

Nutrition and functional claims

**A response from the National Consumer Council to consultation
on the European Commission's Discussion Paper
(SANCO/1341/2001)**

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Summary

Nutrition and health claims made for foods have the potential to be a quick and easy way to provide consumers with information about the nutritional aspects of particular products. However, claims are also a valuable marketing tool for food manufacturers and their use should be strictly regulated to ensure consumers are informed and adequately protected from misleading, false or inappropriate claims. Nutrition and health claims have proliferated across the whole of the single market but to date there has been no harmonised regulatory control for claims in Europe. The National Consumer Council (NCC), along with many other consumer organisations, is concerned that consumers are in danger of becoming increasingly confused or misled and – as a result – may choose unbalanced diets.

The Commission's intention to introduce harmonised legislation to control the use of nutrition and functional claims is therefore to be welcomed. However, NCC is concerned by the Commission's decision not to extend controls to health claims at this time. This approach does not address the inconsistent use of health claims across the single market and consumers will therefore remain inadequately protected.

Introduction

The National Consumer Council (NCC) has, for many years, expressed its concerns about the unregulated proliferation of nutrition claims **(1)**, functional claims **(2)** and other health claims **(3)** made for foods.

Together with other consumer organisations, we are concerned about the potential for these claims to confuse or mislead consumers. This potential has greatly increased in recent years as the number of foods claiming a health benefit has grown – a result of food manufacturers increasingly using product innovation to seek marketing advantage. Consumers now have a wide choice of foods enriched with particular nutrients (such as vitamins and minerals, omega-3 fatty acids, dietary fibres) or other ingredients claiming health giving properties (such as pro-biotics, plant sterol esters and plant stanol esters). In order for consumers to make meaningful choices when making food purchases they need:

- (i) accurate and meaningful information about the nutrient content of food;
- (ii) an understanding of the determinants of a healthy diet, to make use of the information; and
- (iii) to be able to trust and understand the claims made for foods.

In 1997 NCC carried out a qualitative study on consumers' use and understanding of nutrition and health claims made for all types of foods, including so-called 'functional foods' **(4)**. This research, published in NCC's 'Messages on Food' report **(5)**, reinforced our strong reservations about the use of health claims in particular. It demonstrated that consumers are aware of nutrition claims and some health claims – but made no distinction between them. It also demonstrated that many consumers are confused by some of the longer, or more complex, claims and believe that regulations should be in place to help monitor and enforce guidelines on all types of claims.

NCC recommended that, if health claims are to be allowed on food products, such claims should be regulated at European and UK level **(6)**. In the absence of European legislation, we recommended that there should be action taken to establish voluntary guidelines at UK level, supported by a monitoring and enforcement body **(7)**. The Joint Health Claims Initiative was duly established in June 1997 to address the regulation and use of health claims in the UK. Its purpose is to prevent the use of misleading, unsubstantiated and false health claims, thereby contributing to better consumer protection and promotion of public health. Unfortunately various delays in the process have meant that the voluntary Code of Practice has yet to be put into effect.

The fact that consumers do not distinguish between nutrition and health claims is particularly relevant to the scope of the Commission's Discussion Paper (8) which does not set out to address the use of health claims per se, at this time. The stated reasons for this omission are that health claims are already under discussion in other fora, such as Codex Alimentarius, and the inherent complexity of the issue. From the consumer perspective, health claims form part of an overall continuum of nutrition and health-related claims made for foods and food supplements: Consumers have to make sense of this entire continuum when making purchasing decisions. It is arguable that health claims have greater potential than nutrition and functional claims to confuse or mislead consumers. The need for harmonising legislation for health claims is therefore at least as great as for nutrition and functional claims – if not more so. Therefore, while the Commission's Discussion Paper (9) is a very welcome initiative, due to the omission of health claims, its scope is too narrow to ensure that consumers are adequately protected. Consequently consumers will remain at risk of being confused or misled by health claims and, as a result, may choose increasingly unbalanced diets.

