



Public Health Association
AUSTRALIA



Public Health Association
of New Zealand
**Kāhui Hauora Tūmatanui
o Aotearoa**

Public Health Association of New Zealand and Public Health Association of Australia Submission on Industrially Produced Trans Fats in Processed Foods

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PHAA Preamble

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia.

The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.



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PHANZ Preamble

The Public Health Association of New Zealand (PHANZ) works to promote the health and well-being of all New Zealanders. Through both policy and advocacy it is a leading voice for the public's health in New Zealand.

PHANZ is a national association with members from the public, private and voluntary sectors. Our organisation's vision is 'Good health for all - health equity in Aotearoa', or 'Hauora mō te katoa – oranga mō te Ao'. To achieve this, we provide a forum for information and debate about public health action in Aotearoa New Zealand. Public health action aims to improve, promote and protect the health of the whole population through the organised efforts of society. We recognise Te Tiriti o Waitangi as Aotearoa New Zealand's founding document, defining respectful relationships between tangata whenua and tangata Tiriti, and are actively committed to supporting Te Tiriti values in policy and legislation.



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Introduction

PHAA and PHANZ welcome the opportunity to provide input to the industrially produced trans fats in processed foods public consultation.

Cardiovascular disease (CVD) is a leading cause of disease burden and death Australia and New Zealand.^(1,2) Yet CVD is largely preventable through limiting alcohol intake, regular physical activity, smoking cessation, and most critically, through heart-healthy eating patterns.⁽²⁾

A significant contributor to CVD is industrially produced trans-fat (note that this submission will only address industrially produced and not naturally occurring trans-fat).⁽³⁾ Trans-fat is created when liquid vegetable oils are partially hydrogenated or 'hardened' and are usually found in processed foods.^(3,4)

Trans-fat has no known health benefits and is associated with a plethora of health conditions and causes of mortality.⁽³⁾ This is why the World Health Organization (WHO) has recommended that any reformulation policies for healthier food and beverages must ensure trans-fat is eliminated.⁽⁵⁾

In Australia and New Zealand, there are no such policies. In fact, products which contain trans-fat are not mandated to include this information on the product label.⁽⁴⁾ This is a major barrier for individuals who review the nutrition label with the intent to limit or eliminate trans-fat from their dietary intake.

Lack of reformulation policy also has serious equity concerns. Population groups with the highest intake of processed foods (that are often high in trans-fat), are those that are typically most vulnerable to chronic disease already; that is, households with low income,⁽⁶⁾ Aboriginal and Torres Strait Islander people,⁽⁷⁾ and rural communities.⁽⁸⁾

We recognise that this is only one step in CVD prevention, however it is an important step as its impact is three-fold. Eliminating trans-fat from products would address health equity in Australia and New Zealand, provide individuals with accurate information about the products they buy and align our countries with more than 60 others worldwide who have either eliminated or limited trans-fat in products.⁽⁹⁾

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2. Is there further data on intake of trans fats in Australia or New Zealand, either at the population level, or population groups? Please provide references for your response. (pp.13-14)

We are not aware of any other data on trans-fat intakes in Australia or New Zealand. This highlights the need for better monitoring of population dietary intakes to identify concerns as well as successes.

3. Food manufacturers- Do you have additional data on trans fat content of foods in Australia or New Zealand? Data for individual foods and food companies will not be published.

Kindly refer to the George Institute for Global Health submission for recent Australian packaged food data (using the FoodSwitch database) and to the University of Auckland submission for recent New Zealand packaged food and food service data (using the Nutritrack database). FoodSwitch & Nutritrack database are independent of industry. Those databases can only report on trans fat content based on what information industry chooses to make available about their products. This further highlights the need for better

monitoring (public or government led), which does not rely on industry self-reporting and/or the voluntary declaration of trans fat content.

Q6. Do you agree with the proposed objective of this work? If not, what is your proposed alternative?

We strongly recommend that “or reduced as much as possible” be deleted from the draft objective to confirm its ambition. That is, we support the following objective:

“Industrially produced trans fats have been eliminated from the food supply in Australia and New Zealand to support all population groups to minimise consumption of trans fats.”

Elimination must be the explicit aim as it offers the optimal level of health protection, aligns with WHO policies and recommendations^(5,10) and has demonstrably been achieved elsewhere.^(3,9)

Q12. Do you agree that these options should not be pursued further?

We recommended, alongside any option, that labelling requirements be updated to mandate the inclusion of trans fats in the nutrition information panel and/or that any process altering the fatty acid content of any ingredient, and the extent of that processing, be specified in the ingredients list.

