

ICGA

INTERNATIONAL CHEWING GUM ASSOCIATION

C/O KELLER AND HECKMAN • 25 RUE BLANCHE • B-1060 BRUSSELS • TEL. 32/2/541 05 70 • FAX 32/2/541 05 80

ICGA comments on the Commission Discussion Paper on Maximum and Minimum levels of Vitamins and Minerals in Foodstuffs

October 2006

The International Chewing Gum Association (ICGA) welcomes the opportunity to provide comments on the Commission Discussion Paper on Maximum and Minimum levels of Vitamins and Minerals in Foodstuffs which was published in June 2006.

The ICGA represents the interests of the international chewing gum industry (chewing gum and gum base manufacturers and suppliers) and ensures that chewing gum and gum base products produced by its members are safe, wholesome and fulfil the highest quality standards wherever in the world they are manufactured and sold.

The ICGA wishes to share its views on the following questions raised in the discussion paper:

- **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?**

Establishing maximum levels for vitamins and minerals which have been scientifically proven to cause no harm at high levels of intake would seem inappropriate, time-consuming, disproportionate, and unnecessary in the political context of the renewed Lisbon Strategy and its drive towards Better Regulation. Setting upper safe levels for such nutrients would lead to unjustified restrictions on the sale and marketing of existing safe products and would hamper innovation.

- **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?**

Wherever maximum levels are set, whether these are set for food supplements or fortified foods, they should be based on scientific risk assessments and *safety* should be their dogma. The expectations of the consumer purchasing food supplements are undoubtedly not comparable to those buying fortified foods and any maximum level should therefore take this into account. This is even more so when it comes to setting minimum levels of vitamins and minerals.

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

The ICGA believes that different population groups should be taken into account when setting maximum levels. Nevertheless, in order to avoid consumer misunderstanding and

confusion, the distinction should remain between ‘infants and young children of the age three’ and ‘the rest’. For labelling purposes, however, reference should only be made to the former group where the product is aimed solely at this age group.

- **How far should Population Reference Intakes (PRIs) / Reference Daily Amounts (RDAs) be taken into account when setting maximum levels for vitamins and minerals?**

The setting of maximum levels for vitamins and minerals should primarily be based on safety requirements rather than intake levels or nutritional requirements. Although RDAs should not be used to set maximum levels, they may be used to determine the extent of the range of safe intake.

- **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 ICGA believes that if minimum amounts for certain nutrients are indeed set, these should be set for specific foods or more precisely, on a case-by-case basis. The intake level of a nutrient via a food product depends on the quantity which the consumer is reasonably expected to consume.

It is submitted that setting minimum amounts using a blanket approach would be discriminatory towards products such as chewing gum. Indeed, although chewing gum is otherwise a perfect vehicle for the delivery of added nutrients, its size and relatively low daily consumption, may alone not provide the general “minimum amount”.

However, considering that chewing gum is usually chewed for a certain length of time and this, more than once a day, it is accordingly an effective delivery system for an appropriate control of the release rate of active substances in the oral cavity, and exposure may be deliberately prolonged by sustaining that release, as illustrated in the European Pharmacopoeia¹ for medicated chewing gum.

The ICGA therefore submits that, consistent with Article 5(3) of the Directive in Food Supplements, the “significant amount” should refer to the “minimum amount per daily portion of consumption as recommended by the manufacturer”. In the case of a claim being made on the presence of the nutrient, the significant amount should be that “which will produce the nutritional or physiological effect claimed” either “as established by generally accepted scientific data”, or “as substantiated and approved by EFSA when authorising the product”. Moreover, this amount should be “provided by the quantity of the product which can reasonably be expected to be consumed².”

The ICGA wishes to thank the European Commission for giving it the opportunity to submit its comments.

* * *

¹ European Pharmacopoeia 5th edition – see Chewing Gums, Medicated

² Proposal for a Regulation on Nutrition and Health Claims made on Foods – COM (2003) 424 final