

## Appendix 2 - OPH response to the online survey on front-of-package nutrition labeling

### Technical questionnaire on front-of-package nutrition labels

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Health Canada values the input Canadians and interested and affected stakeholders have on its proposed policies. We welcome your comments and feedback on the proposed approach to introduce mandatory front-of-package (FOP) labelling requirements for foods high in nutrients of public health concern - sodium, sugars and saturated fat - due to excessive intakes.

For more information, refer to the [consultation document](#) on the front-of-package nutrition labels.

Now that you have had a chance to consider the information above, please consider taking the time to answer some general questions below.

#### Questions

**Which of the following best describes you?**

- ☐ consumer
- ☐ industry representative
- ☐ health professional
- ☒ government representative
- ☐ academic / researcher
- ☐ non-government organization representative

**1. Do you support Health Canada's proposed nutrient-specific "high-in" front-of-package labelling approach? Please explain.**

Yes. As mentioned in the Toward Front-of –Package Nutrition Labels for Canadians consultation document, there are some limitations with the current nutrition labelling system in Canada. For some consumers, the Nutrition Facts table can be difficult to understand and also requires some time and motivation to access due to its location on the back or side of the package. Furthermore, health and nutrient content claims are voluntary and are therefore used as a marketing tool, highlighting only the positive attributes of the packaged products on which they appear.

Research has indicated that FOP labelling systems that focus on nutrients of concern (such as a 'high in' labelling approach) rather than a summary system are more effective in helping consumers choose healthier products.

The 'high-in' FOP labelling approach will bridge the gap to address the limitations noted above and provide useful, easy to access health related information that is consistent across all foods that currently include a nutrition label.

## References

-Campos S, Doxey J, Hammond D. Nutrition labels on pre-packaged foods: a systematic review. Public Health Nutrition. 2011; 14(8):1496-1506.

-Hersey JC, Wohlgenant KC, Arsenault JE, Kosa KM, Muth MK. U.S. National Library of Medicine, National Institutes of Health, Effects of front-of-package and shelf nutrition labeling systems on consumers. Nutr Rev. 2013; 71(1):1-14.

-Hodgkins CE, Raats MM, Fife-Schaw C, Peacock M, Gröppel-Klein A, Koenigstorfer J, Wasowicz G, Stysko-Kunkowska M, Gulcan Y, Kustepeli Y, Gibbs M, Shepherd R, Grunert KG. Guiding healthier food choice: systematic comparison of four front-of-pack labelling systems and their effect on judgements of product healthiness. Br J Nutr. 2015; 113(10):1652-63.

-Cecchini M, Warin L. Impact of food labelling systems on food choices and eating behaviours: a systematic review and meta-analysis of randomized studies. Obes Rev. 2016; 17:201-210.

### **2.1a. Do you support Health Canada's proposed thresholds for triggering front-of-package labelling? Yes or no. Please explain.**

Yes. Using the %DV to inform the thresholds for the nutrients of concern is a logical approach. It enables consistent messaging for the population regarding nutrition labelling.

We would be interested in knowing what criteria would be used to classify a food as 'solely for young children'.

### **2.1b. If your answer to 2.1a is "no", please suggest alternative thresholds along with a rationale and evidence to support your proposal.**

### **2.2a Do you support Health Canada's proposed approach for foods with small reference amounts? Yes or no. Please explain.**

Yes. Providing a consistent reference amount for these foods is valuable (e.g. 50 g).

### **2.2b If your answer to 2.2a is "no", please suggest an alternative approach along with a rationale and evidence to support your proposal.**

**2.3a Do you support Health Canada's proposed approach to exempt foods from front-of-package labelling if the current *Food and Drug Regulations* do not require the food to carry a Nutrition Facts table (NfT)? Please explain.**

Yes. It would not be logical to require FOP labelling on foods exempt from carrying a NfT. Without the NfT, the consumer would not have the ability to assess the numerical values of the nutrients of concern that might appear on the FOP labelling system. It would also be unrealistic and unsupportive of environmental practices to require manufacturers to change/increase package sizes to fit the FOP labelling system and not the NfT.

**2.3b Do you support Health Canada's proposal to exempt packages of sugar and salt from front-of-package labelling? Please explain.**

No. While we understand the point of view that it may seem obvious that sugar and salt are high in these respective nutrients, this may not be the case for different variations of sugar and salt that consumers believe are healthier alternatives (i.e. raw cane sugar, Himalayan sea salt).

With the growing popularity of various forms of sugar and salt, and the requirement to use FOP labelling on other products where the main ingredient is sugar or salt (i.e. honey, powdered bouillon) we think that for clarity and consistency, these products should not be exempt. Public health messages regarding the link between an increased risk of chronic disease and a high intake of all forms of sugar and salt is an important one that should be reflected in FOP packaging.

**3a. Do you support Health Canada's approach to choosing a front-of-package symbol for foods high in sodium, sugars and saturated fat? Please explain.**

Yes, we support targeting these three nutrients of concern for the population.

We recognize that the high in sugar FOP symbol will (for the most part) appear on foods that are high in added sugar, however, the proposed changes in Canada Gazette 1 to the NfT to focus on total sugars only, is a missed opportunity to provide consumers with all of the information they need to make an informed choice. Research demonstrates that increased **added sugars** in the diet is linked to dental caries and increased body weight. Consumers need to decrease their added sugar intake, and **not** sugars found intrinsically in foods such as fresh or frozen fruit, milk, etc.

