CANADIAN MEAT COUNCIL
CONSEIL DES VIANDES DU CANADA

By e-mail at: nut.labelling-etiquetage@hc-sc.gc.ca

September 12, 2014

Health Canada
Bureau of Nutritional Sciences
Food Directorate
251 Sir Frederick Banting Driveway
Tunney's Pasture
Ottawa, ON KIA 0K9

Dear Sir or Madam:

Re: Health Canada's Technical Consultations on Nutrition Labelling

1. **Proposed Changes to the Format Requirements for the Display of Nutrition and Other Information on Food Labels**
2. **Proposed Changes of the Core Nutrients Declared in the Canadian Nutrition Facts Table**
3. **Proposed Changes to the Daily Values (DVs) for Use in Nutrition Labelling**
4. **Proposed Revisions to Reference Amounts in Schedule M of the Food and Drug Regulations Updating reference amounts to support proposed new serving size guidelines**
5. **Proposed Serving Size Guidance**

Established in 1919, the Canadian Meat Council is Canada's national trade association of federally-inspected meat packers and processors of meat. The meat packing and processing industry is the largest component of Canada's food processing sector. It has annual revenues valued at $23.6 billion, exports of $4.6 billion to 120 countries, and total employment of 65,000 people.

The Council represents 52 Regular Members that are corporations operating one or more federally registered meat establishment and 91 Associate Members that provide goods or services to the meat packing and processing industry. Our members sell thousands of food products in the Canadian market which are all subject to federal food labelling requirements.

The Council welcomes the opportunity to provide comments on the five consultation documents that form the basis of Health Canada's technical consultations on Nutrition Labelling. The purpose of our submission is to provide input on key issues, identify gaps and highlight concerns to guide the evolution of Health Canada's nutrition labelling proposals.

Specific comments on the consultation documents follow.

1. Proposed Changes to the Format Requirements for the Display of Nutrition and Other Information on Food Labels

1.1 The proposed format changes are at odds with international standards and practices

Health Canada is proposing to refresh the format of the NFt and the list of ingredients to make them easier to read. Nutrients of a public health related to excessive intake are listed immediately below the thick, bold line under the "Calories" declaration, while those of a public health related to insufficient intake are listed below the first list of nutrients separated by another thick, bold line.

We are not aware of any country that has a nutrition label that categorizes nutrients in two groupings such as Canada has proposed (i.e., nutrients to limit and nutrients to get enough of). Codex[1], the US, the EU[2] as well as Australia and New Zealand[3] all use a traditional information format.

We believe that Canada should retain the use of the traditional information format to adhere to international standards and ensure consistency with the practice of its main trading partners and those of the EU when the Canada-EU Comprehensive Economic and Trade Agreement (CETA) is fully implemented. In this perspective, the "Protein" declaration should remain in bold. Protein is an important core nutrient in the composition of food, including meat, and essential to a well-balanced, nutritious diet.

1.2 The proposal for the use of % DV benchmark levels in a footnote requires more study and consultation.

The addition of a proposed footnote at the bottom of the NFt explaining how to use % DV benchmark levels of "5% DV or less is **a little**; 15% DV or more is **a lot"** is of concern because it is ambiguous. Do the

---

[1] Joint FAO/WHO Food Standards Program Codex Alimentarius Commission (2010: Geneva, Switzerland) Report of the Thirty-Eight Session of the *Codex Committee on Food Labelling*, Quebec City, May 3-7 2010 [ALINORM 10/33/22]
Codex Alimentarius *Guidelines on Nutrition Labelling* CAC/GL 2-1985

[2] EC, *Commission Regulation 1169/2011 of October 25, 2011 on the provision of food information to consumers* [2011] O.J.L. 304/18 at 35.

[3] Food Standards Australia New Zealand, Nutrition Information and User Guide to Standard 1.2.8. – Nutrition Information Requirements, December 2013.

terms "**a little**" and "**a lot**" mean insufficient intake and excessive intake? In the absence of a proper definition, the proposed footnote, as currently drafted, runs the risk of being misunderstood and misinterpreted by consumers. The result - especially as it relates to the statement "15% DV or more is **a lot**" – may be that consumers will avoid foods that are a good source of protein as well as many of the other nutrients such as calcium and iron.

Moreover, what is the nature of the scientific evidence supporting the statement that "15% DV is **a lot**?" Could we not make a case for 20%?

