Igor Pravst
Member of AgroFood industry Hi Tech Scientific Advisory Board
Nutrition Institute, Tržaska cesta 40, 1000 Ljubljana, Slovenia


Igor Pravst

Food Labelling:
Underutilised opportunities to improve public health

In the last few years food labelling legislation has been revised drastically in the European Union (EU) and we are quickly approaching December 2014 when most articles of Regulation (EU) No 1169/2011 on the provision of food information to consumers (FIR) (1) will start to apply. At a time when the food industry is dealing with labelling challenges and chasing regulation deadlines, I welcome the opportunity to discuss the importance of the existing food labelling regulations from a public health perspective.

General food labelling

Key changes in the area of general food labelling include highlighting allergens on the list of ingredients of pre-packed foods, and extending the mandatory labelling of allergens to foods that are not pre-packed; ensuring better legibility; and the mandatory labelling of the origin of some unprocessed meats. The compulsory labelling of a nutrition declaration on all processed pre-packed foods will also be introduced in December 2016.

Nutrition labelling of pre-packed foods is a cost-effective population-level intervention with unparalleled reach (2), enabling consumers to be informed about the composition of foods and helping them make informed choices. An audit of over 37,000 food products in EU countries revealed that, on average, 85% of the products were labelled with nutrition labelling or related information, although significant differences were observed between the countries (3). For example, the penetration of nutrition information on food labels was 97% in Ireland and only 70% in Slovenia. From a public health perspective, the introduction of mandatory nutrition information will ensure that consumers in all EU countries will have equal opportunities for informed food choices. However, to utilise the potential governments will need to further explore the formats and different types of information content to ensure that nutrition information is accessible and understandable (2). There are different approaches to achieving this, including the introduction of a standardised graphic presentation of a nutrition declaration (as practised in the United States) and various front-of-pack labelling schemes, such as multiple traffic light label, GDA and health symbols (4,5). However, despite considerable research on nutrition labelling, it has proven difficult to find a front-of-pack labelling system which is informative with regard to product healthfulness across various situations.

Labelling with nutrition and health claims

Consumers are sensitive to health-related communications and the use of nutrition and health claims is a convenient tool for marketing 'healthy foods'. The use of health claims was harmonised in the EU in 2006 following the acceptance of Regulation (EC) 1924/2006 (6). Being aware of the challenges of this area, the European Commission (EC) supported cooperation and research projects within the Seventh Framework Programme (FP7), such as CLYMBOL and REDICLAIM. To support informed choice, promote healthy eating, and strengthen the competitiveness of the food industry, consumers must understand health claims and symbols correctly. Further, claims and symbols will only affect healthy eating if they impact consumer purchasing decisions in a healthier direction. The objective of CLYMBOL is to determine how health-related symbols and claims, in their context, are understood by consumers and how they affect purchasing and consumption taking into account both individual differences in needs, wants, motivation and attitude, as well as country-specific differences (7). On the other hand, REDICLAIM seeks to understand the main issues concerning the substantiation and use of health claims, and the level of awareness about legal obligations related to health claims among the relevant stakeholders (8). The project focuses on the substantiation process, health research and innovation in the food chain, and nutrition economic models to determine possible health impacts.

To avoid the situation in which the use of claims on foods could mask their overall nutritional composition and confuse consumers when trying to make healthier food choices, the legislation provides the introduction of nutrient profiles. This part of the legislation has not yet been implemented (9). While it is clear that introducing nutrient profiles would have a big impact on the food market, the last available response from the EC is that this issue is still on the agenda (9). Further research on nutrient profile models is needed to provide a reliable and operative system for the classification of foods based on their nutrient composition, but the final decision here is likely to be a political one.

Botanicals

Another major problem with health claims concerns botanicals – plant and herbal substances with a long tradition of being used in both food and medicine (10). As a medicinal product, these can be registered using a simplified traditional use registration and sold as a Traditional Herbal Medicinal Product (THMP) without the requirement for clinical trials on the product's effectiveness. On the contrary, when botanicals are put on the market as foods or food supplements, any health claims must be substantiated by scientific evidence of the highest possible standard. In 2010, the EC decided it was not possible to continue assessing health claims for botanicals and the European Food Safety Authority (EFSA) was asked to discontinue its assessment of claims for botanicals with the result that these, together with a number of already assessed botanicals, have been put on hold (10). This decision has enabled the further use of almost 2,000 unauthorised health claims for botanicals. While some of those claims might actually be scientifically substantiated, this is generally not the case. The sanctioning of the use of such unsubstantiated health claims poses a problem for the authorities in most member states, putting botanicals in a privileged position over other food ingredients without authorised claims. A prompt decision on this issue is needed to assure a high level of consumer protection and the effective functioning of the EU market. A recent opinion of the EFSA indicates what further evaluations might look like. In the opinion, a cause-and-effect relationship was confirmed between the consumption of hydroxyanthracene derivatives (from the root and rhizome of Rheum palmatum L. and from other plant sources) and an improvement in bowel function (11). What distinguishes this opinion is the use of EMA and WHO monographs as a main source to support the "well established effect" of hydroxyanthracene derivatives on bowel function and to propose conditions of use (12). However, this opinion raised a series of safety-related issues between member states and the question arises of whether the claim will in fact be authorised. There are currently big differences among the member states concerning the safety assessment and classification of products containing botanicals. Harmonising this area on the EU level would be very beneficial not simply from a public health perspective, but also to ensure a single market and the free movement of goods.

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