While improved labelling is necessary for effective monitoring of any of the options outlined in the options paper, the appropriate labelling that should be implemented depends on the option/s followed.

1. The inclusion of trans fats in the nutrition information panel (as recommended by the final report of the Blewett review, “Labelling Logic”, in 2011)⁽¹¹⁾ will be of more direct use but may be more difficult and expensive to quantify thus burdensome on industry and government. However, the inclusion of a specific reference to a process that changes fatty acid content should be far simpler for industry to implement, assuming they possess information on the ingredients they use, although by itself does not provide sufficient insight into the trans fats content of a product.
2. If the use of partially hydrogenated oils is prohibited, a tax on trans-fat content should not be considered further, while import restrictions should apply in this case anyway.
3. If a compositional limit is applied, import restrictions and a tax on trans-fat content should be adopted, even if implementation is difficult.
4. If the voluntary option is selected, then import restrictions and tax on trans-fat content should be adopted, even if implementation difficult. Education campaigns will also be essential.

None of these four options, either in isolation, in combination with each other or in addition to a voluntary reformulation program would achieve the same level of health protection as the mandatory options outlined in the options paper (trans fat limit or ban on use of partially hydrogenated oil).

Q13. Do you agree with the analysis of how well the proposed options would achieve the proposed objective? If not, please describe why and provide references with your response.

We strongly agree with the analysis of the options, noting that:

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- A voluntary reformulation program will not address problems with trans-fat content and consumption but is merely an enhanced status quo that will continue to see preventable disease and early death from industrially produced trans fats.
- While a trans-fat content limit is likely to be effective, there are some additional complexities with implementation and monitoring compared to a ban on the use of partially hydrogenated oils.
- A complete prohibition on the use of partially hydrogenated oils in all settings will be effective and easier for government and industry to implement and monitor and is also better targeted at industrially produced trans fats.

Significant international experience proves that food manufacturers have been successful in reformulating under mandatory arrangements, and that this has been more effective than voluntary efforts and is cost-effective and equitable.^(3,9)

16. What do you consider to be the preferred policy option(s) to recommend to Food Ministers? Please explain your rationale.

We strongly recommend that a complete prohibition on the use of partially hydrogenated oils in all settings be implemented. We agree with the analysis and conclusion presented in the options paper, that “prohibiting use of partially hydrogenated oils (Option 6.4) has the greatest potential to achieve the objective” and consider that this must be the preferred policy option recommended to Food Ministers.

This is unambiguously the best option to meaningfully reduce and ultimately eliminate intake of industrially produced trans fats in Australia and New Zealand. It offers the maximum level of health protection, will best meet the desired outcome, aligns with best practice, and has been readily implemented around the world.

The second-best option is a mandatory limit on trans fats content, which has also proven to be effective internationally. However, we note that this option will be more difficult to implement and monitor than a ban on partially hydrogenated oils.

We do not support the status quo or a voluntary reformulation program, as neither will meaningfully reduce industrially produced trans fats content and intakes in Australia and New Zealand.

17. Do you have any other comments on this document?

We commend Food Ministers and the Food Regulation Standing Committee for their commitment to removing industrially produced trans fats from the Australian and New Zealand food supplies, which will save lives. The options paper is well-evidenced, with its analysis of the options and conclusions clear and objective.

The way forward is now perfectly obvious – mandatory action, in line with WHO recommendations, must be taken. We are already significantly behind other countries’ efforts; only Australia, New Zealand, Japan, and South Korea remain amongst high-income countries that have not taken effective action on trans fats, while many low- and middle-income countries have successfully introduced best practice policies.⁽⁹⁾

- **Mandatory action** has proven to be effective, cost-effective, and equitable in many settings around the world. A complete prohibition on the use of partially hydrogenated oil in all settings will be easy for industry to implement and government to monitor.

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- **A limit on trans-fat content**, set to the WHO-recommended level of 2% of total fats content, is a suitable second option but will be more difficult to implement and evaluate. Voluntary reformulation options will not achieve the same level of health protection and cannot be supported.

Implementation

International experiences in trans fats reduction provide critical context. Mandatory policies have been readily implemented by other countries, despite industry opposition, and reductions in and total eliminations of trans fats have been demonstrated. International experience shows this can happen quickly (i.e., over a period of 2-3 years), and many of the multi-national companies operating in Australia and New Zealand will have already faced mandatory action elsewhere.

