

## VicHealth response to the Public Consultation – Policy Guidance for Menu Labelling in Australia and New Zealand

- **Due:** 10 June 2021
- [Consultation page](#)
- [Regulatory impact statement \(RIS\)](#)
- [Submission link](#)

### Consultation background:

The Australian Health and Food Collaboration's review of fast food menu labelling highlighted concerns with the current menu labelling regulation in Australia:

- nationally inconsistent menu labelling legislation;
- an uneven playing field with respect to menu labelling for businesses selling standard food items; and
- emerging trends for promoting, offering, and selling standard food items are not addressed by the 2011 Principles for introducing point-of-sale nutrition information at standard food outlets.

In August 2019 the (then) Australia and New Zealand Ministerial Forum on Food Regulation (now referred to as Food Ministers' Meeting) agreed that the most effective way to achieve nationally consistent menu labelling would be to develop a food regulatory measure under the Australia and New Zealand Food Standards Code. The first step was to develop a policy guideline to provide strategic guidance to Food Standards Australia New Zealand (FSANZ) about the Forum's expectations about menu labelling.

Policy guidelines aim to improve outcomes for all by making clear and unambiguous the policy principles that apply to jurisdictions and bodies making food regulations. The creation of a policy guideline does not trigger regulatory action by FSANZ or changes to current food labelling. However, when FSANZ is developing or reviewing food regulatory measures, a written policy guideline is one of a number of matters to which it must have regard (as outlined in the FSANZ Act 1991).

It is proposed that the objectives of policy guidance for menu labelling are to:

1. minimise the proliferation of different menu labelling systems;
2. create a level playing field (with respect to menu labelling) for all businesses that sell standard food items; and
3. ensure that different modes of sale and types of menus enable comparison of menu options to assist people to make healthier food purchase choices at the point-of-sale.

The Food Regulation Standing Committee (FRSC) has identified four policy options:

1. Maintain the status quo, allowing jurisdictions to choose how to implement menu labelling consistent with the 2011 Principles.
2. Amend the 2011 Principles and encourage all jurisdictions to consistently implement menu labelling schemes in their own legislation.
3. Develop a Ministerial Policy Guideline on menu labelling to inform the development of a proposed bi-national regulatory food measure in the Australia and New Zealand Food Standards Code (jurisdictions to repeal own legislation once regulatory measure developed).
4. Encourage industry to voluntarily implement enhancements to menu labelling.

## VicHealth's response to consultation questions:

### About you

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Sector Government

Organisation Victorian Health Promotion Foundation (VicHealth)

An opportunity to submit any other information about your organisation you would like to provide. The Victorian Health Promotion Foundation (VicHealth) was established as a statutory body of the Victorian Government in 1987. We know there are barriers to good health and wellbeing for people in our community, and we work with partners to discover, implement and share solutions to these challenges. We understand how changes in the environment can promote health and draw on practices to ensure we achieve the best outcomes for those who need it most.

A core part of our work is ensuring all Victorians can eat a healthy, balanced diet, which includes a focus on supporting policy reform. For more information, see [www.vichealth.vic.gov.au](http://www.vichealth.vic.gov.au).

### Section 1: Introduction

1. Is your business voluntarily displaying energy information in New Zealand? Please provide details, where possible.

[No response]

2. Does your New Zealand business sell standard food items and is it a chain (i.e. more than one outlet operated/owned under franchise arrangements or the same trading name, or owned by one parent company/central owner/corporation)?

[No response]

3. Is it a problem for New Zealand consumers that energy information is not mandated at the point-of-sale?

[No response]

### Section 2.1: Nationally inconsistent menu labelling legislation

4. Do these differences between states and territories create problems for Australian businesses?

[Please select only one item]  Yes  No  Do not know  Not applicable

*If so, please detail the impact.*

Inconsistencies create an increased administrative burden and an uneven playing field for businesses that operate across jurisdictions compared to those operating in a single state/territory.

5. Do these differences impact Australian consumers?

[Please select only one item]  Yes  No  Do not know  Not applicable

*If so, please detail the impact.*

These differences result in consumers in some states/territories having less access to nutritional information compared to those in other areas of Australia, meaning they do not reap the health benefits of menu labelling afforded to their interstate counterparts. This can widen inequities in health between jurisdictions, as well as cause confusion for consumers as they move between jurisdictions, lessening the health benefits to them.

