



Institute of Food Technologists

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About IFT

For more than 70 years, IFT has existed to advance the science of food. Our scientific society—more than 17,000 members from more than 100 countries—brings together food scientists and technologists from academia, government, and industry.

By advocating for the science of food, we educate the media and policy makers, and serve as a catalyst for new ideas that benefit the consuming public. Our community's shared commitment to our mission helps to ensure a safe and abundant food supply contributing to healthier people everywhere.

Food Standards Australia New Zealand
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Dear Food Standards Australia New Zealand,

The Institute of Food Technologists (IFT) appreciates the invitation by Food Standards Australia and New Zealand to offer scientific perspective and practical insights on proposal P293 focused on Nutrition, Health, and Related Claims. IFT embraces their role in reducing saturated fatty acids and industrial *trans* fatty acids in the food supply. If further assistance or clarification is needed, please contact Sheila Fleischhacker at 202-330-4976 or sfleischhacker@ift.org.

Sincerely,

Roger Clemens, DrPH
IFT President, 2011-2012

Table 1: Revised Draft Standard 1.2.7

1. Does the revised drafting accurately capture the regulatory intent as provided in Attachment B? Please consider the clarity of drafting, any enforceability issues and the level of “user-friendliness”.	
Schedule	Comment
Schedule 2 – Part 3 – Addition of MUFA and PUFA general level health claims	<p>IFT welcomes FSANZ’s proposed general level health claims (GLHC) regarding saturated fatty acids (SFA) and industrial <i>trans</i> fatty acids (iTFA). IFT members, during food production and manufacture, are making significant strides across key food categories in reducing the amount of SFA and also reducing or eliminating iTFA.</p> <p>Efforts by the industry to produce heart healthy processed foods have led to an increase in the availability of vegetable oils. The use of vegetable oil is intended to decrease the SFA content and reduce the hydrogenation, while increasing those oils containing enhanced levels of monounsaturated fat (MUFA), particularly, oleic acid.</p> <p>Recent evidence-based reviews have provided strong evidence that replacing SFA with MUFA improves blood lipids profiles, particularly, lowering LDL.^{1,2} Evidence has also shown that higher total and LDL cholesterol levels are risk factors for cardiovascular disease. Given the strength of the available evidence, <i>IFT respectfully requests that FSANZ consider among pre-approved GLHC a claim regarding MUFA and reduction of LDL in the context of a diet low in saturated fatty acids.</i> Conditions of use for this claim would include meeting conditions for</p>

¹ Dietary Guidelines Advisory Committee. (2010). *Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans, 2010*. Available at <http://www.cnpp.usda.gov/dietaryguidelines.htm>.

² Food and Agriculture Organization. (2010). FAO, 2010. *Fats and Fatty Acids in Human Nutrition*. FAO Food and Nutrition Paper 91. ISSN 0254-4725.

	<p>making a nutrition content claim (NCC) about increased MUFA as outlined in Schedule 1. EU authorization of claims related to MUFA and oleic acid and maintenance of normal blood cholesterol are pending.^{3,4} IFT supports the adaptation of authorized EU claims via FSANZ review and public comment. Given the strength of the available evidence, IFT requests FSANZ add MUFA claims to the Standard currently.</p> <p>Likewise, IFT recognizes strong evidence supporting improved blood lipids¹ and reduced risk of heart disease when polyunsaturated fats (PUFA) replace SFA² and pending EU authorization of related claims³. IFT respectfully requests, <i>addition of a pre-approved GLHC to Schedule 2 regarding PUFA and reduction of total blood cholesterol or LDL cholesterol in the context of a diet low in SFA and/or iTFA</i>. Conditions of use for this claim would include meeting conditions for a nutrition content claim about increased PUFA as outlined in Schedule 1. Pending authorization of this claim in the EU provides further rationale for its addition to</p>
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³ EFSA Panel on Dietetic Products, Nutrition and Allergies (NDA); Scientific Opinion on the substantiation of health claims related to the replacement of mixtures of saturated fatty acids (SFAs) as present in foods or diets with mixtures of monounsaturated fatty acids (MUFAs) and/or mixtures of polyunsaturated fatty acids (PUFAs), and maintenance of normal blood LDL-cholesterol concentrations (ID 621, 1190, 1203, 2906, 2910, 3065) pursuant to Article 13(1) of Regulation (EC) No 1924/2006. *EFSA Journal*. 2011;9(4):2069. [18 pp.]. doi:10.2903/j.efsa.2011.2069. Available online: www.efsa.europa.eu/efsajournal.