Private sector conflicts of interest in policy development, implementation and monitoring undermine effective public health action, given their priorities may not align with people's health and wellbeing.⁽¹²⁻¹⁴⁾ The exclusion of conflicted industry players from processes which could undermine the success of public policy in realising or protecting public health and wellbeing should be implemented by governments in Australia and New Zealand as best practice.⁽¹⁵⁾

Monitoring that is independent of industry is essential to ensuring public health is protected. While there is potential for the Branded Food Database being developed by FSANZ to be used for monitoring of action on trans fats, there are significant concerns with its comprehensiveness, currency, and reliability. FoodSwitch & Nutritrack are independent and include a comprehensive annual collection of products, however, are limited by what is voluntarily declared by food companies about the trans-fat content, or ingredients which potentially contain industrially-produced trans fats, of their products.

Enforcement is also critical. Governments must not just be able to identify non-compliance, but also act on it to ensure positive outcomes from the introduction of any policy. Any deficiencies in enforcement, including hesitation to apply significant sanctions in cases of repeated, intentional, or egregious non-compliance, will only allow harm to continue to be caused.

Finally, there is some evidence that high-temperature cooking with and/or extending heating of oils can create or increase trans fats content.⁽¹⁶⁾ Governments in Australia and New Zealand should consider providing advice around maximum cooking temperatures and prolonged or re-use of cooking oils to further minimise trans fats intake, as per other countries.

Broader impacts of inaction

While the harm caused by industrially produced trans fats to people in Australia and New Zealand is of paramount importance, it is also useful to consider the impact on industry of no or insufficient action.

Persisting trans-fat content, actual or potential, will damage Australia's and New Zealand's exports and the reputation of our food sectors. In 2015 the United States Drug Administration determined that the use of partially hydrogenated oils in foods is "no longer Generally Recognized as Safe", and their use has been banned.⁽¹⁷⁾

While explanatory text around a draft final regulation clarifying that partially hydrogenated oils cannot be used in foods states that the measure is "noncontroversial given the public health risks associated with [partially hydrogenated oils] and the increasing use of [partially hydrogenated oils] alternatives".⁽¹⁸⁾

Australian and New Zealand exporters of products containing partially hydrogenated oils will increasingly face the objective, universally agreed fact that partially hydrogenated oils are poisonous to humans.

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Ultimately, Australia's and New Zealand's leadership and efforts in other food- or health-related issues may be detrimentally affected, were the clear evidence and best practice recommendations to be ignored and the sale of products containing this harmful ingredient continued.

Conclusion

PHAA and PHANZ support the Joint Food Regulation System for your efforts to align Australian trans fats policy with the growing number of countries that are eliminating industrially produced trans fats. We are particularly keen that the following points are highlighted:

- The word “eliminate” must replace “or reduced as much as possible” from the draft objective. That is, we would fully support: “Industrially produced trans fats have been eliminated from the food supply in Australia and New Zealand to support all population groups to minimise consumption of trans fats.”
- Labelling laws must mandate trans fats in the nutrition information panel and/or any process altering any ingredient's fatty acid content, and the extent of that processing, be specified in the ingredients list.
- Voluntary reformulation or status quo are unacceptable options.
- Implementation must be swift, independently monitored and non-compliance must be acted on.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.