There is strong evidence that the benefits of menu labelling increase over time as consumers become accustomed to the scheme and industry increases its consistency and compliance as the initiative progresses within that jurisdiction [1]. That means that the negative health impacts of differences in menu labelling legislation compounds the longer they continue.

In particular jurisdictions that do not have mandated menu labelling schemes, national chains may have adopted another state/territory's scheme, but this is not done consistently across different chains. This means consumers are exposed to various labelling schemes as they move between chains and may be confused by the information provided and do not receive the full benefits of a consistent system. This is particularly difficult when combination meals include pre-packaged items.

In addition, alcohol products (which often have high kilojoules) can be standard menu items but are not included in menu labelling schemes in some states, such as Victoria. Consumers may be unaware of the full energy content of the alcohol products and meals they are choosing. Any nationally mandated menu labelling system must ensure all products (including alcohol products) are included and consumers can make informed choices in a clear and consistent manner.

[1] Littlewood, JA, Lourenço, S, Iversen, CL et al. 2016, 'Menu labelling is effective in reducing energy ordered and consumed: A systematic review and meta-analysis of recent studies', *Public Health Nutrition*, vol. 19, no. 12, pp. 2106–21.

## Section 2.2: An uneven playing field with respect to menu labelling for businesses selling standard food items

### *Problems associated with menu labelling*

6. Is the uneven playing field with respect to menu labelling requirements a problem for standard food outlets in Australia?

[No response]

7. Is it a problem for Australian consumers that energy information is not at the point-of-sale in all businesses selling standard food items?

[Please select only one item]  Yes  No  Do not know  Not applicable

*If so, please detail the impact.*

VicHealth strongly supports the provision of consistent energy information at the point of sale to allow consumers to make informed choices and easily compare food items within and between chains. This is not possible without consistent information in settings such as food courts, supermarkets, convenience stores, petrol stations and cinemas, and is particularly problematic in settings where large portion sizes or multi-serve items are sold. As well as supporting informed choices, consistent menu labelling will increase consumers' understanding of the system, enable them to quickly and easily recognise and interpret the information, and reinforce messaging from education campaigns around healthy energy intake. A consistent and transparent menu labelling system across jurisdictions in Australia is a critical tool to improve dietary behaviours and reduce the risk of overweight and obesity and associated chronic disease.

VicHealth strongly supports the removal of menu labelling exemptions for all businesses selling standard food items, including dine-in restaurants, small supermarkets, convenience stores, service stations and cinemas. We also support removing different rules allowing supermarkets to display energy content per 100g of the product, rather than per item as required for all other business types. Displaying energy content per 100g is misleading for consumers, and means that consumers

are not provided with the total energy content of the item they are purchasing, meaning they cannot quickly assess energy content.

8. Are there other business types (not already listed in Appendix 3) that are selling standard food items in Australia or New Zealand?

[Please select only one item]  Yes  No  Do not know  Not applicable

*If so, please detail.*

Mobile outlets, such as food trucks and pop-up carts etc., must be included in menu labelling legislation along with static outlets. The number of mobile outlets has been increasing over the last decade, and may continue to do so post-pandemic as chains look to different delivery models in outdoor settings.

Food providers such as sport and recreation venues (such as play centres, indoor rock-climbing, trampolining or bowling alleys), gyms, airlines and vending machines should be covered by menu labelling systems. These settings are frequented by children and young people, yet the food and drinks (including alcohol products) available in these venues are often energy-dense and nutrient-poor. As these providers expand the number of venues, efforts must be made to ensure they are covered by menu labelling systems to ensure consumers (particularly children, young people and their carers) can make informed choices.

It's important that a proposed menu labelling system is future proofed to account for food innovation. Ongoing monitoring is required to ensure emerging business types beyond those listed in Appendix 3 are assessed and included in menu labelling systems as required.

### **Section 2.3: Emerging trends for promoting, offering, and selling standard food items are not addressed by the 2011 Principles**

9. What, if any, other new ways of promoting, offering, and selling standard food items have emerged since 2011, or are likely to emerge in the future and are not covered in this document?

VicHealth supports the emerging trends included in the RIS, and any policy guideline or regulations must include consideration of these trends.

Online delivery services have boomed over the past decade, with demand increasing by 70% between 2014 and 2019 [1]. The food and drinks (including alcohol products) available on these platforms are often energy-dense and nutrient-poor, with discretionary foods representing the most popular and heavily marketed items [2]. Young people, people from culturally and linguistically diverse communities and people who are above a healthy weight are more likely to use these platforms [3], so it is important that they are provided with adequate and consistent nutritional information on the platforms (including those operated by third-party providers) to ensure they can make informed choices.