The consultation document at page 10 concedes that "many consumers still struggle with the concept behind the % DV information despite the fact that the % DV has been at the core of the Nutrition Facts Education Campaign since 2010." It would appear that Health Canada has been pursuing the wrong tactic to promote consumers' awareness and understanding of this concept.

In its Executive Summary to Docket No. FDA-2012-N-1210 and RIN 0910-AF22, "Food Labeling; Revision of the Nutrition and Supplement Facts Labels", the US FDA asserts that it is conducting consumer research on simple, succinct language regarding the footnote. The FDA also affirms its intent to make the results of the consumer survey available and the proposed footnote language for public review and comment.

We encourage Health Canada to emulate the example set by the US FDA on this matter. Furthermore, Health Canada should reopen the comment period after the survey results have been submitted for public review and comment to afford interested parties an opportunity to comment on the proposed changes to the NFt in their entirety. Failing that, we believe that Health Canada should not include the footnote in the NFt.

1.3 The proposed changes to the List of Ingredients increase the "footprint" of the label without providing enhanced opportunities for informed decisions

Health Canada is proposing to require a consistent format for the list of ingredients with a look and feel similar to that of the NFt. The proposed changes include: a thin rule outlining the space around the information to form a box; specifications for a maximum box width; a bolded title "Ingredients" on its own line; requiring black print on a white or neutral background; font type and size consistent with the direction set out in the *Food and Drug Regulations* for the NFt including the use of a capital for the first letter of each main ingredient; and bullets to separate each main ingredient. In addition, when a "Contains" statement is provided to further alert consumers of the presence of priority allergens, gluten source or added sulphites, this information would be required to be within the ingredient box. This would also be the requirement for precautionary allergen labelling "May Contain" statements. In addition, Health Canada is proposing to group all sugar-based ingredients in parentheses following the

common name "sugars", which would be placed in the list of ingredients based on their total relative contribution to the food.

Considering that labels have to be printed in Canada's two official languages, this proposal significantly contributes to increase the "footprint" of the NFt especially when dealing with a product with a long list of ingredients. This is of great concern as there are already size constraints getting the current prescribed panel sizes to fit in the current packaging. In addition the current regulations are far too restrictive in terms of specific size of panel required based on available labeling space. It would be preferable to allow a minimum table size instead of having multiple iterations of the same panel in different table sizes.

This problem is accentuated when considering the requirement for a separate title "Ingredients" on its own line and the use of bullets between the individual ingredients. Also, not every ingredient statement is done in composite from greatest to least. Is this still going to be allowed? How would that work if bullets are required between ingredients?

How would a "May Contain" ingredients statement be called out? Manufacturers may purchase ingredients from other manufacturers to produce their meat products. How would a manufacturer list all the combined ingredients in its product(s) when the formulation of ingredients from other manufacturers is proprietary information?

In addition, the thin rule outlining the space around the information to form a box requiring black print on a white or neutral background could steal the attention away from the nutrition information on the NFt because the NFt and the ingredients' declaration are bundled together on the label. If there is a lack of differentiation between the NFt panel and the ingredients' display box because of the need to achieve a consistent look and feel between the two, consumers could find the list of ingredients and related allergen statements more difficult to find on food labels. Consumers may also find the label too confusing and not pay as much attention them as they should when making their food choices.

In our view, nutritional information on food labels should enable consumers to make informed choices that best fit their dietary preferences and lifestyle needs. For the reasons outlined above, we believe that the proposed format changes to the list of ingredients fail to meet that objective.

Packaging has a lot of variation in size and shape based on the product; the proposed size of ingredient listing must allow for this variation. To regulate that a maximum or minimum box size around the ingredients is far too prescriptive. The overlying requirement of a box with a thin rule, white background, with black "Mixed Cased" lettering should be enough. It gives the consumer a standard to look for without putting too much restriction on the manufacturer to ensure compliance.

2. **Proposed Changes to the Core Nutrients Declared in the Canadian Nutrition Facts Table**

2.1 **The proposal to enhance the information related to sugars on food labels lacks analytical rigor.**

The consultation document proposes three approaches for enhancing the information on sugar content on the food labels. The first approach consists of requiring the declaration of "Added Sugars" in the Nft. The second approach consists of establishing at DV of 100 g for total sugars and to mandate its declaration in the NFt to help consumers determine whether a serving of food is high in sugars. And, the third approach consists of grouping the sugars in the ingredients list.