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References

1. Australian Institute of Health and Welfare. Heart, stroke and vascular disease: Australian facts [Internet]. Canberra; 2023 Jun [cited 2023 Sep 12]. Available from: <https://www.aihw.gov.au/reports/heart-stroke-vascular-diseases/hsvd-facts/contents/impacts/burden-of-cvd>
2. Heart Research Institute. Heart Research Institute. 2023 [cited 2023 Sep 12]. Cardiovascular disease: impacts and risks. Available from: <https://www.hri.org.nz/health/learn/cardiovascular-disease/cardiovascular-disease-impacts-and-risks#:~:text=CVD%20is%20New%20Zealand's%20%E2%80%93%20and%20the%20world's%20%E2%80%93%20number%201%20killer.&text=Every%2090%20minutes%2C%20one%20New,That's%2016%20deaths%20every%20day.&text=With%20one%20in%2021%20adult,has%20been%20touched%20by%20CVD.>
3. Resolve to Save Lives. Resolve to Save Lives. 2022 [cited 2023 Sep 8]. Implementing And Enforcing Trans Fat Elimination Policies – Case Stud. Available from: https://resolvetosavelives.org/assets/Resources/tfa_implementation.pdf.
4. Food Standards Australia New Zealand. Trans fatty acids . 2017 [cited 2023 Sep 12]. Trans fatty acids . Available from: <https://www.foodstandards.gov.au/consumer/nutrition/transfat/pages/default.aspx>
5. World Health Organization. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health - Draft updated menu of policy options and cost-effective interventions for the prevention and control of noncommunicable diseases [Internet]. 2023 [cited 2023 Sep 8]. Available from: https://apps.who.int/gb/ebwha/pdf_files/EB152/B152_6-en.pdf.
6. Darmon N, Drewnowski A. Contribution of food prices and diet cost to socioeconomic disparities in diet quality and health: a systematic review and analysis. *Nutr Rev* [Internet]. 2015 Oct [cited 2023 Sep 12];73(10):643–60. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4586446/>
7. Pollard CM, Nyaradi A, Lester M, Sauer K. Understanding food security issues in remote Western Australian Indigenous communities. *Health Promotion Journal of Australia* [Internet]. 2014 Aug [cited 2023 Sep 12];25(2):83–9. Available from: <https://pubmed.ncbi.nlm.nih.gov/25186099/>
8. Whelan J, Millar L, Bell C, Russell C, Grainger F, Allender S, et al. You Can't Find Healthy Food in the Bush: Poor Accessibility, Availability and Adequacy of Food in Rural Australia. *Int J Environ Res Public Health* [Internet]. 2018 Oct 21 [cited 2023 Sep 12];15(10):2316. Available from: <https://www.mdpi.com/1660-4601/15/10/2316>
9. Downs SM, Bloem MZ, Zheng M, Catterall E, Thomas B, Veerman L, et al. The Impact of Policies to Reduce trans Fat Consumption: A Systematic Review of the Evidence. *Curr Dev Nutr*. 2017 Dec;1(12):cdn.117.000778.
10. World Health Organization. Technical briefing for Appendix 3 of the Global Action Plan for Non-Communicable Diseases - Interventions to promote healthy diet. [Internet]. 2022 [cited 2023 Sep 8]. Available from: <https://cdn.who.int/media/docs/default-source/ncds/mnd/technical-brief-unhealthy-diet.pdf>.
11. Blewett N, Goddard N, Pettigrew S, Reynolds C. Labelling Logic: Review of Food Labelling Law and Policy . Canberra; 2011.

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12. Ngqangashe Y, Friel S, Schram A. The regulatory governance conditions that lead to food policies achieving improvements in population nutrition outcomes: a qualitative comparative analysis. *Public Health Nutr* [Internet]. 2022 May 7 [cited 2023 Sep 11];25(5):1395–405. Available from: <https://pubmed.ncbi.nlm.nih.gov/34874000/>
13. Moodie AR. “Conflicted” Conceptions of Conflict of Interest: How the Commercial Sector Responds to the WHO Tool on Conflict of Interest in Nutrition Policy Are Part of Their Standard Playbook to Undermine Public Health Comment on “Towards Preventing and Managing Conflict of Interest in Nutrition Policy? An Analysis of Submissions to a Consultation on a Draft WHO Tool.” *Int J Health Policy Manag* [Internet]. 2020 Aug 26 [cited 2023 Sep 11]; Available from: <https://pubmed.ncbi.nlm.nih.gov/32861235/>
14. Labonté R. Purveyors of the Commercial Determinants of Health Have No Place at Any Policy Table Comment on “Towards Preventing and Managing Conflict of Interest in Nutrition Policy? An Analysis of Submissions to a Consultation on a Draft WHO Tool.” *Int J Health Policy Manag*. 2020 Sep 6;
15. Pan American Health Organization, World Health Organization, Institutional Repository for Information Sharing. Preventing and Managing Conflicts of Interest in Country-level Nutrition Programs: A Roadmap for Implementing the World Health Organization’s Draft Approach in the Americas [Internet]. Washington D.C.; 2021 Oct [cited 2023 Sep 11]. Available from: <https://iris.paho.org/handle/10665.2/55055>
16. Bhat S, Maganja D, Huang L, Wu JHY, Marklund M. Influence of Heating during Cooking on Trans Fatty Acid Content of Edible Oils: A Systematic Review and Meta-Analysis. *Nutrients*. 2022 Apr 2;14(7):1489.
17. USFDA. FDA Completes Final Administrative Actions on Partially Hydrogenated Oils in Foods [Internet]. 2023 [cited 2023 Sep 11]. Available from: Available from: <https://www.fda.gov/food/cfsan-constituent-updates/fda-completes-final-administrative-actions-partially-hydrogenated-oils-foods>.
18. USFDA. Revocation of Uses of Partially Hydrogenated Oils in Foods [Internet]. 2023 [cited 2023 Sep 11]. Available from: . Available from: <https://www.govinfo.gov/content/pkg/FR-2023-08-09/pdf/2023-16725.pdf>.