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*Re: Proposed Front of Package Labeling Regulations,
Canada Gazette, Part 1, February 10, 2018*

The National Cattle Feeders' Association (NCFA) appreciates the opportunity to submit our comments on proposed regulations requiring "Front-of-Package" labelling (FOP labelling) on foods deemed high in saturated fat, sodium, and sugars as presented in Canada Gazette, Part 1, dated February 10, 2018.

The National Cattle Feeders' Association (NCFA) was established in 2007 to serve as the voice of Canada's cattle feeders and represent them on issues of national significance. NCFA's membership is comprised of provincial beef organizations from the major cattle feeding regions of Canada, and is dedicated to advancing the national fed cattle value chain through growth and sustainability, increased competitiveness, and industry leadership.

Regulatory Proposal in Brief

As part of the Healthy Eating Strategy initiative, Health Canada is proposing new regulations that will require a set of symbols to be placed on the front of packages of food deemed "high" in three specific "nutrients of concern"—saturated fat, sodium, and sugar. The intention of this "Front-of-Package" labelling (FOP labelling) requirement is to provide consumers with a quick guide that will help them make informed choices, steering them away from foods that bear the FOP label and towards healthier foods without the FOP label.

Saturated fat, sodium, and sugar have been singled out for FOP labelling because of their supposed link with obesity and chronic diseases such as heart disease, stroke, and diabetes. In short, saturated fats, sodium, and sugars are "nutrients of concern" that Canadians should avoid. The new regulations will require that FOP labels be attached to food products where a single serving contains more than 15% of the recommended daily value (DV) of saturated fat, sodium, or sugar.

Perspective of the National Cattle Feeders' Association (NCFA)

The National Cattle Feeders' Association (NCFA) cannot support the regulatory proposal being suggested by Health Canada. In particular, NCFA is opposed to any regulation that would require FOP labelling of beef products, whether that be fresh or frozen whole cuts of raw beef or lightly processed products such as raw ground beef. To be sure, NCFA understands, appreciates, and supports the desired intent behind the regulatory proposal—helping Canadians make healthy food choices. However, we are of the firm belief that the regulatory proposal will do little to accomplish this objective. In fact, the proposal may serve to work in the opposite direction.

A Single Ingredient Focus

Health Canada's regulatory proposal for FOP labelling rests on a unidimensional foundation or premise that foods containing a single ingredient above a certain threshold—whether saturated fat, sodium, or sugar—are by necessity unhealthy, and therefore, require a warning. This warning essentially disqualifies that food as a reasonable, healthy, or nutritious choice in the minds of Canadians, and will steer them to other food choices. Such a single ingredient focus presents Canadian consumers with only one side of the nutritional equation. The other side of the equation—whether or not a food possesses other valuable and healthy nutritional benefit—is ignored entirely.

Levels of saturated fat, sodium, and even sugars should not be the only consideration when determining whether a food is beneficial, nutritious, or healthy. For example, some food products may indeed contain more than 15% of the recommended daily value of saturated fat, sodium, or sugar, but this may be offset by a wide range of positive nutrients such as iron, zinc, calcium, magnesium, potassium, vitamins A, B, C, D, and the complex B vitamins. By labelling a food as “high” in saturated fat, sodium, or sugar we will vilify a number of foods that in reality are natural, real, whole, fresh, healthy, and nutrient dense. We may, in fact, be steering Canadians away from foods that offer very high nutritional value in the form of essential minerals and vitamins, and also satisfy the appetite with a reasonable amount of calories.

Beef is a perfect example. A recommended daily serving of ground beef contains 23 grams of protein and 14 essential nutrients. However, that portion of ground beef also contains 3 grams of saturated fat, which is 15% of the recommended daily value. Thus, packages of ground beef will have to carry a FOP label. This label will take all attention away from the protein and nutrients in ground beef, and place the focus onto those 3 grams of saturated fat. What is more, the FOP label ignores completely the fact that half of all fat in beef is unsaturated, of which 50% is oleic acid. Oleic acid—the same fat in olive oil—helps lower blood pressure, increases fat burning to help with weight loss, protects cells from free radical damage, and may even help prevent type 2 diabetes.