Breaking down the % DV for total and added sugar would allow a more detailed comparison between products that may appear similar but have vastly different nutrient profiles, such as is the case for packaged snacks or cereal. Determining the reference value for the %DV could mirror those already proposed by the World Health Organization, the US Food and Drug Administration, and the Heart and Stroke Foundation and be set at 10% of total calories (equivalent to 50 g). Health Canada's proposed %DV of 20% of calories (100g of sugar) could

give the false impression that foods Canadians typically considered to be high in sugar are actually healthy options with the new DV.

## References

*Guideline: Sugars intake for adults and children.* Geneva: World Health Organization; March 2015, online: [http://www.who.int/nutrition/publications/guidelines/sugars\\_intake/en/](http://www.who.int/nutrition/publications/guidelines/sugars_intake/en/)

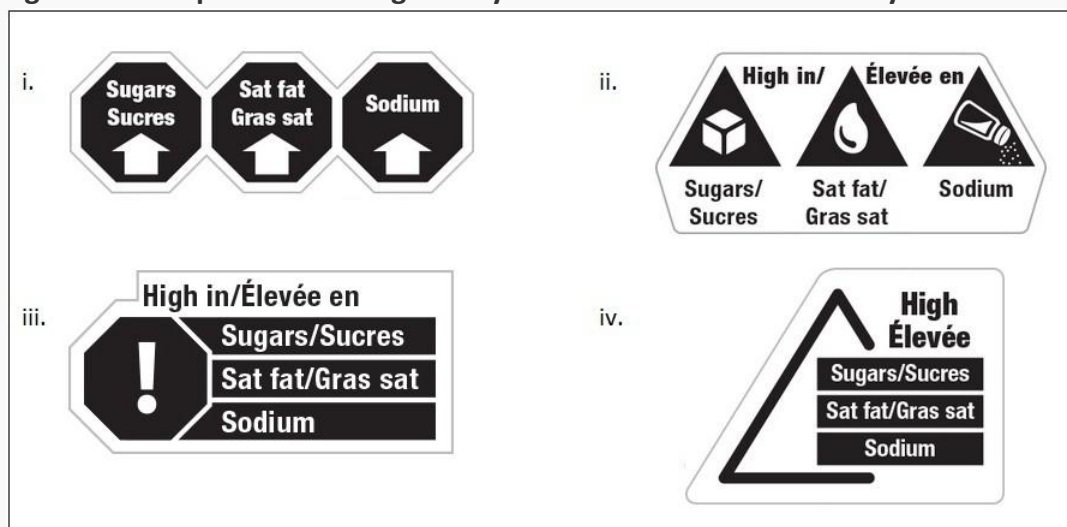
*Sugar, Heart Disease and Stroke,* Heart and Stroke Foundation of Canada Position Statement; August 2014, online: [http://www.heartandstroke.com/site/c.iklQLcMWJtE/b.9201361/k.47CB/Sugar\\_heart\\_disease\\_and\\_stroke.htm](http://www.heartandstroke.com/site/c.iklQLcMWJtE/b.9201361/k.47CB/Sugar_heart_disease_and_stroke.htm)

Proposed Changes to the Nutrition Facts Label, United States Food and Drug Administration; July 2015, online: <http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/LabelingNutrition/ucm385663.htm>

**3b. Which symbol shown in Figure 1 below would best help inform Canadians about foods high in sodium, sugars and saturated fat? Please explain.**

We prefer ii because all international signs tend to be pictograms. The pictogram for sat fat could be improved.

**Figure 1: Examples of FOP "high in" symbols under consideration by Health Canada**



**3c. If you do not agree that any of the symbols in Figure 1 would help inform Canadians, please propose an alternative symbol along with a rationale.**

**4a. Do you support the changes proposed to update claims and other nutrition-related statements described in Table 3? Please explain.**

We support all the statements except:

viii. Representation of the amount of alcohol in beverages

**4b.If you do not support one or more of the proposed changes, please identify the subject of the proposed change (e.g., "i. no added sugar" claim) and explain why, along with a rationale and evidence to support your comments.**

*viii. Representation of the amount of alcohol in beverages*

Any amount of alcohol is important to note regardless of how little it is, some examples to support this:

- Some medications used with alcohol will make a person violently ill, thus if they consume the 'alcohol-free' beverage which indeed has a small amount of alcohol it may put this person at risk of harm
- Other types of medications clearly state avoid alcohol use as it could trigger seizures against the false 'alcohol-free' labelling misrepresents the risk involved
- The person who consumes large quantities of 'alcohol free' drinks which in fact have 0.5% – the resulting accumulative of the 0.5% add up.

Therefore this proposed change is contradictory to the goal of nutrition labelling: *"to enable consumers to make informed food choices in order to prevent injury to health and to ensure that criteria are applied and are consistent and not deceptive"*.

**5a.Do you support the changes proposed to eliminate the requirements for the principal display panel declaration and the quantitative declaration on foods containing sucralose, acesulfame-potassium and neotame? Yes or no. Please explain.**

Yes we support this change; it is redundant and unnecessary to flag these sweeteners on the front of package.

**5b.If your answer to 5a. is "no", please provide your recommended approach along with a rationale and evidence to support your proposal.**

**5c.If you are someone who either has phenylketonuria (PKU), cares for someone with PKU, or provides dietetic advice to those with PKU, what are your views concerning the principal display panel and quantitative declaration labelling requirements for aspartame?**

N/A