With respect to the first approach, Health Canada concedes at page 15 of the document that it "may however support the misbelief that added sugars per se are nutritionally different from naturally occurring sugars and would create enforcement challenges given that there is no analytical method to distinguish added sugars from total sugars". That is precisely the reason why Codex decided not to include added sugars in the list of nutrients for nutrition labelling[4].

In our view, the mandatory declaration of "Added Sugars" on the NFt will drive manufacturers to lower the amount sugar present in the food. It will not, however, serve the consumer from a nutritional standpoint because whether it's added or naturally present in a food, sugar remains sugar.

Also, we believe that the consumer may be confused with the way "Sugars" and "Added Sugars" are to be declared on the NFt. Some consumers might think that the amount of "Sugars" and "Added Sugars" may need to be added up.

One of the fundamental problems underlying this proposed approach is that Health Canada has not yet proposed a regulatory definition for "Added Sugars" for the purposes of nutrition labelling. What is the sugar testing methodology required to differentiate "added sugars in the NFt" vs. the grouping of sugars in the List of Ingredients? Why are total sugars not adequate? We encourage Health Canada to undertake additional research in the interest of enhanced clarity for manufacturers and consumers alike.

Under the second approach, Health Canada is proposing to establish a DV for total sugars of 100 grams and to mandate the declaration of the % DV in the NFt. Given our concerns outlined above regarding the use of % DV benchmark in a footnote, we don't believe this approach will help consumers determine whether a serving of food is high in sugars.

We cannot support the proposal, under the third approach, to group all sugar-based ingredients in parentheses following the common name "sugars", which would be placed in the list of ingredients

[4]Report of the *Report of the Thirty-Eight Session of the Codex Committee on Food Labelling, Op Cit*, para. 33

based on their total relative contribution to the food. The grouping of sugar based ingredients remains a flawed proposition since it would not take into account other food ingredients that contain a lot of added sugars. For greater clarity, sugar based ingredients would need to be grounded in a definition to help the consumer understand which ingredients are included.

The updates to nutrition labelling proposed by Health Canada have a dual objective. They are designed to reflect the most recent scientific information and to assist consumers in understanding and appraising the information provided in the NFt to help them make informed food choices in the interest of improving and maintaining a healthy eating practice. The proposal to enhance the information related to sugars on food labels is lacking in this regard. In the absence of convincing evidence that the proposal is of value to the consumer, the status quo should apply.

3. Proposed Changes to the Daily Values (DVs) for Use in Nutrition Labelling

Overall, Health Canada's proposed changes to the DVs for use in nutrition labelling are consistent with those being proposed by the US FDA as part of its consultation on the Proposed Changes to the Nutrition Facts label. We certainly welcome Health Canada's efforts at harmonization with the U.S. but would caution against harmonization with the U.S. in the absence of firm science-based evidence to support the proposals.

3.1 **The proposed DV of 2,300 mg for sodium is premature**

With respect to sodium, Health Canada proposes to change the DV from 2,400 mg to 2,300 mg to bring its proposal in line with the US FDA proposal. We note that the proposed change is also consistent with the Sodium Reduction Strategy interim sodium intake goal of a population average of 2,300 mg of sodium per day to be achieved by 2016.

In our view, Health Canada's proposal is premature for two reasons. First, it prejudges the success or, lack thereof, of the Sodium Reduction Strategy in the absence of an independent evaluation. Regulations are being proposed without allowing the structured, voluntary model to be worked through to 2016. Second, it fails to consider emerging evidence such as the Graudul *et al* study which concluded that a range of sodium intakes (2,695 – 4,945 mg) are associated with the most favorable health outcomes[5]. For these reasons, it is premature for Health Canada to finalize a DV of 2,300 mg for sodium. It should maintain the status quo or consider using the 2,300 mg as an interim DV until the progress of the Sodium Reduction Strategy has been assessed and the emerging body of evidence is more definitive.

