

## **Initiativ Liewensufank Comments on the European Commission Discussion Paper on Nutrition and Functional Claims (SANCO/1341/2001)**

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Initiativ Liewensufank welcomes the opportunity to comment on the above discussion paper and hope that our views will be taken into account.

The Commission paper lays out many of the problems relating to the use of health claims and rightly warns that, for the most part, claims are used by the food industry as marketing tools. The paper illustrates the complexity and difficulties facing policy makers when attempting to regulate this area of labelling and marketing.

Initiativ Liewensufank, and the International Baby Food Action Network (IBFAN), are opposed in principle to the use of health claims on all food labels and in food promotions, but we are especially opposed to the use of claims which imply that a certain food or ingredient plays a special beneficial role in diet – “functional” or nutrition function claims. Similarly we are completely opposed to disease risk reduction claims.

We are particularly concerned about the impact of health claims on infants, young children, pregnant women and mothers of young children, and for this category of the population we are also opposed to comparative claims. We support the current view of the Codex Committee on Food Labelling that health claims should not be permitted for any foods for infants and young children. (CCFL May 2001) We are surprised that the Discussion paper fails to refer to this important development.

Initiativ Liewensufank's position is that the nutritional well being of populations, and especially of infants and young children, is too important to be influenced by commercial interests. Nutrition education and recommendations should be the responsibility of health departments, who are best placed to identify links between nutrition information and health and recommend them to the population. We feel that such links should always be in the form of generic statements which reflect national or international health policies which have been developed on the basis of evidence which has been rigorously reviewed and which has stood the test of time. For example the benefits of eating fresh fruit and vegetables. This evidence base will almost certainly have been funded from the public purse and carried out by people working in the public interest, independently of the food industry. Claims for a product or ingredient should never be made on the basis of research initiated and funded by a party with a vested interest in selling that product or ingredient.

As the discussion paper outlines, manufacturers will certainly use every possible combination of wording in order to promote products and get round any restrictions made on them. This is inevitable. It is vital that policy makers do not succumb to the pressure to enter the debate at this level, wasting valuable time trying to bring sense to this area of marketing. The only straight forward and effective solution is to **ban all health claims**, allowing only nutrition statements which correctly inform the public and enable people to make wise decisions about their whole diet. The alternative is to open the door to a host of misleading and dangerous claims which few countries will have the resources to verify and check..

## **How health claims can undermine healthy eating patterns.**

The food industry is forever seeking new ways to expand markets, but refuses to declare the presence of many ingredients, such as transfatty acids on foods. Some argue that such terms are confusing. However the food industry is quite prepared to use “scientific” language and very complex arguments to sell foods.

This is especially true of the baby food market, which is fast growing and currently worth \$10.9 billion. If every baby in the world were artificially fed for 6 months then this could easily increase to \$36 billion. As governments introduce tighter controls companies try to find innovative ways to circumvent these rules. Increasingly they are turning to health claims which sound scientific and which they know the public - and the majority of health workers - will be unlikely to question and will in any case be unable to verify.. The public wrongly assumes that such claims will have been regulated and that independent procedures are in place to check them.

Even if such checking procedures were in place, it would be hard to find a rationale to stop companies making claims which may be “true” but do not convey the full picture. Already cows are being genetically engineered to produce the whey protein in human milk, and some of the components in breastmilk are being patented and marketed as treatments for HIV, or 'problems' such as colic, crying, vomiting and allergies are highlighted on the labels.

Because breastmilk is not on sale or packaged and is rarely promoted in glossy brochures, such marketing will imply a benefit from the artificial substitute, creating an imbalance and inevitably misleading. A mother's milk, in contrast to any genetically engineered product, is a living substance, tailor-made for her baby. Its anti-infective, anti-viral and growth factors even now, are not fully understood, factors which can actively destroy many bacteria, viruses and parasites - practically anything the new-born infant may confront. Breastmilk is also delivered in a uniquely safe way.

### **Using Pseudoscience; to undermine mothers confidence**

Not content with promoting breastmilk substitutes themselves, companies are now using “functional” claims to target nursing mothers, undermining their confidence in the quality of their breastmilk. Breastmilk is known to contain high levels of essential fatty acids. However, there is some evidence that the levels of these fats in the breastmilk of North American women is lower than in the South. This is thought to be the result of the high use of transfatty acids in North American diets.

**The sensible public health solution to such a problem** - if it exists - would be to educate the public - and especially pregnant and nursing mothers about healthy eating practices and the benefits of eliminating or reducing the consumption of hydrogenated fats (which are high in trans fatty acids)

**The commercial solution is entirely opposite and by focusing on just one aspect of nutrition could exacerbate the problem.** . For example companies are now suggesting that lactating mothers should eat two DHA-enriched Gold Circle Farms eggs each day in order to raise the DHA levels in breastmilk. Apart from the health risks of eating two eggs each day, it is not difficult to see how such a strategy would be sure to increase the numbers of women deciding to use artificial feeding.

### **The International Code ensures full information**

Initiative Liewensufank has consistently expressed its concerns about the problems associated with the manufacture, distribution and marketing of artificial baby feeding products and the failure of the baby feeding industry to provide parents with full and frank information about the risks associated with artificial feeding. If there were better controls on nutrition information for

all food packaging and marketing parents would be better able to make wise decision regarding infant feeding.

The European countries are signatories to the International Code of Marketing of Breast-milk Substitutes , subsequent relevant World Health Assembly Resolutions and the Convention on the Rights of the Child - all of which contain important provisions which, if implemented would ensure that parents receive accurate, unbiased and full information.

No breastmilk substitute should be placed on the market if it does not meet stringent safety and compositional standards. If a particular ingredient is important for a baby's development or health, it should be in all milks, or prescribed on the advice of an independent health professional. No one should have to rely on health claims which are always open to question.

Article 9 of the International Code of Marketing of Breast-milk Substitutes requires full nutrition information and warnings. Initiativ Liewensufank and IBFAN are calling for full disclosure and mandatory full nutrition labelling. This means clarity of language regarding the ingredients, for example, the presence of genetically modified ingredients, fish oils, transfatty acids, egg lipids, beef fat, peanut oil etc.

In contrast, health claims such as "improves cognitive development" or "reduces incidence of diarrhoea" or nutrition function claims, such as "high in iron: Iron reduces the incidence of anaemia<sup>2</sup> are promotional and difficult to quantify

The International Code does not permit idealisation of the product. Health claims by nature are misleading, invariably unscientific and designed to promote. To correctly inform there is no need to make a link between nutrition information and health on the label.

### **Specialised products**

Special medical conditions where infant formula is medically required - (for example PKU and galactosaemia) are very rare. The specifically designed products for these conditions are not sold on the open market. Information about the use of such products can be dealt with by good nutrition labelling - or if really needed - nutrient content claims such as "Low in phenylalanine." It would be entirely inappropriate for such products to carry health claims or risk reduction claims, since this would encourage self diagnosis.

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