General considerations

Detailed horizontal rules on the labelling, presentation and advertising of foodstuffs (Directive 2000/13/EC) (**10**) and on nutritional labelling (Council Directive 90/496/EEC) (**11**) have been established at European level. There is, however, no equivalent European legislation that relates specifically to claims made for foods. Despite the intentions of Directive 2000/13/EC – that the labelling, presentation and advertising of foodstuffs should not mislead the consumer (**12**) – it can be difficult to apply its general provisions to present-day claims, due to the fact that it is open to different interpretations. As a result, food enforcement authorities are inhibited in taking action by the high costs involved and lack of certainty over outcomes in court. Harmonised rules for claims must therefore be sufficiently detailed to ensure that the general principles laid down in existing Directives can be applied effectively.

Medicinal claims are specifically prohibited for foodstuffs: No reference may be made to the treatment or prevention of disease, or the restoration, correction or modification of a physiological function (regardless of whether the claims are true or not). Such ‘medicinal’ claims are reserved exclusively for medicines and are subject to medicines’ legislation. NCC recommends that the prohibition on the use of medicinal claims for foods be maintained.

Harmonised legislation must ensure that food manufacturers’ use of claims is consistent with wider public health objectives and national dietary and nutritional recommendations. NCC therefore recommends that all nutrition and functional claims should always be presented in the context of an overall balanced diet (and other healthy-lifestyle factors) and should not encourage habits harmful to health. In particular, we recommend the introduction of specific rules that prevent such claims from stating or implying that a varied and adequate diet cannot provide sufficient quantities of nutrients. These rules should also prevent claims that refer to the presence or absence of a nutrient, or other substance, as a special characteristic where such presence or absence is common to all similar products (paragraph 7 of the Commission’s Discussion Paper).

The Commission’s Discussion Paper acknowledges (paragraph 8) that consumer perception of nutrition and health claims is the most important factor in evaluating their acceptability. Consumers must be able to clearly understand the claim, otherwise there is a risk that the claim will mislead. Wording, logos, images, used to state or imply a claim and product endorsements all play important roles in the way that claims are perceived by consumers, as do all associated promotional materials and advertising (irrespective of the media used for transmission). Harmonised rules should ensure that all these aspects are strictly regulated, taking the likely consumer-perspective into account.

NCC supports the mandatory inclusion of nutrition labelling for all foods that bear a nutrition claim, a functional claim or any other form of health claim. It is essential that nutrition labelling is both accurate and presented in a way that is meaningful to consumers if its potential to help consumers plan a healthy diet is to be realised. Research has shown, however, that many consumers are unable to comprehend nutritional labelling as it is currently presented, or use it to support their purchasing decisions (**13**). We therefore recommend that, as a matter of priority, further research and/or

consumer testing is carried out to establish the most effective way to present nutritional information to consumers.

The Commission considers the arguments for and against permitting only those foods deemed to be ‘*nutritionally acceptable*’ to make claims about a nutrient or substance (paragraph 9 of the Discussion Paper). NCC supports the view that such claims should only be made if the overall profile of the product is nutritionally acceptable (where high levels of nutrients, undesirable in excess, are present). The United States Department of Agriculture’s (USDA) ‘Jelly Bean’ Rule is an example where the nutritional composition of products allowed for fortification has been specified. In spite of the assumed difficulties in defining such a nutritional profile, NCC recommends that a similar approach (to the USDA rule) should be adapted to the European situation to define foods for which health claims are appropriate. This is essential if claims are not to encourage dietary habits harmful to health.

NCC strongly supports the Commission’s assertion regarding nutrient availability (paragraph 10 of the Discussion Paper). That is, claims should only ever be allowed for foods if the nutrient or other substance in question is contained in the final product in a form that is bio-available and if it is present in a quantity to justify the claim throughout its shelf-life.

The Commission asks whether claims should refer to food ‘as sold’ or in accordance with instructions for use given on the label (paragraph 11 of the Discussion Paper). We recommend that claims should refer to foods as consumed i.e. after preparation or reconstitution.