At the same time, some highly-processed and nutrient-poor foods will not have to display a FOP label because they are under the specified 15% threshold for saturated fat, sodium, and sugar. Such products would likely include certain types of potato chips, various cookies and pastries, and the whole panoply of diet sodas.

Thus, the proposed FOP regulation will lead to applications that make very little sense. Ground beef is affordable, wholesome, nutrient dense, and a staple in many Canadian households. Yet, it will have to carry a FOP label. On other hand, nutritionally-empty foods under the thresholds will not carry a FOP label. This wrongly punishes a whole food that nourishes while rewarding junk food that does not. This does a nutritional disservice to Canadians, and is not acceptable.

Selecting foods based on a single ingredient is not the way forward. NCFA agrees with the Heart and Stroke Foundation in its [Position Statement on Saturated Fat, Heart Disease, and Stroke](http://www.heartandstroke.ca/heart-and-stroke-position-statements) (see <http://www.heartandstroke.ca/heart-and-stroke-position-statements>):

“While science continues to evolve, it is important to note that the overall quality of one's diet, combined with the types, qualities, and quantities of foods, have more impact on health than any single nutrient such as saturated fat.”

Ingredients of Concern

Strong evidence has emerged that two of the three “ingredients of concern” targeted for FOP labelling—saturated fat and sodium—may be of less concern than originally thought. There is now an extensive body of academic literature showing that the historical emphasis on reducing saturated fat and sodium in the diet has been misguided. These ingredients are simply not as harmful as Canadians have been led to believe.

1) *Saturated Fat*

The linkage between saturated fat and cardiovascular disease (heart disease and stroke) was first posited in the 1950s. In the following decades, however, supporting evidence for this conclusion has been lacking. No clear causal relationship has been found that links saturated fats to cardiovascular disease or any other cause of increased mortality.

The consensus of current research is that there is no compelling rationale for Canadians to reduce their intake of saturated fats. The health effects of saturated fats vary depending on the food sources in which they are found. Current evidence indicates that saturated fat intake, per se, is not associated with increased heart disease and stroke risk. It is important to consider the food source and the overall dietary pattern rather than focusing on single nutrients. Emphasizing saturated fat reduction clouds the larger and more important goal of achieving a healthy diet through balanced choices, which is not achieved by replacing nutrient-rich foods such as beef with unhealthier substitutes that contain less nutrients.

A brief review of several large-scale studies exploring this matter sharpens the point. These studies have typically involved very large population samples and have been conducted across both Europe and North America:

- a) Meat Consumption and Mortality: Results from the European Prospective Investigation into Cancer and Nutrition Study (EPIC Study): This study followed some 500,000 people over a 12 year period, and found no association between fresh red meat and its naturally occurring saturated fat and any cause of death, including cancer or cardiovascular disease.
(See <https://bmcmecine.biomedcentral.com/articles/10.1186/1741-7015-11-63>.)
- b) Meat Consumption and Diet Quality and Mortality in NHANES III (BOLD Study): This study, published in the American Journal of Clinical Nutrition, concluded that diets including lean beef were quite effective in managing cholesterol, and those who ate more red meat were more likely to eat vegetables more often and typically had lower body weights. The results of this study were consistent with the findings of the other meta-analyses worldwide showing no association between red meat and cardiovascular disease.
(See <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4993679/>.)
- c) The Prospective Urban Rural Epidemiology Study (PURE Study): This study is a large and ongoing epidemiological study of 140,000 people in 600 communities across 17 countries. The purpose of this study is to collect extensive data to address questions on the causation and development of underlying determinants of cardiovascular disease. The early results from this study argue against any ongoing caution against saturated fat, showing it is not harmful and can even be beneficial. Saturated fats from dairy sources were protective, and those from red meats in moderate quantities were neutral. The evidence emerging from this study indicates that saturated fat is not, in and of itself, harmful.
(See <https://www.ncbi.nlm.nih.gov/pubmed/19540385>.)
- d) Red and Processed Meat Consumption and Risk of Incident Coronary Heart Disease, Stroke, and Diabetes Mellitus: A Systematic Review and Meta-Analysis: This study, conducted at Harvard University, is one of the largest studies ever conducted on red meats, saturated fat, and cholesterol. Researchers concluded that eating 100 grams of fresh red meat per day is not linked in any way to the development of heart disease.
(See <https://www.ncbi.nlm.nih.gov/pubmed/20479151>.)

