



Increased online access to ingredient information

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The Dietitians Association of Australia (DAA) is the national association of the dietetic profession with over 7000 members, and branches in each state and territory. DAA is a leader in nutrition and advocates for food and nutrition for healthier people and healthier nations. The DAA appreciates the opportunity to provide feedback on increased online access to ingredient information to the Therapeutic Goods Administration.

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DAA interest in this consultation

As the leading organisation of nutrition professionals in Australia, DAA has an interest in fostering food and nutrition knowledge and skills across the community. It is important that ingredient information is readily available to support decision-making for good health and wellbeing among Australians.

The Accredited Practising Dietitian (APD) program managed by DAA is the basis for self-regulation of the dietetic profession in Australia. The APD credential is required by Medicare, Department of Veterans Affairs, private health insurers and the NDIS.

Accredited Practising Dietitians play an integral role in supporting individuals and groups in community health services; in private practice; overseeing food services and working with other health professionals and health workers as part of the multidisciplinary team supporting populations.

Discussion

Q1: What is your preferred option? Why?

DAA's preferred option is 1A: publish names of excipients except those used in flavour or fragrance proprietary ingredient mixes. This is preferable to option 1B as it is more comprehensive and offers greater protection to the public. Medicines and supplements should be treated with the same rigour that food is in regard to ingredient information to allow consumers to make informed decisions.

Option 2 is not acceptable as this does not assist consumers in making confident and informed decisions about products.

Q2: What are the risks and benefits (health, safety, commercial) for each of the options proposed?

Medicines and supplements should be treated with the same rigour that food is in regard to ingredient information. Excipient ingredients used in medicines and supplements may cause adverse reactions in people with allergies or intolerances. The status quo (option 2) does not enable consumers to make informed decisions about products to avoid adverse reactions to excipients. Consequences of allergic or intolerant responses include illness and in severe cases, death. Options 1A and 1B to publish excipient information are aligned with the objectives of the National Allergy Strategy.¹

Publication of excipient ingredients holds companies accountable for the contents of their products. This is particularly relevant to supplements. With publication of excipients in the ARTG, as in options 1A and 1B, companies must declare the

contents of the product, allowing consumers to make a confident informed decision about purchasing or consuming products. For example, publication of excipients in a sports supplement would assist athletes to make informed decisions to avoid substances banned in sport. Option 2 holds the risk that consumers purchase and consume products that they would otherwise avoid if they were aware of the excipient ingredients. Examples include products containing substances banned in sport, or animal products that a vegan or vegetarian person may wish to avoid.

Q3: If Option 1A or 1B is implemented, are you interested in collaborating with us to help communicate this information to consumers?

Yes. DAA would like to collaborate with TGA to assist in dissemination of information about excipient information.

References

1. Australasian Society of Clinical Immunology and Allergy & Allergy and Anaphylaxis Australia. *National Allergy Strategy*. Brookvale: Australasian Society of Clinical Immunology and Allergy & Allergy and Anaphylaxis Australia; 2015.