Definitions

In paragraph 12 of the Discussion Paper, the Commission acknowledges the importance of establishing harmonised definitions. Standard definitions for the different types of claims have not been universally agreed. The lack of consistency in relation to the definition of different types of claims creates unnecessary confusion for policy makers, consumers and other stakeholders alike. For example, the Commission’s definition of a ‘functional claim’ (**14**) is equivalent to the Codex Alimentarius’ definition of a ‘nutrient function claim’ (**15**) and is recognised as one form of health claim by Codex and by the UK’s Joint Health Claims Initiative. Such a definition would also be consistent with many organisations’ concept of a ‘generic health claim’ (**16**). Concepts and definitions therefore overlap to some extent: Despite the Commission’s stated intention not to cover health claims in the scope of its Discussion Paper, at least one form of health claim – according to the definitions applied by other bodies – is, in fact, included. The Commission’s decision to exclude other forms of health claim – for example, disease risk reduction claims (**17**) therefore appears arbitrary and not well justified.

As a starting point, the Commission proposes to use the Codex definition of the term ‘claim’ (**18**) (paragraphs 13 and 14 of the Discussion Paper). BEUC’s (le Bureau Europeen des Unions de Consommateurs) position paper on Health Claims (**19**) defines the term ‘claim’ as: ‘*any message, reference or representation, whatever the means of transmission (including trademarks) stating, implying or suggesting that a foodstuff has special characteristics, properties or effects linked to its nature, composition, nutritional value, method of production and processing, or any other quality*’. The two definitions are similar

but there are slight differences in emphasis. We therefore recommend that definition of the term 'claim' reflect the criteria set out in both the Codex and BEUC definitions (20).

NCC research has demonstrated that consumers do not differentiate between nutrition and health claims (21). However, for reasons of legal clarity, we strongly recommend that the Commission develop harmonised definitions for the different types of claims (nutrition, nutrient function etc.) in support of Community legislation (paragraph 15 of the Discussion Paper).

Nutrition claims

The Commission suggests that the definition of ‘nutrition claims’ from Council Directive 90/496/EEC (22) be used as the basis for discussion – we agree that this seems reasonable (paragraph 16 of the Discussion Paper). NCC recommends that this definition not be changed to take into account claims that are being made for substances that have a physiological effect (e.g. fibre, antioxidants and lactic bacteria), as considered in paragraph 17 of the Discussion Paper. We strongly support the view that nutrition claims should be reserved for nutrients or substances that have a nutritional function (such as protein, carbohydrates, fat, components of macronutrients, vitamins and minerals). In turn, we strongly recommend that any claims to be allowed for substances that are physiologically active should be defined as a health claim and should be subject to specific rules governing their evaluation and application.

The commission considers the use of some common nutrition claims (‘low’, ‘light’ ‘rich’ etc.). As a starting point, the Commission has compiled a table listing the different components of a foodstuff, the type of claim in relation to it, and the conditions to be met for making the claim. This analysis is based on Codex guidelines and similar criteria that exist in some Member States (paragraph 18 and 19 of the Discussion Paper). NCC recommends that harmonised definitions for terms such as low, rich, light etc. and the conditions of their use must be established: Consistency of meaning and use is essential. We agree that Codex guidelines seem a sensible starting point where available.

In particular we support the concept of a ‘nutrient content claim’ (or absolute nutrition claim) as *a nutrition claim that describes the level of a nutrient contained in a food*, e.g. source of calcium, high in fibre, low in fat. We also support the concept and Codex definition of a ‘comparative nutrition claim’: *a claim that compares the nutrient levels and/or energy value of two or more foods*, e.g. ‘reduced’, ‘less than’, ‘increased’. In this case, the product for which the claim is made must always clearly state the reference product with which the comparison is made.