Mobile outlets, such as food trucks and pop-up carts etc., must be included in menu labelling legislation along with static outlets. The number of mobile outlets has been increasing over the last decade, and may continue to do so post-pandemic as chains look to different delivery models in outdoor settings.

Recreation venues (such as play centres, indoor rock-climbing, trampolining or bowling alleys), gyms, airlines and vending machines should be covered by menu labelling systems. Food and drinks (including alcohol products) available in these venues are often energy-dense and nutrient-poor. As these chains expand, efforts must be made to ensure they are covered by menu labelling systems to ensure consumers (particularly children, young people and their carers) can make informed choices.

Chain outlets are increasingly providing consumers the opportunity to customise standardised menu items at chain outlets to build their own meal. This means that an increasing proportion of menu items no longer meet the definition of a standard food item and are not subject to menu labelling requirements. From a consumer perspective, this means menu labelling is becoming less effective, as it does not apply to a significant proportion of menu items, and consumers do not have access to energy information before deciding which menu items and meal components to order. This must be addressed in any policy guideline and menu labelling system, ensuring that the energy content of standardised meal components, and the total energy of all components in the meal when completed, are also displayed at the time a consumer is making their selections and placing their order.

Ongoing monitoring is required to ensure emerging business types beyond those listed in Appendix 3 are assessed and included in menu labelling systems as required.

[1] Bates, S, Reeve, B & Trevena, H 2020, 'A narrative review of online food delivery in Australia: Challenges and opportunities for public health nutrition policy', *Public Health Nutrition*, pp. 1–11.

[2] Wang, C, Korai, A, Jia, SS, et al. 2021, 'Hunger for home delivery: Cross-sectional analysis of the nutritional quality of complete menus on an online food delivery platform in Australia', *Nutrients*, vol. 13, no. 3; Partridge, SR, Gibson, AA, Roy, R, et al. 2020, 'Junk food on demand: A cross-sectional analysis of the nutritional quality of popular online food delivery outlets in Australia and New Zealand', *Nutrients*, vol. 12, no. 10.

[3] Dana, LM, Hart, E, McAleese, A et al. (in press), 'Factors associated with ordering food via online meal ordering services', *Public Health Nutrition*, pp. 1–6; Keeble, M, Adams, J, Sacks, G et al. 2020, 'Use of online food delivery services to order food prepared away-from-home and associated sociodemographic characteristics: A cross-sectional, multi-country analysis', *International Journal of Environmental Research and Public Health*, vol. 17, no. 14.

10. Is it a problem for consumers when energy information is not available for all menu items and/or on all ordering platforms and menu infrastructure?

[Please select only one item]  Yes  No  Do not know  Not applicable

If so, please detail the problem and its impact.

It is critical that consistent and clear energy information is provided to consumers to allow them to make informed decisions that support their health. The vast majority of Australian adults and children have poor diets, with more than a third of daily energy intake coming from unhealthy food. Around two-thirds of Australian adults and a quarter of Australian children are above a healthy weight, with overweight and obesity contributing a further 8.4% to the burden of disease in Australia.

Consumers often underestimate the energy content of foods and drinks eaten in restaurants or takeaway options, particularly foods and drinks with higher energy levels [1]. This is particularly important given many chains have large portion sizes for energy-dense and nutrient-poor foods [2].

The absence of a consistently applied menu labelling system at all points of sale, including online, means that consumers do not always have access to energy information every time they are planning to purchase a standard food item. This means consumers are unable to compare menu options between different chains, or between different options sold by the same chain. As more and more purchases are conducted online, if consumers do not have access to energy information in these settings, it means consumers are unable to make fully informed choices when purchasing food

online. This will undermine the purpose and outcome of the menu labelling system as a whole. To be comprehensive and effective in providing consumers with information and supporting healthier choices, menu labelling must be applied to as many settings as possible, and this must include online ordering platforms.

Consumers are also affected when purchasing customised menu items, as often energy labelling is not applied to those items. An increasing number of businesses are providing consumers with the ability to choose some elements of their menu selection, meaning fewer consumers are provided with energy content information when making their selection, including the total energy of the item with all the chosen components. Consumers are often unable to consider energy content when deciding which meal component to select, given these are standard ingredients. This must be addressed and these 'build your own' menu selections must be captured by menu labelling requirements, by displaying energy content for individual components and for the finished item. This will ensure consumers continue to be able to access energy information despite a change in how menu items are sold to consumers.