The findings of these studies, combined with the conclusion of many others, has led authorities on cardiovascular disease to reconsider their thinking on the role of saturated fats in a healthy diet. According to the Heart and Stroke Foundation of Canada (see <https://www.heartandstroke.ca/-/media/pdf-files/canada/position-statement/saturatedfat-eng-final.ashx>):

“Epidemiological studies provide a mixed picture of the association between saturated fatty acids and cardiovascular disease (heart disease and stroke). Early studies found an association between cardiovascular disease and saturated fat, while more recent studies have found no such association.”

In February 2017, over 200 Canadian physicians had the following to say about saturated fat as it relates to ongoing development of the new Canada Food Guide. NCFA believes that the opinion of these hundreds of medical professionals should also inform any decision about future regulations on FOP labelling (See <https://www.changethefoodguide.ca/>):

“Clearly communicate to the public and health-care professionals that the low-fat diet is no longer supported, and can worsen heart-disease risk factors.”

“Eliminate caps on saturated fats.”

“Cease advice to replace saturated fats with polyunsaturated vegetable oils to prevent cardiovascular disease.”

“Stop steering people away from nutritious whole foods, such as whole-fat dairy and regular red meat.”

In July 2017, a revised version of the February 2017 letter was submitted to Health Canada signed by over 700 physicians and health professionals that built on the earlier letter. This communication touched on all three “nutrients of concern” including saturated fat (see <http://www.changethefoodguide.ca/>):

“Although we understand that it is difficult to overcome four decades of entrenched teaching about the long held beliefs of the harms of dietary saturated fat, we have essentially overwhelming evidence now that saturated fat is not harmful in the diet and does not cause heart disease, but rather that the low fat dietary pattern has very likely caused harm.”

“We now have four decades of conclusive population-based evidence that the low fat movement has failed, resulting in an alarming increase in the burden of nutritional diseases which threatens to bankrupt our medical system.”

“We know that food with natural fats nearly always includes a mixture of saturated as well as monounsaturated and polyunsaturated fats. For example, olive oil contains 14% saturated fat, and sirloin steak contains equivalent amounts of saturated and monounsaturated fats. Thus it is important to focus on nutritious whole food rather than individual macronutrients.”

“This data showed that dietary fat is protective against cardiovascular disease, and specifically showed that saturated fat was not harmful and probably beneficial. As well, saturated fats from dairy sources were protective and those from meats were neutral. Red meat in moderate quantities was neutral.”

“Many Canadian physicians have looked at the modern evidence and are changing the course of people’s lives away from disability and early death by using individualized therapeutic nutrition, often in the form of low carbohydrate, high natural fat diets.”

“By including cautions against red meat, you are relying on epidemiological, or associational, studies. These do not stand up to more rigorous clinical trial data which does not demonstrate any negative health consequences from eating meat...The advice to eat less red meat may already be having some unintended consequences. A recent report by Public Health England shows that 25% of working age women do not have enough iron in their diet...”

The science around dietary saturated fat has clearly evolved, and the “facts” that we used to know are simply no longer true. NCFA believes that government policy and regulations must be scientific and evidence-based, and also incorporate the latest and best research available. The current regulatory proposal for FOP labelling as it applies to saturated fats would appear to miss this mark.

2) Sodium

The effects of sodium on health has been studied less extensively than saturated fat, but again, new evidence is changing old patterns of thinking. For example, Health Canada’s current suggested maximum level of 2300 mg of sodium per day may be overly restrictive.