The Commission specifically considers the claims ‘contains x% more’, ‘contains x% less’ and ‘without added’ (paragraph 20 of the Discussion paper). We support the Commission’s statement that such claims, referring to the non-addition of a nutrient, ingredient or other substance, should remain prohibited when all products of the same category must be produced without that addition by law.

We support the Commission’s proposal to equate the term ‘light’ with the term ‘reduced’ as proposed by Codex guidelines (paragraph 21 of the Discussion Paper). We recommend that an indication of the characteristics that make the food ‘light’ must always be provided.

The Commission Discussion Paper considers the use of the ‘diet’ claim and its equivalence to ‘light’ or ‘reduced’ comparative nutrition claims (paragraph 22 of the Discussion Paper). NCC recommends that, as a general rule, claims’ legislation should not run counter to existing legislation preserved for foods for particular nutritional uses (PARNUTS). The term ‘diet’ has clear potential to be confused with the term ‘dietary’, which is exclusively reserved for use with PARNUTS

(specifically, food intended for use in energy-restricted diets for weight reduction). NCC therefore recommends that 'diet' claims be prohibited.

NCC supports the Commission's view that products bearing comparative nutrition claims must make clear which products are being compared (paragraph 23 of the Discussion Paper). NCC therefore recommends that the reference product must always be clearly stated on the label. This should normally be the same brand of product, where one exists. The rules should be sufficiently strict as to prevent misleading comparisons with similar products of a 'generic' description or different brand.

The Commission discusses the difficulties with dietary cholesterol claims (paragraphs 24 and 25). NCC supports the view that consumers do not generally understand the relationship between dietary cholesterol and heart disease. Furthermore, we consider that much better public health education is required to explain the difference between dietary cholesterol and blood cholesterol in relation to health in clear and simple terms. In this context claims relating to dietary cholesterol are potentially misleading to consumers, particularly where such claims are not put into proper context. We therefore recommend that dietary cholesterol claims should not be permitted.

The Commission considers 'low sodium' and 'very low sodium' claims in relation to PARNUTS legislation (paragraph 26 of the Discussion Paper). In general we support the Commission's view that claims legislation should not run counter to existing legislation preserved for PARNUTS. However, from a public health perspective it is important that everyday foods with low or very low sodium content are able to indicate this fact. We therefore recommend that criteria for permitting 'low sodium' and 'very low sodium' claims be established. Consumer understanding and use of such claims should however be tested, as it has generally been demonstrated that consumers do not equate the term sodium, when used in association with labelling and claims, with healthy eating messages advising them to reduce the amount of salt in their diet.

Criteria for making nutrition claims

The Commission's Discussion Paper presents arguments for and against limiting the application of rules on claims to a distinct category of so-called 'functional foods' (23) (paragraph 27). The concept of 'functional foods' is not sufficiently distinct from fortified foods, for example, (which may be enriched with vitamins or minerals not naturally contained in the food) and a separate framework for the regulation of functional foods is not appropriate. NCC therefore recommends that claims should apply to all foods and should not be reserved for a separate category of 'functional foods'.

The Commission acknowledges the debate surrounding '% fat-free' and 'only x% fat' claims (paragraph 28 of the Discussion Paper). NCC supports the view that 'x% fat-free' or 'only x% fat' claims can mislead consumers. Improved nutrition education is needed to enable consumers to understand, for example, the level of fat required to enable a low-fat claim to be made for a product. NCC therefore recommends that '% fat free' and 'only x% fat' claims be prohibited.

The Commission considers the criteria that should apply when making 'without added' or 'no added' claims (paragraph 29 of the Discussion Paper). We strongly support the argument that such a claim

should only be permitted if the product has been manufactured without the addition of the nutrient (that is the subject of the claim), when that nutrient is usually added to similar products.

