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## **SUBMISSION OF THE AUSTRALIAN CONSUMERS' ASSOCIATION ON THE INITIAL ASSESSMENT REPORT FOR PROPOSAL P230 – IODINE FORTIFICATION**

The Australian Consumers' Association (ACA) appreciates the opportunity to provide comment on the Initial Assessment Report (IAR) for Proposal P230 – Iodine Fortification. ACA has a particular interest in the issue of fortification and is a member of the external stakeholder advisory group that participated in the development of the draft policy guidelines for fortification. ACA is currently on the Food Standards Australia New Zealand (FSANZ) Fortification Standard Development Advisory Committee.

### **Research, monitoring and evaluation**

In ACA's opinion there is insufficient research on the extent of iodine deficiency in the Australian population. ACA understands that the results of the National Iodine Nutrition Survey (NINS) are due to be released in early 2005. ACA will not indicate a definite preference for either regulatory option until the results of this survey have been released. We recommend that the draft assessment should not be completed until this survey is released, as it seems premature to make recommendations without this piece of research that will help to fill a current gap in knowledge.

This current gap in knowledge highlights the need for a National Nutrition Survey to ensure that the impact of extending iodine fortification can be monitored, not only to determine whether efforts have been successful but also whether it has resulted in an increase in the number of individuals with excessive iodine consumption.

The last National Nutrition Survey is now a decade old and the food supply and eating habits have changed remarkably since. Ministers and FSANZ are currently making important decisions about policy and regulation on the basis of outdated information. It is vital that this information is updated, in order to guide the development of effective food regulation. This is particularly important in relation to health claims and fortification.

Whichever regulatory option is put in place it is essential that there be ongoing monitoring and evaluation of iodine consumption, low iodine levels and any adverse effects caused by excessive iodine intake. ACA would find it difficult to support a change in iodine fortification regulation from the status quo without a commitment and investment in monitoring and evaluating the outcome of the change in regulation.

### **Health promotion messages**

Given that iodine is not naturally present at significant levels in a wide range of food it is difficult to improve iodine consumption through diet alone. Therefore, a health promotion campaign encouraging people to seek iodine-rich food will not be effective.

As public health messages are advising consumers to reduce salt intake some consumers may not add salt to meals at home or when cooking. A health promotion campaign encouraging consumers to use iodised salt will be in conflict with messages to reduce salt consumption. In an environment where there are so many messages about what consumers should and shouldn't eat, this would only create confusion. Some consumers may think that they are being told not reduce to salt consumption, but increase it.

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However, consumers would benefit from a health promotion campaign outlining the benefits of iodine and its importance in the diet. Any fortification initiative should be accompanied by consumer education explaining why foods are fortified and how they can increase their consumption of iodine through fortified foods. These messages would minimise any potentially negative reaction from a minority of consumers who feel that mandatory fortification limits consumer choice of unfortified foods. The Tasmanian experience shows that negative reactions were minimal and some opponents changed their opinion once they better understood the importance and benefits of iodine consumption.

## **Mandatory v voluntary fortification**

While ACA has chosen to defer indicating a definite preference for either regulatory option until the draft assessment report, ACA believes that if there is a need to expand fortification of foods with iodine, then mandatory fortification would be more appropriate than voluntary fortification.

The fact that manufacturers are not currently prohibited from using iodised salt in other food products raises questions as to why voluntary uptake has been so poor and whether extending permission for voluntary fortification will be effective. Perhaps they felt it was too expensive to use iodised salt. Perhaps there is no competitive advantage in using iodised salt. Even if manufacturers were able to make claims about an iodised product it is unlikely to be an attractive health claim to use on labels and in advertising.

Given that manufacturers have not been prohibited from using iodised salt it is questionable whether voluntary fortification would be sufficient to improve iodine consumption, if manufacturers cannot see a benefit in adding iodine and telling consumers that their product has been iodised and using iodine as a point of differentiation from other products.

Voluntary fortification will not allow for a targeted strategy to increase iodine consumption. The success of voluntary iodine fortification will be dependent on industry uptake of iodised salt or iodine fortification. If iodine deficiency is such a significant health issue then efforts to increase iodine consumption should not be left to the food industry, but should be driven by health experts through carefully considered mandatory fortification.

## **Vehicles for iodine fortification**

If mandatory fortification is seen as the most appropriate method for improving iodine intake ACA suggest limiting the vehicle to bread, more specifically the various types of commercially produced breads and sold in supermarkets and possibly also bakeries. ACA believes this should be done via the use of iodised salt in bread-making flour.

Bread appears to be a logical and successful vehicle for increasing iodine consumption, as there are a wide variety of breads that are eaten by the vast majority of consumers. If a range of breads are iodised then it will be possible to improve iodine intake for the vast majority of the population. However, some consideration needs to be given to those consumers who do not eat regular commercially prepared breads, for example consumers with coeliac disease who purchase gluten-free breads and bread mixes. The use of iodised table salt should be encouraged for the small number of people who do not consumer sufficient amounts of bread.



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ACA does not support the use of iodised salt for other commercial purposes whether it is mandatory or voluntary. This could lead to excessive iodine intake, as consumers would consume iodine through many sources. Permitting voluntary use of iodised salt in other processed goods will also make it difficult to incrementally increase levels of iodine in food.

### **Levels of fortification**

ACA agrees with an incremental increase of the amounts of iodine added to foods. When determining the amount of iodine to be added FSANZ must bear in mind that some groups of the population, eg. Teenage boys, may have a greater than average intake of bread.

### **Consistency with dietary guidelines**

If the decision is made to extend iodisation beyond salt or the use of iodised salt in commercial bread-making ACA believes that iodine should only be added to food that are consistent with nutritional guidelines. For example, iodine should not be added to foods that fail to meet nutritional criteria for fat (particularly saturated fat), energy, sugar or salt. The addition of iodine should not legitimise the consumption of unhealthy foods that nutritionists would otherwise encourage consumers to avoid or minimise. Nor should the use of iodised salt lead manufacturers to increase the level of salt in a product in order to increase iodine levels and claim that a product is a good source of iodine. In reality, ACA feels it is unlikely that iodine fortification and any associated health claims will be attractive to manufacturers.

### **Summary**

ACA chooses to defer indicating a preferred regulatory option until the draft assessment report, however, based on the information provided in the IAR, ACA makes the following points:

- ACA will not support further iodine fortification unless an adequate monitoring and evaluation program is in place.
- This report highlights the need for another National Nutrition Survey.
- Health promotion campaigns should educate consumers on the benefits of consuming iodine but should not contradict nutrition messages to reduce salt consumption.
- Mandatory fortification is preferred over voluntary fortification, as it will allow for a more strategic approach to increasing iodine consumption.
- Bread is an appropriate vehicle for fortification.
- ACA does not support indiscriminate fortification of other products through the use of iodised salt in food manufacturing, or extending permissions for direct iodine fortification.
- ACA supports an incremental approach to increasing iodine consumption.
- Vehicles for fortification should be consistent with nutrition guidelines