As the RIS notes, all jurisdictions other than the ACT currently exempt businesses from displaying energy information for menu items sold on a trial basis. We do not support that exemption, as this means that consumers are unable to access energy content for some menu items. These time limited menu options are often sold as 'specials', are heavily promoted and sold at high volumes. If this exemption remains, then this becomes a loophole for businesses to sell high energy food and drink products without clear and transparent energy labelling.

[1] Petimar, J, Ramirez, M, Rifas-Shiman, SL, et al. 2019, 'Evaluation of the impact of calorie labeling on McDonald's restaurant menus: A natural experiment', *International Journal of Behavioral Nutrition and Physical Activity*, vol. 16, no. 1, pp. 99; Block, JP, Condon, SK, Kleinman, K, et al. 2013, 'Consumers' estimation of calorie content at fast food restaurants: Cross sectional observational study', *BMJ*, p. 346.

[2] Wellard-Cole, L, Goldsbury, D, Havill, M, et al. 2017, 'Monitoring the changes to the nutrient composition of fast foods following the introduction of menu labelling in New South Wales, Australia: An observational study', *Public Health Nutrition*, vol. 21, no. 6, pp. 1194–9; Wellard-Cole, L, Hooper, A, Watson, WL et al. 2019, 'Nutrient composition of Australian fast-food and fast-casual children's meals available in 2016 and changes in fast-food meals between 2010 and 2016', *Public Health Nutrition*, vol. 22, no. 16, pp. 2981–8.

#### 11. Has the increased use of different menu infrastructure and online platforms changed the cost of implementing menu labelling in Australia?

[Please select only one item] Yes No **Do not know** Not applicable

VicHealth strongly recommends that public health objectives are prioritised when considering the costs of implementing a consistent menu labelling system. Overweight and obesity and other preventable diet-related disease have major health and economic costs for individuals and governments, and these must be a core consideration when assessing the overall costs and benefits of menu labelling systems. Measures such as including energy and nutritional information at point of sale and online menus (including online delivery services) have low costs to chains relative to the significant cost savings from reduced levels of diet-related health issues.

#### 12. Do you agree with the overall statement of the problem presented (section 2, 2.1-2.3)?

[Please select only one item] Yes **No** Do not know Not applicable

If so why?

VicHealth supports the outline of the problems with the current food labelling system outlined in section 2, particularly as it relates to the public health concerns related to inconsistent legislation and the need to respond to emerging trends in terms of promoting, offering and selling standard food items. However, we recommend that an additional problem is added that the limited application of and exemptions to menu labelling regulation means it is not achieving the highest possible health impact.

### 13. Do you agree that this problem requires government intervention?

[Please select only one item]  Yes  No  Do not know  Not applicable

If so why?

VicHealth strongly recommends that government-led action is taken to develop, implement and actively monitor the implementation of a consistent menu labelling system across Australia.

There has been considerable uptake of varied menu labelling schemes in the majority of states and territories, with limited industry opposition. However, inconsistency between jurisdictions undermines the potential health benefits of these schemes, increases inequities between states/territories and creates consumer confusion. The Australian Government must now focus on achieving consistency between jurisdictions in order to ensure that consumers are equipped with transparent and equitable information to make informed dietary choices, with regular monitoring of emerging trends in the promotion and retailing of food and drinks. This needs to go beyond just principles or a voluntary system, and ensure mandatory and consistent application between chains, business types and jurisdictions.

There is strong community support for menu labelling and the introduction of nationally-consistent menu labelling is likely to be strongly supported by the Australian public. The Shape of Australia Survey 2019 found that 76% of adults supported menu labelling, and a number of surveys have found that over 70% of adults supported such a system [1].

We note that any consistent mandatory system should align with best practice in other areas, such as ensuring signage meets accessibility standards (as per the National Construction Code) to achieve optimal usability for consumers.

A consistent menu labelling system across jurisdictions will also benefit businesses by streamlining legislative requirements and implementation, as well as provide an even playing field and clarifying government and consumer expectations.

[1] Kwon, J, Cameron, AJ, Hammond, D et al. 2019, 'A multi-country survey of public support for food policies to promote healthy diets: Findings from the International Food Policy Study', BMC Public Health, vol. 19, no. 1, p. 1205; Morley, B, Martin, J, Niven, P et al. 2012, 'Public opinion on food-related obesity prevention policy initiatives', Health Promotion Journal of Australia, vol. 23, no. 2, pp. 86–91.