The Commission states that there may be a need to distinguish products that are naturally low or high in a given nutrient, from products that make ‘low’ ‘high’ or ‘rich’ claims in relation to reduced or added amounts of a particular nutrient (paragraph 30 of the Discussion Paper). In this case, the Commission suggests that a claim in the form of ‘a low (naming the nutrient) food’ or a ‘high/rich (naming the nutrient) food’ might be appropriate. NCC considers that this distinction may not generally be recognised and could potentially confuse or mislead consumers. We therefore recommend consumer testing be carried out to establish the potential for this type of claim to mislead before such claims are permitted.

The Commission sets out the conditions for making claims for vitamins and minerals under Directive 90/496/EEC (24) (paragraph 31 of the Discussion Paper). The threshold of 15% of the RDA is currently used, under Community legislation, to determine when products contain a significant amount of a relevant nutrient. The Commission considers whether the 15% threshold is too high, based on the argument that many foods generally considered as good dietary sources of some micronutrients would not qualify for a claim. NCC recommends that any decision to lower this 15% threshold should be fully and transparently justified. In addition, if the food in question needs to be consumed in large quantities to obtain a ‘significant’ amount of a particular micronutrient, reference to the amount that needs to be consumed must be made.

NCC strongly supports the Commission’s list of general conditions that should apply in relation to comparative nutrition claims (paragraph 32 of the Discussion Paper):

- *‘The foods being compared should be different versions of the same food or similar foods’*
- *‘A statement of the amount of difference in energy value or nutrient content should be given’*
- *‘The following information should appear in close proximity to the comparative claim; (i) the amount of difference, expressed as a percentage (fraction or an absolute amount), and (ii) the identity of the food(s) to which the food is being compared’.*

The Commission states (in paragraphs 33 and 34 of the Discussion Paper) that there is general agreement amongst the Member States to the proposed Codex guidelines on the use of the terms ‘increased’ and ‘reduced’. The guidelines state that these terms may only be made when there is a minimum increase or reduction of 25% of the nutrient for which the claim is made, relative to the reference product (for which no claim is made). Specific conditions for vitamins and minerals requiring only a 10% difference in NRV are additionally proposed by Codex and are detailed in paragraph 35 of the Discussion Paper. NCC recommends that the setting of such conditions for use of ‘increased’ or ‘reduced’ claims should be determined by independent expert opinion.

The Commission proposes that the terms ‘more’ or ‘less’ could be used when making claims for foods with changes in their energy or nutrient content of less than 25% (paragraph 36 of the

Discussion Paper). NCC considers that there may be potential for consumers to be confused by the proposed use of 'increased/reduced' claims and 'more/less' claims. We recommend that consumer testing be carried out to establish the potential for confusion before the proposed use of such claims is permitted.

NCC recommends that, in all cases, specific criteria for both nutrient content claims and comparative nutrition claims should be prescribed in legislation to ensure consistency. We also recommend that the criteria/conditions for making claims for different nutrients (listed in the Annex to the Discussion Paper) should be determined by independent expert opinion in an open and transparent manner.

Functional claims

The Commission presents both its own definition of a functional claim (25) and the Codex Alimentarius definition of a nutrient function claim (26) (paragraphs 37 to 39 of the Discussion document). As these definitions are equivalent, NCC supports the Commission's proposal that the Codex definition is a reasonable basis for defining functional claims.

Criteria for making nutrition claims

NCC supports the Commission's intention to consider specific conditions that should be fulfilled for the provision of functional claims (paragraph 40 of the Discussion Paper) and recommends that such conditions are prescribed in legislation to ensure consistency.

NCC strongly supports the need to present claims within the context of an overall balanced diet (paragraph 41 of the Discussion Paper). In particular we emphasise that claims must not encourage excessive consumption of any one food or product to the detriment of a varied and wholesome diet.

We support the intention that food (for which a functional claim is made) must, as a minimum, be a 'significant' source of any nutrient that is the subject of a claim where increased consumption is recommended and that this condition must be met throughout its shelf life. We also support the complementary intention that food must be either 'low' in, 'reduced' in, or 'free' from any nutrient that is the subject of a claim where reduced consumption is recommended (paragraph 42 of the Discussion Paper). As stated above, we recommend that the criteria for making 'significant source', 'low', 'reduced' and 'free' claims for different nutrients be prescribed in legislation and determined by individual expert opinion.