---

[5] Niels Graudal, Gesche Jürgens, Bo Baslund, and Michael Hl. Alderman. (2014) Compared With Usual Sodium Intake, Low - and Excessive-Sodium Diets Are Associated with Increased Mortality: A Meta-Analysis. *Am J Hyerpens* first published online March 20, 2014 *doi:10.1093/ajh/hpu028.*

3.2 The DV for trans fat should apply to partially hydrogenated fats or partially hydrogenated oils only.

We have concerns with Health Canada's proposal for having two separate DVs for saturated and trans fats because Health Canada offers no compelling rationale for this approach other than the "WHO intake recommendation of 1% of total energy which translates to 2 g based on the 2,000-Calorie reference value".

It is important to recognize that the original intent of the WHO recommendation[6] was directed at partially hydrogenated oils and fats only. With respect to the WHO recommendation, the Canadian Trans Fat Task Force, TRANSforming the Food Supply[7], "determined that by limiting trans fat in oils to 2% of the total fat and to 5% of total fat in all other foods, the total trans fat intake of Canadians would be reduced to below the WHO recommendation". In setting the 5% threshold, the Task Force was excluding naturally occurring trans fats in ruminant meat and dairy products.

There is general agreement among the scientific community that natural trans fatty acids are found in very small amounts in foods and that these very small amounts are not associated with unfavourable health outcomes. We are concerned about a trans fat % DV that would apply to natural trans fats because it will inappropriately highlight the natural trans fat content of meats of ruminant animals. While meat products such as lean ground beef contain only small amounts of trans fats, they run the risk of being erroneously labelled as containing "a lot" of trans fat under Health Canada's proposed footnote at the bottom of the NFt. This, in turn, would lead consumers to believe that foods such as lean ground beef are major sources of trans fat and that they should limit or avoid them.

For these reasons, the Council objects to the establishment of a trans fat DV that would include naturally occurring trans. In our view, Health Canada should not separate saturated fats and trans fats for the purposes of labelling but, if it does, it should impose a mandatory declaration DV for partially hydrogenated oils or fats only - and not naturally occurring trans fats - to ensure consistency with established research.

Furthermore, in our experience, consumers do not understand the meaning of the fat breakdown; nor do they understand that the DV for sugars only relates to sugars and not to the carbohydrate category as a whole. This underscores the importance of a targeted consumer education campaign on the meaning of the % DV for fat and sugars should Health Canada decide to implement these proposals.

Finally, we believe that a daily value for protein should be made optional, like fiber. The DV for protein should be set at 50g as in the US. This could enable companies in the protein business to promote the

---

[6] Joint WHO/FAO Expert Consultation on Diet, Nutrition and the Prevention of Chronic Diseases (2003: Geneva, Switzerland) Diet, nutrition and the prevention of chronic diseases: report of a joint WHO/FAO expert consultation, Geneva, 28 January – 1 February 2002.

[7] TRANSforming the food supply. Report of the Trans Fat Task Force. Submitted to the Minister of Health, June 2006.

contribution of their product to the daily protein intake for consumers. Protein is an essential nutrient and more ways to promote it should be made available.

4. Proposed Revisions to Reference Amounts in Schedule M of the Food and Drug Regulations – Updating reference amounts to support proposed new serving size guidelines

4.1 Fine-tuning of Schedule M is required for meat, poultry their products and substitutes as well as combination dishes

We believe that items 91, 92, 93, 94 of Schedule M would benefit from the inclusion of more examples of food that fall within the respective reference amount categories. In this perspective, we recommend the following:

- Adding cooked salami under item 91.
- Using a term such as Kebab, souvlaki or other skewered meat, rather than Shish Kebab, to include the whole category of marinated meat (no vegetable) under item 92.

  Also under item 92, we note that the use of the term turkey roast may be confusing with some turkey deli-meats that are captured under sections 90 and 94. Health Canada may wish to change the wording to "whole poultry – no stuffing" (ex. Chicken, turkey…). A regular turkey roast would still be included in the general definition of a cut.

- Adding burger (which is the official definition under *the Meat Inspection Regulations, 1990)* under item 93.

- Adding cured or uncured deli poultry meat and removing cured poultry ham product under item 94

Health Canada also explains that it is proposing to combine the two groups under items 107 and 108 to put them on an equal basis because it was not always easy and practical to determine which combination dishes were "(not) measurable with a cup". In our view, it is not clear which reference amount will apply if items 107 and 108 are merged. It would appear that Health Canada is proposing a reference amount of "300 g without gravy or sauce, 355 g with gravy or sauce". If this is the case, that reference amount cannot be applied to all the foods listed in the two groups. Rather, we would recommend retaining the two groups and removing the reference to "measurable with a cup" because some products listed (i.e., pockets stuffed with meat) are logically "(not) measurable with a cup."

