

A1090 Review Consultation Paper
Voluntary Addition of Vitamin D to Breakfast Cereal
Submission by the Department of Health and Human Services Tasmania

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Thank you for the opportunity to comment on the Review Consultation Paper for Application A1090, *Voluntary Addition of Vitamin D to Breakfast Cereals*.

Tasmania supports the adoption of the Nutrient Profiling Scoring Criterion (NPSC) to restrict the addition of Vitamin D to only those breakfast cereals that meet the NPSC as purchased.

Tasmania is somewhat disappointed with the quality and comprehensiveness of the consultation paper, as the paper draws attention to the negative impacts of restricting voluntary fortification with Vitamin D to breakfast cereals that meet the NPSC and fails to outline the benefits.

Question to submitters:

1) The basis of voluntary vitamin D addition to breakfast cereal was public health need. In your view, is public health and safety protected by applying the NPSC to permission to fortify ready-to-eat breakfast cereal with vitamin D? Please provide evidence for your view.

Ministers have made it very clear that they do not want voluntary fortification of foods high saturated fat, salt, sugar or of no nutritional value. Voluntary fortification of highly sweetened breakfast cereals is not consistent with Ministers request.

Application A1090 may claim to be about public health. However, the application is from a vitamin manufacturer who clearly has a vested interest in selling more Vitamin D preparations.

If the Application was about protection of public health and Vitamin D status, then a very different set of outcomes should have ensued and the COAG Health Council should have been consulted about the prevalence and severity of Vitamin D deficiency and the need for intervention .

The best available evidence, provide by an expert panel to the Australian Health Ministers Advisory Council in June 2005, suggests that *mandatory fortification is the most effective public health strategy to increase nutrient intakes where there is evidence that current intake is detrimental to health; nutrient requirements cannot be met by realistic dietary practices (or in the case of Vitamin D perhaps this should also include sun exposure); and safety requirements demonstrate increasing intake is safe at levels likely to be experienced.*

From a public health perspective our response to Vitamin D deficiency in Tasmania has been to encourage more sun expose when it is safe to do so.

If, in the future, it is determined that on public health grounds food fortification is warranted to protect public health from Vitamin D deficiency, the voluntary permissions associated with this Application may in fact complicate a future Proposal. Canada has very successfully managed Vitamin D deficiency

through mandatory fortification of milk. As a food consumed by a large percentage of the population on a daily basis (compared to breakfast cereal) this would be a far more strategic and effective way to address Vitamin D deficiency through fortification.

What the consultation paper really fails to identify is the benefits to public health that will result by applying the compositional criteria beyond this application. It will set a precedent that only foods that meet the NPSC will be permitted to be voluntarily fortified in future. This could have a major protective effect on the future food supply by preventing foods of little or no nutritional value claiming to be healthy on the grounds of a few added vitamins and minerals.

As so few breakfast cereals do not meet the NPSC, the application of the NPSC will have very little negative impact on vitamin D status as the paper clearly identifies.

Ideally, we would have preferred more restrictive criteria than the NPSC be applied to ensure vitamin D is only added to healthy foods (as opposed to not to unhealthy foods) which would have excluded more cereals. However, given the NPSC is already incorporated into the Code it makes practical sense for this criteria to be used.

Questions to submitters:

- 2) What are the positive and negative impacts on the breakfast cereal industry of permitting vitamin D in all breakfast cereal?
- 3) How (if at all) would these impacts differ if the permission were to be restricted to breakfast cereal that meets the NPSC? Please provide data or evidence to support your response.

At this stage, to our knowledge, there is no clear definition of what constitute a breakfast cereal. If voluntary fortification is permitted in highly sweetened breakfast cereals why wouldn't it be allowed to be added to muesli bars, breakfast biscuits, breakfast drinks or indeed boxes of little sweet biscuits that closely resemble highly sweetened breakfast cereals (i.e. precedent setting).

Given such a small number of breakfast cereals will be excluded (if the NPSC is used as the criteria), there will be minimal market impact of imposing compositional criteria as few breakfast cereals would be affected. Including compositional criteria in the standard would clearly illustrate application of the Policy Guideline principle. It would also prevent A1090 being used as a precedent for justification of voluntary fortification of foods high in fat, salt or sugar or of little nutritional value in the future.

The premix issue is a valid concern from industry but cereal manufacturers are not required to use as the permissions are voluntary it so there is no need for any manufacturer to incur a cost unless they chose to fortify their breakfast cereal.

Questions to submitters:

- 4) What evidence do you have on the effects of added vitamins and minerals on consumers' perceptions of or choice of breakfast cereal product?
- 5) What, if any, is the difference in consumer's response to the presence or absence of vitamin D in food compared to their response to the presence or absence of other vitamins? Please provide the evidence used to inform your response.

There is stronger emerging evidence of the health halo effect (Sutterlin B and Seigrist M, Appetite, 2015 95:252-261 - Attached) which uses similar research techniques to the FSANZ consumer research that is quoted in the paper. Whilst this is not specific to Vitamin D it provides evidence that consumers can be misled by labelling that implies a food is a healthier alternative.