We support the commission's proposal for controlling the elimination of particular substances from a foodstuff in order to reduce the risk of a negative effect, e.g. elimination of allergens (paragraph 43 of the Discussion Paper). We also agree it is desirable that the normal nutritional value or other properties of the food are not otherwise modified in this process.

We support the need for adequate and robust validated methods for identification and quantification of all nutrients for which claims are made (paragraph 44 of the Discussion Paper).

We have emphasised the need for consumer perception to be applied as a general consideration that over-rides all others in determining whether a claim is misleading or not. In this respect, the way in which functional claims are communicated is of fundamental importance: We strongly recommend that presentation of claims should facilitate consumers' understanding of the basis of the claim (paragraph 45 of the Discussion Paper). The relationship between diet, specific nutrients or substances, physiological benefits and health must be clearly and simply communicated - in terms that are understood by the ordinary consumer - in order to enable consumers to make informed and appropriate choices.

The Commission states that the most important aspect of a functional claim is that it must be based on generally accepted scientific evidence that is kept under regular review (paragraph 46 of the Discussion Paper). The NCC strongly supports this approach and recommends that the review and approval of functional claims be undertaken by an independent expert body that would operate at European level (such as the Scientific Committee for Food). We also recommend that such an independent expert body should be responsible for reviewing and revising permitted claims, after a defined period of time, according to developing scientific knowledge.

The Commission sets out a number of conditions relating to the substantiation of claims that have emerged from discussions within Codex Alimentarius and the Council of Europe (paragraph 47 of the Discussion Paper). NCC supports all of the conditions listed, as follows:

- *‘The claim must be substantiated by generally accepted scientific data.’*
- *‘The substantiation must be relevant to the product that is presented to the final consumer.’* In this context, NCC recommends that claims would not be appropriate if the claimed benefit is not wholly or significantly derived from normal consumption of the food for which the claim is made.
- *‘The scientific substantiation of the claim must: (i) rely on the totality of the evidence including human studies where available, (ii) be plausible in terms of the relationship between intervention and results (dose/frequency/effect), and (iii) meet scientific standards of statistical and biological significance.’*

NCC supported the setting up of the voluntary Joint Health Claims Initiative in the UK to govern the use of health claims, in the absence of statutory controls. We therefore recommend that the Commission consider its detailed and stringent Code of Practice when proposing European rules for substantiation of functional claims.

The Commission sets out some of the arguments for the establishment of either a pre-marketing approval system for functional claims or a simpler notification procedure (paragraphs 48 and 49 of the Discussion paper). We consider that a pre-marketing approval system is essential to ensure that claims are appropriate and criteria are applied uniformly - a notification procedure would not provide for effective control.

- NCC therefore strongly recommends the setting up of a statutory system of pre-marketing approval for functional claims.
- As stated in more detail above, such a system should be based on the review and approval of functional claims by an independent expert body, principles of transparency and openness and the principle that consumer perception is the over-riding determinant with regard to suitability of claims.

- We recommend the compilation of a positive list for approved functional claims and that this should be the responsibility of the independent expert body. We consider it essential that such a body should also be responsible for developing appropriate wording and criteria for each claim.

We also recommend that a pre-marketing approval system should provide for the establishment of general principles for making a functional claim and stringent rules regarding the level of substantiation, the source and nature of scientific evidence required. We consider that such a system would need an appropriate administration body at European level to monitor compliance with the rules governing functional claims and to oversee consistent enforcement throughout the single market. This might be a task for the Commission's Food and Veterinary Office in Dublin, or be delegated to the European Food Authority.

The Commission finally considers the merits of the Swedish 'two-step' system (paragraph 50 of the Discussion Paper). This system prohibits claims which attribute specific physiological effects to specific products (based on the nutrients that it may or may not contain) (27). We consider that such a system could have less potential to encourage unbalanced diets (due to excessive consumption of particular products) and might therefore be advantageous from a public health perspective. However, we recommend that consumer use and understanding should be tested prior to adoption of such a system.