5. **Proposed Serving Size Guidance - Standardizing serving sizes to facilitate consumer understanding and use of the Nutrition Facts table (NFt)**

We have no fundamental problems with Health Canada's proposal to use reference amounts as the basis for setting the serving size declaration in the NFt for multi-serving packages of food. The proposed guidance does help bring consistency to the serving size information, and is in line with Health Canada's intended approach that the information shown in the NFt reflect what an average Canadians eats.

We believe, however, that Health Canada's ultimate goal should be to provide nutrition information on a 100 g basis and serving size for every commodity. That approach would facilitate consumer understanding of the serving size and nutrition information on the food labels, and allow easy comparison. The EU model is a good example of that approach.

We encourage Health Canada to further investigate the EU model. In fact, closer alignment with the EU on nutrition labelling should not be discounted as an option because Health Canada's current proposals are largely different from those proposed by the United States Food and Drug Administration (US FDA), except for the list of core nutrients and the DVs to be declared on the NFt.

Conclusion

In closing, we wish to highlight that Health Canada's consultation documents on nutrition labelling as a whole do not address compliance timelines. We wish to emphasize that we are currently engaged in "labelling modernization" consultations with Health Canada and CFIA. Although Health Canada and CFIA have stepped up efforts to work jointly on their respective regulatory modernization initiatives, we are concerned that the patchwork of consultations aimed at updating the labelling regime in Canada may lead to frequent or untimely changes to the food labels. If, as noted in the consultation documents, improvements to the nutritional information on food labels are designed to promote the health of consumers by providing accurate and applicable information about the food products that they purchase and consume, then proper consideration must be given to the compliance date to account for the logistical and supply chain issues that are associated with changes to the NFt.

We strongly advise against the adoption of a two year compliance date, as suggested in the US FDA proposal, given the magnitude of the changes contemplated by Health Canada. A three to five year compliance period would be more realistic under the circumstances.

We also encourage Health Canada and CFIA to enhance coordination efforts by establishing a harmonized compliance and enforcement schedule. This will help industry minimize the costs associated with the design and the production of new labels as well as the disposition of obsolete ones when dealing with the mandated changes to nutrition labelling.

Conveying information that is meaningful to consumers and in a way that does not confuse or mislead them is critical to help them make informed decisions about the food they buy to best fit their dietary preferences and lifestyle needs. We agree that these principles should be the cornerstone of nutrition labelling.

In this perspective, we believe that Health Canada should conduct further research and analysis before forging ahead with the development of draft regulations on nutrition labelling. Changes to nutrition labelling need to rest on a firm evidentiary foundation with respect to the proposal for the use of % DV benchmark levels in a footnote on the NFt, proposed changes to the core nutrients declared in the NFt and the proposed changes to the DVs for use in nutrition labelling.

In this perspective, our observations and recommendations follow:

- The proposed format changes to the food label are at odds with international standards and practices.
- The proposal for the use of % DV benchmark levels in a footnote requires more study and consultation.
- The proposed changes to the List of Ingredients increase the "footprint" of the label without providing enhanced opportunities for informed decisions.
- The proposal to enhance information related to sugars on food labels lacks analytical rigor.
- The proposed DV of 2,300 mg for sodium is premature.
- The proposed % DV for trans fat should apply to partially hydrogenated oils or fats only.
- The proposed % DV format change for fat and sugars will require consumer education.
- The proposed serving size guidance would benefit from a closer look at the EU model.

We encourage Health Canada to undertake a further round of consultation on nutrition labelling with industry stakeholders to address the public health implications of its current proposals and to discuss the possible solutions once it has had the opportunity to review all submissions. A roundtable discussion with industry stakeholders would be an efficient and effective way of achieving that objective.

We thank you for the opportunity to provide our comments. In the meantime, please don't hesitate to contact the undersigned by phone (613) 729-3911 (ext. 25) or e-mail suzanne@cmc-cvc.com should you have questions or wish to discuss the recommendations of the Canadian Meat Council in more detail.

Sincerely,

Suzanne Sabourin
Director, Legal and Regulatory Affairs