A group of over 3,500 physicians, compiling a large amount of peer-reviewed scientific data, have concluded that there is no clear evidence that decreasing levels of sodium below 3000 mg per day has any measurable health impact (see <https://drive.google.com/file/d/1EVe0235muVQmyd8UeXIYhSgcWcpWobj8/view>).

The February 2017 and July 2017 letters issued to Health Canada by hundreds of Canadian physicians note the following about dietary sodium (see <http://www.changethefoodguide.ca>):

“As well, it appears that your report retains a recommendation for lower salt intake, but this is another area where recent evidence shows that the guidelines have been incorrect. There are more than four large, high quality studies published in top medical journals showing that less is not better and in fact can be harmful. These studies confirm that a moderate amount of salt is optimal.”

“There is now a substantial amount of evidence that saturated fat may not be bad for health, especially considering the amounts Canadians are currently consuming. In addition, processed meats eaten in appropriate amounts can also contribute to healthy eating, even if they are higher in sodium.”

“Recognize the controversy on salt and cease the blanket ‘lower is better’ recommendation.”

The Real Challenge

The prevailing consensus of the medical health community and nutritional scholars—a consensus that continues to grow as more and more research is conducted—is that rising rates of obesity, heart disease, stroke, and type 2 diabetes is correlated with unbalanced diets heavily tilted towards the consumption of ultra-processed foods containing high levels of refined carbohydrates and sugars. In short, the real public health concern is the insufficient dietary intake of nutritious whole foods that include vegetables, fruits, whole grains, and lean meats.

Again, the opinion of the Canadian Heart and Stroke Foundation is instructive in this regard (see <https://www.heartandstroke.ca/-/media/pdf-files/canada/position-statement/saturatedfat-eng-final.ashx>):

“Between 1938 and 2011 the dietary pattern of Canadians has substantially changed. During this time, Canadians’ share of household expenditures for natural, whole, or minimally processed foods fell from 34.3% to 25.6% while expenditures for more processed products rose from 28.7% to 61.7%.”

“In the 1980s dietary guidance focused on reducing total fat as a strategy to reduce saturated fat in the diet. This resulted in individuals replacing fats in their diet with carbohydrates, particularly refined carbohydrates, which is likely to have played a role in the current elevated rates of obesity and metabolic syndrome resulting from increased calorie intake.”

The February 2017 and July 2017 letters issued to Health Canada by hundreds of Canadian physicians clearly point to the real public health challenge (see <http://www.changethefoodguide.ca>):

“Researchers over the past decade have discovered that the root cause of obesity and diabetes is the state of insulin resistance... We now have good evidence that insulin resistance is strongly related to cardiovascular disease and that insulin resistance improves when carbohydrates are reduced.”

“The previous dietary guidelines included carbohydrates as the foundation of the diet. Although it is admirable that you now advise using whole foods, cooking at home and avoiding processed food, we believe you should also caution against consuming too many refined carbohydrates, which have contributed to our obesity and diabetes epidemics through the mechanism of insulin resistance. Food availability data show that over the last four decades, our intake of whole grains has decreased while our intake of refined carbohydrates has increased.”

“The undisputable finding of our paper is the fact that the highest cardiovascular disease (CVD) prevalence can be found in countries with the highest carbohydrate consumption, whereas the lowest CVD prevalence is typical of countries with the highest intake of fat and protein.”

“In order to reduce the incidence of type 2 diabetes and cardiovascular diseases, one should caution against the agents actually implicated in these diseases, which are sugar and refined carbohydrates, not natural saturated fat.”

“Sugar is a massive problem... we believe that shifting the focus away from sugar and processed food will have a dramatic impact on the incidence of obesity, diabetes and other nutritional diseases.”

“Given that two thirds of items in Canadian grocery stores contain added or hidden sugars, we feel a specific comment regarding their detrimental effects is warranted.”

