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REPUBLIC OF ESTONIA
MINISTRY OF AGRICULTURE
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DEPARTMENT

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Subject: Discussion Paper on setting maximum and minimum amounts for vitamins and minerals in foodstuffs. – Comments from Estonia

Dear Ms Coggi,

We find that in the Discussion Paper on setting maximum and minimum amounts for vitamins and minerals in foodstuffs important aspects have been raised. We agree with the arguments given and would like to add some comments.

Due to lifestyle changes and intensive sales tactics the popularity of fortified foods and food supplements is increasing in Estonia. This is causing concerns, whether there should be additional measures to protect consumers' health and protect them from being misled. Setting minimum and maximum amounts could be one of such measures.

SETTING OF MAXIMUM AMOUNTS

- *Where there is not yet a scientifically established numerical tolerable upper intake levels for several nutrients, what should be the upper safe levels for those nutrients that should be taken into account in setting their maximum levels?*

In addition to the scientific sources mentioned in the Discussion Paper we would like to draw attention to another profound work dealing with safe upper levels, published in the UK in 2003: "Safe Upper Levels for Vitamins and Minerals" by Expert Group on Vitamins and Minerals (http://www.food.gov.uk/multimedia/pdfs/vitmin2003.pdf). The Expert Group on Vitamins and Minerals is an independent expert advisory committee, which was asked to advise on safe levels of intakes of vitamins and minerals in food supplements and fortified foods. Before publication the report was available also for public consultation to collect additional data.

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- *For some vitamins and minerals the risk of adverse effects, even at high levels of intakes, appears to be extremely low or non-existent according to available data. Is there any reason to set maximum levels for these vitamins and minerals?*

If there is no scientific data to indicate that a vitamin or mineral may cause adverse effects, then we do not find it absolutely necessary to lay down strict levels for its use. However, considering that organism should not have superfluous burden and that consuming food supplements and fortified food is increasingly popular, it may be necessary to set maximum levels even for these vitamins and minerals, taking into account PRIs/RDAs and concerns over intakes in certain Member States. Also, we are worried about the growing popularity of vitamin and mineral complex preparations that provide 100% of RDAs of all these nutrients. Still, we recognize that the task is difficult and should be based on scientific data.

- *Where we set maximum levels, do we inevitably also have to set maximum amounts for vitamins and minerals separately for food supplements and fortified foods in order to safeguard both a high level of public health protection and the legitimate expectations of the various food business operators? Are there alternatives?*

The maximum amounts should be set separately for food supplements and fortified foods, because the purpose of these products is different. Fortified food could be used as an alternative to normal food without being aware of or paying attention to the amount of added nutrients. Food supplements, on the other hand, are consumed consciously in addition to food and also on medical purposes. So the maximum amounts in fortified foods should be lower than in food supplements.

- *The Commission would appreciate receiving available information on intakes of vitamins and minerals or indications of the best sources providing such data at EU level.*

We do not have information of intakes of vitamins or minerals in Estonia.

- *If such existing data refer only to the intake in some Member States, can they be used for the setting of legitimate and effective maximum levels of vitamins and minerals at European level? On the basis of what adjustments, if any?*

The studies from as many Member States as possible should be included because of different environmental conditions and dietary habits. For example the intake of vitamin D varies considerably across Europe due to differences in the consumption of fish products and exposure to sun.

If there is no adequate data on the intake of vitamins and minerals, most Member States probably have information on consumption of food products, obtained from household surveys. It could be considered if the consumption of vitamins and minerals could be modelled from that data, taking into account average content of nutrients. However, that data might not always include the consumption of food supplements.

- *Should the intake from different population groups be taken into account in the setting of maximum levels of vitamins and minerals?*

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In the setting of maximum and minimum levels of vitamins and minerals the intake from different population groups should be taken into account certainly as much as possible, but eventually the norm should be set bearing in mind the average consumer.

- *Taking into account all the above-mentioned considerations, how far should PRIs/RDAs be taken into account when setting maximum levels for vitamins and minerals?*

PRIs/RDAs should be one of the most important factors when setting maximum levels.

MINIMUM AMOUNTS

- *Should the minimum amount of a vitamin or a mineral in a food to which these nutrients are added be the same as the significant amount required to be present for a claim and/or declaration of the nutrient in nutrition labelling? Should different minimum amounts be set for certain nutrients in specific foods or categories of foods? If yes, on what basis?*

The minimum amount of a vitamin or a mineral in a food to which the nutrient is added should be the same as the significant amount required to be present for a claim and/or declaration of the nutrient in nutrition labelling. If the added amounts were too small, then the consumer would be misled about the nature of the product. Also where appropriate, the portions usually consumed should be taken into account. For example several sauces (oil, mayonnaise) are consumed in small amounts, so the presence of this significant amount in 100 g or ml of product will not give the expected effect. At the same time beverages are often consumed in larger amounts than 100 ml.

- *Should minimum amounts for vitamins and minerals in food supplements also be linked to the significant amounts that should be present for labelling purposes or should they be set in a different way?*

The significant amounts that should be present in food for labelling purposes could be used as minimum amounts of nutrients in food supplements. But if the significant amounts will not be used as minimum amounts in food supplements, then the content of all nutrients present and their percentages of the RDAs should be declared on the labelling of food supplement, even if the content is lower than the significant amount that is used in case of other food products.

- *Additional comments*

In Estonia in the beginning of 2006 a survey was conducted, where family members responsible for child nutrition were asked to evaluate their children's (aged 0-17) dietary habits, including the use of food supplements and fortified food. It was a written questionnaire and the data was processed to be representative of families with children aged 0-17 in Estonia.

When buying food and deciding if the food is healthy for their children, 60% of respondents often pay attention to whether vitamins and minerals have been added to food.

Respondents were asked to estimate whether their child's food contains sufficiently vitamins and minerals. 53% and 54% respectively found the content being sufficient. 1% thought that

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child's food contains too much vitamins and minerals. In case of minerals 20% and in the case of vitamins 11% of respondents could not give their opinion. It suggests that consumer's knowledge about the food's micronutrient content is somewhat vague.

As to food supplements, in total 78% give vitamins to children: 16% give vitamins to children often and 62% give sometimes. Interestingly, of those parents who think that their child's food contains sufficiently vitamins, 21% often give vitamins still in addition. Other food supplements are often given by 3% of respondents, sometimes given by 36%.

Food, to which vitamins, minerals or bacteria has been added, is often given to children by 10% of respondents, sometimes given by 58% of respondents.

The survey showed that giving food supplements or fortified food to children is popular. The percentages were nearly the same, no matter what the child's age was. It may be assumed that the line between fortified food and normal food is becoming blurred.

As a conclusion it can be said, that even if there is no scientific evidence that certain vitamins and minerals are excessively consumed, we find it extremely important that the consumers be sufficiently informed about the nature of food supplements and fortified food. We appreciate the Commissions effort in specifying maximum and minimum amounts for vitamins and minerals that are added to food.

Yours sincerely,

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