References

- 1** For example high fibre, low fat, reduced sugar, good source of calcium etc.
- 2** 'claims relating to beneficial effects of a nutrient on certain normal bodily functions' (e.g. calcium aids in the development of strong bones and teeth)
- 3** Health claims are ill defined and can take a number of forms. They can be vague (e.g. 'good for you') or implied (e.g. via graphical representations, endorsements or form of packaging). Some are linked to reducing the risk of a particular disease – the so-called disease risk reduction claim - e.g. nutrient/product x may help reduce the risk of heart disease. Others can be more specific, e.g. some authorities regard 'functional claims' that relate to the beneficial effects of a nutrient on certain bodily functions, as one form of health claim.
- 4** Functional foods are '*designed to offer a particular health benefit over and above the traditional nutrients they contain*
- 5** National Consumer Council, Messages on Food: Consumers' use and understanding of health claims on food packs, 1997
- 6** See reference 5.
- 7** See reference 5.
- 8** Directorate General Health and Consumer Protection (SANCO D4) European Commission, Discussion Paper on Nutrition Claims and Functional Claims, SANCO/1341/2001
- 9** See reference 8.
- 10** Directive 2000/13/EC of the European Parliament and the Council relating to the labelling, presentation and advertising of foodstuffs, OJ L 109, p29, of 6.5.2000
- 11** Council Directive 90/496/EEC on nutrition labelling of foodstuffs, OJ L 276 p40 of 6.10.90
- 12** Directive 2000/13/EC provides that the labelling, presentation and advertising of foodstuffs should not mislead the consumer as to the characteristics of the foodstuff, or by attributing to the product effects or properties it does not possess, or by suggesting that the foodstuff possesses special characteristics when in fact all similar products possess such characteristics.
- 13** Institute of Grocery Distribution (IGD), *Voluntary Nutrition Labelling Guidelines to Benefit the Consumer, (1998)*
Also see reference 5.
- 14** See reference 2.
- 15** 'A nutrition claim that describes the physiological role of the of the nutrient in growth, development and normal functions of the body' – see example in endnote ii.

16 *'A health claim based on well-established, generally accepted knowledge from evidence in the scientific literature and/or recommendations from national or international public health bodies such as the Committee on Medical Aspects of Food and Nutrition policy (COMA), superseded by the Scientific Advisory Committee on Nutrition (SCAN), the US Food and Drug Administration (FDA) or the EU Scientific Committee for Food (SCF).'* – From the Joint Health Claims Initiative Code of Practice on Health Claims on Foods.

17 For example, Product/nutrient 'x' can help reduce the risk of heart disease

18 *'Any representation which states, suggests or implies that a food has particular characteristics relating to its origin, nutritional properties, nature, production, processing, composition, or any other quality.'*

19 BEUC Final Position on the use of health related claims for foodstuffs, BEUC/X/048/2000

20 For example: *'any message, reference or representation, whatever the means of transmission (including trademarks) stating, implying or suggesting that a foodstuff has special characteristics, properties or effects linked to its origin, nature, composition, nutritional value, method of production and processing, or any other quality*

21 See reference 5.

22 *'Any representation and any advertising message which states, suggests or implies that a foodstuff has particular nutrition properties due to the energy (calorific value) it: provides, provides at a reduced rate, does not provide, and/or due to the nutrients it: contains, contains in reduced or increased proportions, or does not contain. A reference to qualities or quantities of a nutrient does not constitute in a nutrition claim in so far as it is required by legislation.*

23 See reference 4.

24 See reference 11.

25 See reference 2.

26 See reference 15.

27 For example - (Step 1): Information on diet – health relationship, e.g. 'A diet rich in calcium aids in the development of strong bones and teeth'. (Step 2): Information on composition of the product, e.g. product x contains calcium.