“Although we see many positive and needed changes in your proposed guiding principles, we feel that key critical areas are missing which should be addressed, specifically the continued, perceived impact of saturated fats on cardiovascular risk, and the failure to address the science demonstrating that high carbohydrate diets unfavorably impact nutritional diseases. To issue guidelines which continue to caution against saturated fat and which do not caution against excessive refined carbohydrates would be a tremendous missed opportunity to give Canadians the advice they need to reverse our current nutritional disease epidemic.”

FOP Labelling Will Achieve Little

The stated objective of the new FOP regulation is threefold. First, it is intended to provide Canadians with quick and easy guidance to make informed food choices. As noted above, this will not occur because the labels focus on only one side of the dietary equation. Second, it is intended to improve the nutritional quality of packaged foods. Yet, little is known about the overall effectiveness of FOP labelling to guide consumer choices much less drive large-scale change in food processing. Third, it is intended to help health professionals educate consumers. Yet, there is overwhelming evidence that many health professionals actually dispute continuing the emphasis to reduce the dietary intake of saturated fat and sodium.

Health Canada’s proposal for FOP labelling is a negative approach that will stigmatize certain foods as unhealthy. Rather than serving as an educational tool, we believe FOP labelling will be simply perceived as a warning. Thus, all it really tells Canadians is what not to eat as opposed to what they should eat. At the end of the culinary day, FOP labelling will not help Canadians make healthier choices. Yet, the regulation carries the prospect of significant cost to both industry and Canadian consumers, estimated at between \$800 million and \$900 million.

A Positive Solution

One of the biggest advances in health and healthy living for Canadians has been the dramatic reduction in tobacco use and tobacco-related illnesses. How was this achieved?

For the past five decades or more, Canadians received a simple message that was continuously and consistently repeated—smoking is bad because it causes lung cancer and increases the risk of heart attack and stroke. This simple but oft repeated message has been tremendously successful in lowering the rate of smoking and smoking-related illness among Canadians (see <https://uwaterloo.ca/tobacco-use-canada/adult-tobacco-use/smoking-canada/historical-trends-smoking-prevalence>):

“Over the past five decades, there has been a remarkable reduction in smoking in Canada. Approximately half of Canadians smoked in 1965, compared to just 13% in 2015.”

Building on that highly successful strategy, what might be an equally effective and helpful message for Canadians given what we know about diets and disease?

Many would agree that the message is to avoid heavily-processed foods with high levels of refined carbohydrates and sugar. Instead, eat whole foods including vegetables, fruit, whole grains, and lean meats. In fact, a very good visual is suggested by the Heart and Stroke Foundation (see <https://www.heartandstroke.ca/-/media/pdf-files/canada/position-statement/saturatedfat-eng-final.ashx>):

“Canadians are advised to fill half their plate with vegetables and fruit, a quarter with whole grain products, and the final quarter with lean meat or alternatives, along with water to drink and a serving of milk or alternative on the side.”

This simple and straightforward message—repeated again and again—would arguably do more for the dietary health of Canadians than spending hundreds of millions on FOP labels.

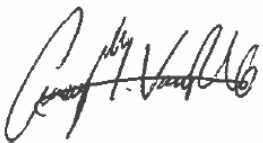
Conclusion

NCFA does not support the proposed regulations requiring FOP labelling. In fact, it appears to us that Health Canada may have lost its way on how it can effectively contribute to improving the dietary health of Canadians. We believe that Health Canada should step back and take heed of the broader scientific and medical community comprised of physicians, nutritionists, and clinical health practitioners before proceeding with a costly regulatory proposal that will accomplish little.

The lack of evidence and scientific basis underlying the proposed FOP regulation is disturbing. Health Canada must not operate within its own silo, disregarding the most recent research available and the voices of thousands of health care professionals working on the front lines to improve the diet and health of Canadians.

NCFA appreciates the opportunity to provide comments on the proposed regulation, and we urge Health Canada to pay particular attention to the latest science and the best scholarly research on healthy food choices, and carefully consider the direction being advocated by the nation’s medical health professionals, whose informed opinion on healthy diets plays an incredibly important role in guiding Canadians to make the best food choices.

Sincerely,



Casey G. Vander Ploeg
Vice President