⁴ EFSA Panel on Dietetic Products, Nutrition and Allergies (NDA); Scientific Opinion on the substantiation of health claims related to oleic acid intended to replace saturated fatty acids (SFAs) in foods or diets and maintenance of normal blood LDL-cholesterol concentrations (ID 673, 728, 729, 1302, 4334) and maintenance of normal (fasting) blood concentrations of triglycerides (ID 673, 4334) pursuant to Article 13(1) of Regulation (EC) No 1924/2006. *EFSA Journal*. 2011;9(4):2043. [17 pp.]. doi:10.2903/j.efsa.2011.2043. Available online: www.efsa.europa.eu/efsajournal.

	the current Standard. IFT believes that the addition of GLHC to Schedule 2 for MUFA and PUFA will increase the overall user friendliness of SFA GLHC and promote consumer ability to select suitable replacements for SFA in their diet.
Schedule 2 – Part 3 – EPA and DHA and heart health	<p>Conditions of use for the proposed DHA+EPA GLHC are 10 mg lower (50 mg/serving) than that specified for a “good source” NCC (60 mg/serving). This inconsistency may prove confusing for consumers. Ideally a food that provides sufficient DHA/EPA to meet the GLHC requirement would also be a “good source” of these nutrients. <i>IFT therefore respectfully requests that the GLHC level be increased to 60 mg.</i> In addition, <i>IFT also requests that the conditions of use be clarified to allow DHA alone or the combination of DHA+EPA to fulfill the minimum GHLC requirement.</i> At this time, there are limited data regarding the efficacy of EPA alone for heart health.</p> <p>EU claims, currently pending authorization, for <i>DHA and maintenance of brain function and normal vision in the general population</i> are also appropriate for addition to Schedule 2.⁵ Similarly, authorized EU claims for <i>maternal DHA intake and support of infant brain and eye development</i> are appropriate GLHC.⁶ Given the status of these claims in the EU, <i>IFT requests FSANZ prioritize adoption of</i></p>

⁵ EFSA Panel on Dietetic Products, Nutrition and Allergies (NDA); Scientific Opinion the substantiation of a health claim related to docosahexaenoic acid (DHA) and maintenance of normal (fasting) blood concentrations of triglycerides (ID 533, 691, 3150)... maintenance of normal brain function (ID 565, 626, 631, 689, 690, 704, 742, 3148, 3151), maintenance of normal vision (ID 627, 632, 743, 3149)... pursuant to Article 13(3) of Regulation (EC) No 1924/2006. EFSA Journal 2010;8(10):1734. [27 pp.]. doi:10.2903/j.efsa.2010.1734. Available online: www.efsa.europa.eu/efsajournal.htm.

⁶ Commission Regulation (EU) No 440/2011 of 6 May 2011 on the authorisation and refusal of authorisation of certain health claims made on foods and referring to children’s development and health. L119/4 7.5.2011.

	<i>these claims as part of the current Standard.</i>
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Table 2: Fat-free and % Fat-free Claims

Question	Comment
<p>2. What evidence can you provide that shows consumers are purchasing foods of lower nutritional quality because they are being misled by fat-free or % fat-free claims? FSANZ is primarily interested in the substitution of foods of higher nutritional quality with foods of lower nutritional quality which have fat-free claims. Substitution within a general food group (e.g. choosing a different confectionery product) is of lesser importance.</p> <p><i>Note: Please provide documented or validated evidence where possible.</i></p>	<p>IFT does not have evidence to support the hypothesis that consumers are purchasing foods of lower nutritional quality because they are misled by fat-free or % fat free claims. It is the unique fatty acid combination of various fats and oils that allows both functionality in a wide variety of food formulations as well as contribution to nutritional and health outcomes.</p>
<p>3. Do you support option 1 (status quo), option 2 (voluntary action through a code of practice), or option 3 (regulate with additional regulatory requirements for fat-free and % fat-free claims)? Please give your reasons.</p>	<p>IFT supports maintenance of status quo (Option 1) regarding fat-free and % fat-free claims. Maintaining status quo will limit unnecessary disruption of food manufacture and labeling.</p>
<p>4. Please comment on the possible options for additional regulatory requirements for fat-free and % fat-free claims (option 3) (refer section 8) as follows:</p> <p>a. Which option do you support and why?</p> <p>b. What is an appropriate sugar concentration threshold for options 3(b) and 3(d)? Where possible, provide information and evidence to support your suggested threshold value.</p> <p>c. Are there other suitable options for additional regulatory requirements for fat-free and % fat-free claims? Please describe.</p>	<p>Please see response to Q3 above.</p>