

**ESPA European Salt Producers' Association Comments  
on the Discussion Paper on NUTRITION CLAIMS AND FUNCTIONAL CLAIMS  
Prepared by  
Directorate General Health and Consumer Protection (SANCO D4)  
(SANCO/1341/2001)**

ESPA welcomes the opportunity to comment on the discussion paper on Nutrition Claims and Functional Claims. We hope that these comments are useful and will be taken into consideration in the future discussion on this matter. We reserve the right to provide additional comments to this discussion paper at a later stage.

## **GENERAL COMMENTS**

ESPA supports that HEALTH CLAIMS as such, and in particular “disease risk reduction claims”, are not dealt with in the discussion paper and agrees completely with the Commission on the principle “...that labelling and advertising of a foodstuff should not contain claims that attribute to a foodstuff the property of preventing, treating or curing a human disease or refer to such properties...” (White Paper on Food Safety, Paragraph 101, Action n° 65).

There are two reasons for ESPA’s sceptical attitude concerning health claims.

### **1. Salt: No scientific evidence**

There is no scientific evidence and consensus in the salt/high blood pressure debate, as Taubes clearly shows in his article “The (political) science of salt” (SCIENCE 14 August 1998 Vol 281) citing at the end of his article Hennekens, Harvard Medical School: “The problem with this field is that people have chosen sides. What we ought to do is let the science drive the system rather than the opinions”.

There is an important number of scientists and institutions stating that you cannot recommend “salt reduction” to the general population. For example, Graudal et al. summarize the results of their meta-analysis of 58 trials of hypertensive persons and 56 trials of normotensive persons as follows: “These results do not support a general recommendation to reduce sodium intake...” (JAMA, May 1998-Vol 279. No. 9). The Canadian Medical Association concludes: “Restriction of salt intake for the normotensive population is not recommended at present, because of insufficient evidence demonstrating that this would lead to a reduced incidence of hypertension...” [Fodor et al., CMAJ, MAY 1999; 160 (9 Suppl)].

### **2. Misleading advertisement**

Already today we are confronted with misleading salt related advertisement. ESPA is afraid that this situation will become worse, when health claims are officially allowed.

## **DETAILED COMMENTS**

### **N° 26, “low sodium” and “very low sodium” claims**

ESPA agrees to the existing Community legislation reserving these claims for dietetic products.

### **N° 31, claims on vitamins and minerals**

As the revision of the Directive 90/496/EEC on nutrition labelling has been announced in the White Paper on Food Safety, ESPA advocates the deletion of iodine from appendix 2 of the Directive.

In most foodstuff the natural content of iodine is not significant. Nutrition labelling of iodine is only meaningful in connection with iodised salt. Most Member States allow the iodisation of salt, unfortunately in very different ways.

ESPA strongly believes in accordance with WHO, UNICEF and ICCIDD that iodine should only be allowed for the fortification of salt and not for other foodstuff. This is in line with the Codex Alimentarius, amending at step 8 the standard for food grade salt (Codex Stan 150-1985) by integrating world-wide rules for the iodisation of salt.

In the European Union we also need a harmonisation of the different rules in the Member States for salt iodisation. In this framework there is no place for special labelling rules related to iodised salt as laid down in Directive 90/496/EEC.

ESPA will present a new draft for salt iodisation on European level, when commenting on the “Preliminary Draft Proposal for a Directive of the Parliament and the Council on the approximation of the laws of the Member States relating to the addition of nutrients to food”.

Paris, 18 July 2001