## Section 3: Objectives

### 14. Do you agree with the proposed objectives?

[Please select only one item]  Yes  No  Do not know  Not applicable

If not, please suggest alternate objectives and provide your reasons.

VicHealth supports the existing objectives, but recommends that an additional objective is added that ensures public health is considered in all regulatory aspects of menu labelling to ensure that any economic benefits for industry are not prioritised at the expense of public health.

In addition, the objectives must include providing consumers with consistent and transparent energy information in as many settings as possible. The system should be expanded to include a wide range of business, including online ordering platforms, and include all modes of sale, types of menus and menu items.

## Section 4: Options

15. Are the proposed options appropriate to address the stated problem and achieve the proposed objectives?

[Please select only one item]  Yes  No  Do not know  Not applicable

If not, please suggest variations or alternative options. Please justify variations / alternatives and describe their costs and benefits.

VicHealth does not support options 1, 2 or 4 as they will not ensure a consistently applied and transparent menu labelling system that benefits consumers' health and allows them to easily make informed choices. These options also do not resolve issues currently faced by chains in terms of cross-jurisdictional inconsistencies and the lack of an even playing field.

VicHealth only supports option 3 as it will achieve public health benefits. We also support the proposed complementary strategies (as per section 4.5 in the RIS) as evidence shows that measures such as education strategies will enable consumers to increase their understanding about the information presented in menu labelling and make informed choices, and can influence businesses to provide healthier options [1]. It is essential that education strategies are tested with consumers prior to implementation to ensure they are easily understood and will result in informed choices. It is also imperative that education strategies are supportive of regulatory approaches, and must not be implemented in place of a consistent and mandatory menu labelling system.

[1] Rincón-Gallardo Patiño, S, Zhou, M, Da Silva Gomes, F et al. 2020, 'Effects of menu labeling policies on transnational restaurant chains to promote a healthy diet: A scoping review to inform policy and research', *Nutrients*, vol. 12, no. 6.

## Section 5: Impact analysis

16. Would your business incur higher implementation costs if legislative changes were not timely and uniform across all jurisdictions?

[No response]

17a. Are the benefits and costs associated with the four proposed options and the complementary strategies accurate?

[Please select only one item]  Yes  No  Do not know  Not applicable

Provide detail.

The purpose of menu labelling is to improve public health by providing consumers with clear and transparent information that will influence their purchasing decisions and result in reduced overweight and obesity and preventable diet-related disease. Therefore, any analysis of costs and benefits of menu labelling must prioritise public health outcomes over impacts on businesses.



Assessment must include the direct health impacts to consumers, and the broader economic costs to governments saved in healthcare costs as a result of reduced levels of diet-related disease. Existing analysis of policy interventions to reduce the economic, social and health costs of overweight and obesity has found that menu labelling is one of the most cost-effective interventions [1]. Economic modelling in the US shows that menu labelling legislation was estimated to prevent 31,300 new cancer cases and 18,700 cancer deaths [2]. An analysis conducted by the OECD also reported an avoidance of 1,900 new cancer cases each year in each country included in the modelling (of which Australia was included) [1], with another analysis finding that menu labelling prevented 135,781 new cases of cardiovascular disease and 99,736 cases of type 2 diabetes [3]. This analysis also found that implementing menu labelling had a net US\$1.74 billion USD cost saving (adjusted for implementation and healthcare costs) [2]. Another study estimated that menu labelling resulted in a lifetime cost saving of US\$10.42 billion on healthcare alone [3].

When considering the costs to business, any assessment must take into account the fact that businesses already regularly update their menus regardless of labelling systems, so additional costs would be minimal in those cases.

[1] Goryakin, Y, Aldea, A, Guillemette, Y et al. 2019, 'Impact of obesity policies on health and the economy', Organisation for Economic Cooperation and Development (OECD), Paris.

[2] Du, M, Griecci, C, Cudhea, F et al. 2020, 'Cost-effectiveness of the FDA menu labeling to reduce obesity-associated cancer burden in the United States', Current Developments in Nutrition, vol. 4, suppl. 2, p. 1712.

[3] Liu, J, Mozaffarian, D, Sy, S et al. 2020, 'Health and economic impacts of the National Menu Calorie Labeling Law in the United States: A microsimulation study, Circulation Cardiovascular Quality and Outcomes, vol. 13, no. 6, p. 1.

17b. Are there any other benefits, costs or unintended consequences which have not been identified above?

[Please select only one item]  Yes  No  Do not know  Not applicable

If so, please describe.

