What is Standard 1.2.7?

The process creating Standard 1.2.7 was initiated in 2003 when FSANZ was asked to develop a standard to regulate nutrition, health and related claims under a unified and mandatory system.

From 2004 - Advisory groups were established, stakeholder and public consultations were conducted, reports for public comment were released, the draft Standard was approved, the draft Standard was reviewed and revised, alternate approaches to general level health claims were considered, and stakeholder workshops were held.

Finally, in 2012, the draft Standard was approved and in January 2013 the Standard was gazetted, giving food businesses three years to make any necessary changes to ensure they follow the new rules. Food businesses must comply with the new Standard from 18 January 2016.

Why was the new Standard developed?

The Standard was developed to help ensure that food businesses were clear on the requirements regarding nutrition and health claims and that such claims are scientifically substantiated.

The Standard was also developed to:
  - Provide certainty to regulators;
  - Reduce the risk of misleading and deceptive claims about food;
  - Expand the range of permitted claims; and
  - Encourage the industry to innovate and make available new healthy food choices.

Businesses need to start making changes now as there is no stock in trade rule and all products on the market must comply from 18 January 2016.

What are health and nutrition content claims?

Broadly speaking, these are voluntary statements made by food businesses on labels and in advertising about the content of nutrients or substances in a food or the relationship between food and health.

There are some general restrictions around being not able to make nutrition content and health claims. Claims cannot be made about:

- Kava; or
- A food that contains more than 1.15% ABV (except for nutrition content claims about energy, carbohydrate and gluten content); or
- An infant formula product.

Also, claims must not:

- Refer to the prevention, diagnosis, cure or alleviation of a disease, disorder or condition; or
- Compare food with a good that is represented as therapeutic or likely to be taken for therapeutic use; or
- Compare vitamin or mineral content with another food unless permitted by the Food Code.
What is a nutrition content claim?

A nutrition content claim indicates the presence or absence of a nutrient or substance in a food. For example: “Contains dietary fibre.”

If a claim is made about a certain property of food listed under Schedule 1 of Standard 1.2.7, certain threshold requirements must first be met (depending on what claims are made).

For example, for nutrition content claims about dietary fibre, the food must contain (per serving):

- more than 2g of dietary fibre in order to make a "source of" dietary fibre claim;
- more than 4g of dietary fibre in order to make a "good source" of dietary fibre claim; and
- more than 7g of dietary fibre in order to make an "excellent source" of dietary fibre claim.

For properties of food not listed under Schedule 1, the nutrition content claim may only state that the food "contains" or "does not contain" the property of food.

Health claims

Standard 1.2.7 also permits "general level health claims" and "high level health claims".

What is a general level health claim?

This is a claim that links a nutrient to a health effect.

Standard 1.2.7 defines a health effect as an effect on the human body, including an effect on one or more of the following:

(a) a biochemical process or outcome;
(b) a physiological process or outcome;
(c) a functional process or outcome;
(d) growth and development;
(e) physical performance;
(f) mental performance;
(g) a disease, disorder or condition.

An example of a health claim would be "dietary fibre is good for digestive function". It is also important to remember that a health claim includes claims that “suggest” or “imply” that a food has or may have a health effect, therefore ambiguous claims could be caught by the broad definition. For example, the claim “gentle on tummies” - the claim does not state that the product is great for health but does technically suggest or imply that it is.

General health claims can:

- be pre-approved under Standard 1.2.7 (200 currently listed); or
- be self-substantiated (there are stringent requirements under Standard 1.2.7 that must be met in order to self-substantiate claims).
In addition, general level health claims cannot be made unless the product meets the Nutrient Profiling Scoring Criteria (NPSC). The NPSC method is outlined under Standard 1.2.7.

**What is a high level health claim?**

This is a claim about a substance or nutrient in food and its relationship to a serious disease or to a biomarker of a serious disease. For example "reduces the risk of osteoporosis" would be considered a high level health claim.

These claims must be pre-approved as listed under Standard 1.2.7 (13 currently listed) and cannot be self-substantiated.

In addition, labelling requirements for all health claims mean that (where applicable) claims must state:

- the food or property of food;
- the health effect;
- any required population group;
- dietary context statement; and
- the form of food to which the health claim relates.