reality it is imperative that they are provided with as much information as possible.

Page 1, last bullet point:

In facilitating the “harmonisation of food standards between Australia and New Zealand” we stress the desirability of developing a monitoring process. Funding must be made available to provide for such monitoring.

Page 3, 1.3 Stakeholder views on health claims:

“Unfortunately, there is limited data in published literature to verify some of these views”.

We believe that if claims cannot be verified and substantiated they cannot be made.



**Page 3, 1.3.1 Arguments submitted against health claims:**

NCWNZ is pleased to note the first bullet point and agrees wholeheartedly that “The total diet is more important than individual foods. Diet related problems are multi-factoral”.

In the second bullet point we are pleased to note there is concern about ongoing validity of claims and liability issues, and are hopeful that action can be taken to establish validity in all cases.

Page 4, 1.3.2 Arguments submitted in support of health claims:

Bullet point 3: “Allowing health claims would permit agencies to target dietary advice to specific community groups”.

We would require a clarification of “agencies” which could mean health professionals and marketers and marketing strategies. The statement needs to be far more specific.

Pages 7-8 Section 6 Options for the review of health claims regulations:

NCWNZ would support Option B, amended health claims regulations but no exemptions, rather than the ANZFA preference Option C – unless the non-highlighted option (Section 8) “Co-regulation with a more integrated approach to education and monitoring with the focus on incorporation into current public health initiatives under *Options for management frameworks for health claims*” was incorporated.

Well orchestrated science based health and nutrition initiatives should be the catalyst for the development of ‘health’ products rather than marketing strategies being the catalyst for health and nutrition campaigns.

Impartial consumer education – not just product specific education – must be part of the scenario. Marketing strategies do not equate to adequate/impartial information. Independent educational resources must be allocated.

While a self-regulating system is most economical of resources with compliance with the code and enforcement of regulations it would appear that it is only by complaint that investigation would take place (**1.7.5 Page 12**). For such a system to be effective the consumer needs to be very well educated in such areas.

Resources for such in-depth, impartial education must be clearly targeted. While given the benefits that may accrue to industry through the use of claims in the marketing of products, their role in supporting and resourcing the proposed health claims management framework needs to be carefully considered. The health benefit loses generality and becomes product specific, thus confusing rather than clarifying consumer education.

In any future management of health claims we agree that for the best outcome adequate resourcing to support the proposed framework must be forthcoming.

Page 13:

The option of amendment to the ANZFA Act “to recoup the costs associated with substantiating health claims, and with the education and monitoring undertaken in support of claims” is the NCWNZ preferred option.

We would oppose ANZFA opting out in areas of education and monitoring. If we cannot afford the education then we cannot afford health claims.



While the use of the word “health” cannot be used on labels, the presence of health food sections in supermarkets and indeed the high street ‘health food stores’ makes such a banning a nonsense.

Whatever system is implemented it must be designed to give the consumer confidence, and must include a sustainable education campaign as well as mandatory regular independent reviews.

Conclusion

As proposed on Page 7 we support Option C and framework 2, which is not highlighted, where importance is placed on education and monitoring. Education and Communication (Section 11) and Monitoring and Evaluation (Section 12) should have equal importance with Regulation and Enforcement (Section 9) and Substantiation (Section 10).

Unless adequate funds can be found for monitoring and evaluation we believe the proposed framework should not be established.

Barbara Glenie
National President

Eileen Imlach
Convener, Consumer Affairs Standing Committee