

# Improving the composition of the food supply in relation to industrially-produced trans-fats

**Response to consultation  
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## About Dietitians Australia

Dietitians Australia is the national association of the dietetic profession with over 8500 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for the profession and for the people and communities it serves.

The Accredited Practising Dietitian program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians are the qualified and credentialed food and nutrition experts and have an important role to play in sustainable food systems for population and planetary health.

This submission was prepared by Dietitians Australian staff in collaboration with members following the [Conflict of Interest Management Policy](#). Contributors include Dietitians Australia members with wide ranging expertise in areas including public health, chronic disease, food systems and academia.

## Summary

Dietitians Australia acknowledges the Food Ministers and the Food Regulation Standing Committee for their commitment to improving the Australian food system. Effective food systems drive good nutrition and health, reducing diet-related illness, food insecurity and malnutrition in all its forms.

Dietitians Australia strongly advocates for **mandatory legislation to eliminate industrially-produced trans-fat** from the food supply, as per best-practice criteria determined by the World Health Organization (WHO). Mandatory legislation has proven to be feasible, cost-effective, and equitable in many settings around the world. Partial, stepwise and/or voluntary actions, such as industry-led pledges and other self-regulatory measures across the food system, have not been demonstrated to work effectively and are therefore strongly opposed.

Without action, Australian regulation will lag behind international standards impacting the health and well-being of the population.

## Response to consultation questions

**Question 1:** Are there any other estimates of the contribution of trans-fat consumption to heart disease in Australia or New Zealand? Please provide references for your response.

**Response:** Dietitians Australia is not aware of any other estimates of the contribution of trans-fats to heart disease in Australia.

**Question 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.

**Response:** Dietitians Australia is not aware of any other available data. This highlights the need for regular and comprehensive food and nutrition monitoring in Australia.

**Question 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.

**Response:** N/A.

**Question 4a.** Is there any data available on the number or proportion of products that declare trans-fat content in the Nutrition Information Panel for Australia and/or New Zealand?

**Question 4b.** Is there any data available on the number or proportion of products that declare hydrogenated oils in the Statement of Ingredients for Australia and/or New Zealand?

**Question 4c.** Food manufacturers- what information do you provide to consumers about the trans-fat content of your food products?

**Response:** N/A.

**Question 5a.** Food manufacturers- what reformulation activities have you undertaken in the last 10 years to reduce the use of trans-fats/partially-hydrogenated vegetable or fish oils?

**Question 5b.** Food manufacturers- What has been the impact of cooking oil price increases and supply shortages on your products? What alternate oils are being used?

**Response:** N/A – however, Dietitians Australia advocates for the inclusion of international evidence on cost-benefit analysis of alternative oils and supply chain systems, given the well-advanced trans-fat regulations globally and the documented minimum cost implications.<sup>1</sup>

**Question 6.** Do you agree with the proposed objective of this work? If not, what is your proposed alternative?

**Response:** Dietitians Australia strongly supports the mandatory elimination of industrially-produced trans-fat from the food supply, as per best-practice criteria determined by WHO.<sup>2</sup>

A best-practice trans-fat elimination policy provides for:

1. mandatory national ban on the production, use or sale of partially hydrogenated oils (PHO ban) OR
2. mandatory national restriction that limits industrially produced TFA to a maximum of 2% of total fat in all fats, oils, and foods (industrially produced TFA 2% limit) OR
3. a combination of the PHO ban and industrially produced TFA 2% limit.

In taking an evidence-based position, and one that aligns with WHO best-practice, Dietitians Australia supports the proposed objective of this work and considers the only evidence-based options for implementation to be Options 6.3 and 6.4.

**Question 7.** Are there additional policy options that should be considered? Please provide rationale and the benefits and risks of your suggested option.

**Response:** Dietitians Australia does not support the addition of other policy options, and strongly opposes the policy option: Option 6.2 voluntary reformulation, as this is not considered best-practice by WHO.<sup>2</sup>

Experiences in several countries demonstrate that mandatory approaches are much more effective than voluntary approaches to reducing trans-fat in the food supply and in the population.<sup>3,4</sup>

Mandatory policies, whether expressed in legislation or other government guidance, are more likely to achieve impact because they have higher coverage and set a level playing field across the food manufacturing sector where all companies abide by the same limits and rules. Mandatory policies create a food environment that restricts or demotes the least healthy food options regardless of where food is served or sold.<sup>5</sup>

**Question 8a.** Are the risks and limitations associated with the status quo described appropriately?

**Question 8b.** Are there additional risks that have not been identified?

**Response:** Dietitians Australia notes the risk of Australian legislation lagging behind international best-practice on trans-fat policies. As noted within the consultation paper some 43 countries have implemented best-practice trans-fat policies that either virtually eliminate industrially-produced trans-fats, or ban partially-hydrogenated oils. 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.<sup>2</sup> This may have an implication on food trade (exportation).

**Question 9a.** Are the risks and limitations associated with Option 6.2 [voluntary reformulation] described appropriately?