Beyond the benefits to consumers in terms of accessing clear and honest menu labelling that enables healthier choices when eating out and a level playing field for businesses, there are a range of broader benefits that are not outlined in the consultation RIS. As noted in our response to question 17a, an analysis of policy interventions to reduce the economic, social and health costs of overweight and obesity has found that menu labelling is one of the most cost-effective interventions [1].

Economic modelling in the US shows that menu labelling legislation was estimated to prevent 31,300 new cancer cases and 18,700 cancer deaths [2]. An analysis conducted by the OECD also reported an avoidance of 1,900 new cancer cases each year in each country included in the modelling (of which Australia was included) [1], with another analysis finding that menu labelling prevented 135,781 new cases of cardiovascular disease and 99,736 cases of type 2 diabetes [3]. This analysis also found that implementing menu labelling had a net US\$1.74 billion USD cost saving (adjusted for implementation and healthcare costs) [2]. Another study estimated that menu labelling resulted in a lifetime cost saving of US\$10.42 billion on healthcare alone [3].

[1] Goryakin, Y, Aldea, A, Guillemette, Y et al. 2019, 'Impact of obesity policies on health and the economy', Organisation for Economic Cooperation and Development (OECD), Paris.

[2] Du, M, Griecci, C, Cudhea, F et al. 2020, 'Cost-effectiveness of the FDA menu labeling to reduce obesity-associated cancer burden in the United States', Current Developments in Nutrition, vol. 4, suppl. 2, p. 1712.

[3] Liu, J, Mozaffarian, D, Sy, S et al. 2020, 'Health and economic impacts of the National Menu Calorie Labeling Law in the United States: A microsimulation study, Circulation Cardiovascular Quality and Outcomes, vol. 13, no. 6, p. 1.

18. Are the average annual regulatory costs representative of the costs incurred/likely to be incurred by your business?

[No response]

19. If the regulatory costs outlined above do not represent the costs incurred / likely to be incurred by your business, what are / would be the costs per year to comply with the proposed changes to menu labelling regulation? Please indicate if costs are for initial implementation or for ongoing maintenance, the type of costs (e.g. administrative, menu design and printing, nutritional analysis) and which jurisdiction/s your business operates in. For businesses already implementing menu labelling, please only provide the additional costs associated with implementing the proposed changes to the regulation. Please only provide the cost of providing energy information, and do not include business-as-usual costs that would be incurred in the absence of menu labelling regulation.

[No response]

20a. Would your Australian business be likely to meet the proposed definition of a standard food outlet?

[No response]

20b. If not, is the reason because you do not sell standard food items, do not meet the business size threshold, or do not operate as a chain? Note for New Zealand businesses, this information is sought at Question 2.

[No response]

## Section 7: Preferred option

21. What is your preferred option and why?

[Select one]    Option 1    Option 2    **Option 3**    Option 4

Comment box

VicHealth strongly supports Option 3, as it has the potential for the greatest health benefits for consumers. A mandatory system that provides clear and consistent energy content in all chains, regardless of location, will enable healthier choices and reduces confusion across jurisdictions. Option 3 is also the most equitable for both businesses and consumers, allowing businesses an even playing field, and ensuring that, most importantly, consumers are presented with clear and transparent menu labelling.

In comparison, Option 1 will mean we retain an inconsistent system across jurisdictions, and does not represent an even playing field. Option 2 does not represent a significantly improved system as businesses may disregard the updated Principles without risk of non-compliance consequences, meaning consumers will not benefit from a consistent system and public health outcomes will not be improved. We strongly oppose Option 4 as it is unlikely this will result in increased and consistent information for consumers. There is evidence that voluntary regulation is not adequate or cost-effective [1].

[1] Rincón-Gallardo Patiño, S, Zhou, M, Da Silva Gomes, F et al. 2020, 'Effects of menu labeling policies on transnational restaurant chains to promote a healthy diet: A scoping review to inform policy and research', *Nutrients*, vol. 12, no. 6.

22. [If Option 4 is your preferred option, how do you see it being implemented and operationalised?](#)  
VicHealth strongly opposes voluntary implementation. There is evidence that voluntary regulation is not adequate or cost-effective [1].

[1] Rincón-Gallardo Patiño, S, Zhou, M, Da Silva Gomes, F et al. 2020, 'Effects of menu labeling policies on transnational restaurant chains to promote a healthy diet: A scoping review to inform policy and research', *Nutrients*, vol. 12, no. 6.