**Question 9b.** Are there additional risks and limitations that have not been identified?

**Response:** Dietitians Australia strongly opposes the policy option: Option 6.2 voluntary reformulation, as this is not considered best-practice by WHO.<sup>2</sup> Partial, stepwise and/or voluntary actions, such as industry-led pledges and other self-regulatory measures, have not been demonstrated to work effectively in the food system.<sup>6</sup>

In Australia, evidence suggests that voluntary approaches have had limited impact. For example, early data indicates that the voluntary approach for the reformation of pre-packaged foods to reduce sodium content has been limited by the number of categories and adherence to targets.<sup>7</sup> Similarly, the marketing of breast-milk substitutes is controlled by industry-led codes of practice. These codes have been criticised by government agencies and civil society as being weak and ineffective due to their voluntary arrangement, significant loopholes in the products restricted from marketing, reliance on passive monitoring through public complaints and ineffective sanctions for non-compliance.<sup>8,9</sup>

Research indicates voluntary approaches are a strategy used by commercial entities to undermine, delay and weaken the development of effective food and nutrition policies and other measures.<sup>2,10-13</sup>

**Question 9c.** Food manufacturers- How likely are you to be involved in this voluntary reformulation program? How many products are likely to be reformulated?

**Question 9d.** Food manufacturers- how would this option impact you (include cost estimates where available)? What would be a suitable time frame for this option to be implemented in your organisation.

**Question 9e.** What implementation issues need to be considered for this option?

**Response:** N/A.

**Question 10a.** Are the risks and limitations associated with Option 6.3 [regulatory limit for industrial TFA content] described appropriately?

**Question 10b.** Are there additional risks that have not been identified?

**Response:** Dietitians Australia strongly supports the mandatory elimination of industrially-produced trans-fat from the food supply, as per best-practice criteria determined by WHO.<sup>2</sup>

This includes supporting the implementation of either Option 6.3 or Option 6.4, although we acknowledge Option 6.3 is likely to have more complex implementation considerations than that of Option 6.4. These complexities may include, but are not limited to, the ability to monitor industrially-produced trans-fat in the food supply (given the limitations outlined with current methods and data availability in the consultation paper). For this reason of likely complex implementation, it is our recommendation that Option 6.4 be the preferred policy option implemented.

**Question 10c.** Food manufacturers- how would this option impact you (include cost estimates where available)? How many SKUs would be affected? What would be a suitable time frame for this option to be implemented in your organisation?

**Question 10d.** What implementation issues need to be considered for this option?

**Question 10e.** Food manufacturers- what oils you most likely to use in place of partially hydrogenated oils?

**Response:** N/A.

**Question 11a.** Are the risks and limitations associated with Option 6.4 [prohibit use of partially-hydrogenated oils] described appropriately?

**Question 11b.** Are there additional risks that have not been identified?

**Response:** Dietitians Australia strongly supports the mandatory elimination of industrially-produced trans-fat from the food supply, as per best-practice criteria determined by WHO.<sup>2</sup>

This includes supporting the implementation of either Option 6.3 or Option 6.4, although we acknowledge Option 6.3 is likely to have more complex implementation considerations than that of Option 6.4.

Dietitians Australia does not identify any additional risks or limitations than those outlined for Option 6.4.

**Question 11c.** Food manufacturers- how would this option impact you (include cost estimates where available)? How many SKUs would be affected? What would be a suitable time frame for this option to be implemented in your organisation.

**Question 11d.** What implementation issues need to be considered for this option?

**Question 11e.** Food manufacturers- what oils you most likely to use in place of partially hydrogenated oils?

**Response:** N/A.

**Question 12.** Do you agree that these options should not be pursued further?

**Response:** Dietitians Australia does not have a position on question 12. Dietitians Australia does consider that if Option 6.3 is pursued, then changes to labelling requirements will need to be considered as part of implementation to assist with monitoring and enforcement of a regulatory limit for industrially-produced trans-fat.

**Question 13.** 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.

**Response:** Dietitians Australia agrees with the analysis, noting the importance of robust evidence.

**Question 14a.** Do you agree with the description of the possible benefits associated with the proposed options?

**Question 14b.** Are there additional benefits associated with all or some of the proposed options that have not been captured? Please provide references for your response.

**Response:** Dietitians Australia agrees with the benefits, and advocates for applying a health equity lens.

There is international evidence demonstrating impact and cost-effectiveness of mandatory action on trans-fats,<sup>2</sup> with the greatest effect seen amongst lower socioeconomic groups.<sup>14</sup> As noted in the consultation paper these groups have higher intakes in Australia and New Zealand.

Given that children are the ones who bear the longest periods of exposure and consequence and offer the greatest opportunity to impact for life and are the ones least able to influence the environment in which they grow up and make decisions for their own health and well-being, the benefit of mandatory action should be considered to promote and protect the health of children.

**Question 15.** Are there additional costs associated with all or some of the proposed options that have not been captured? Please explain your rationale and your calculations.

**Response:** Dietitians Australia does not have a position on question 15.

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

**Response:** Dietitians Australia supports an evidence-based approach.

Dietitians Australia strongly supports the mandatory elimination of industrially-produced trans-fat from the food supply, as per best-practice criteria determined by WHO.<sup>2</sup>

This means Dietitians Australia supports both Option 6.3 and Option 6.4, however notes that Option 6.4 (prohibit use of PHO) is likely to be more effective/straight forward to implement and better targeted at industrially-produced trans-fats in the food supply, than Option 6.3 (regulatory limit for industrially-produced trans-fat).

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

**Response:** Dietitians Australia acknowledges the well-written and evidence-based options paper.

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