

## **Contribution of Mr Patrick Coppens to Workshop 1: Focusing on Claims, 05 Feb '03**

Ladies and Gentlemen,

I was asked to address a number of issues regarding Health Claims in five minutes. Knowing that Health Claims have been on the agenda of the food industry for the last 10 years and given the number of pages that have been written about them, this doesn't seem the most easy thing to do.

Health claims have not only preoccupied the food industry, but also the scientific community, the enforcement authorities and last but not least the consumers. From a scientific perspective, Health Claims certainly hold great opportunities for improving consumer health. But from a regulatory point of view, it is a very complex and difficult issue.

The scientific community have addressed Health Claims through their work on functional foods. The outcome is best reflected in the three reports that resulted from the FUFOSSE project (Functional Food Science in Europe). It illustrated, since it's now already four years old, the advancement of science and food processing that enabled the creation of foods with added health properties. The work also included a number of definitions and principles for the communication on these health benefits.

However, the discussions that went on subsequently in the Council of Europe ad hoc group on guidelines on Health Claims for functional foods made clear that functional foods are perhaps not the best denominator, since even regular foods could be shown to possess health effects. The principles for the substantiation of such claims must therefore be applicable to all foods for which health claims could be made.

A second important element that came from these discussions is the concept of proportionality. This means that not all claims require the same amount of evidence. Although initially various definitions have been proposed for the different types of Health Claims, it is now clear that there are in fact only two types of claims. There are relationships between nutrients or food components and health that have been established through the years. These so-called generic claims can be easily substantiated even by bibliographic evidence. But other claims are the result of new scientific findings. These have to be substantiated thoroughly and be accepted by the scientific community.

Finally, a claim relates to a product, whereas scientific substantiation relates to a relationship between the food or the food component. This means that the gap between the scientific substantiation and the communication should be suitably bridged.

This brings me to my only slide. It illustrates that it is not sufficient to scientifically substantiate an effect, which is more a question of validity of the scientific data, but that the context of the scientific findings must also be relevant for the product concerned. And finally, this should be communicated appropriately to the consumer.

Guidelines on the substantiation of Health Claims are plentiful by now. Next to the FUFOSSE and Council of Europe documents, there are principles available from UK, The Netherlands, Belgium, France, Sweden, United States of America, Canada, Codex Alimentarius, CIAA, and I'm sure I'm absolutely not complete. New work is even being carried out by ILSI and in Codex Alimentarius. Many of these texts fit in a national context and are under the form of a

code of conduct. And they all address exactly this. But why are there so many and why are they so different?

There is only one explanation. While the principles for scientific substantiation are universal, the way of dealing with the communication on Claims is not. It greatly depends on the context in the country, the traditions and attitudes that exist, the different ways the authorities and legal system deals with misleading publicity, the opinion of different scientific institutions, And foremost the many cultural differences, resulting in different appreciation of the impact of claims on society.

In those countries where industry, scientists, authorities and consumers have come together discussing the issue, mutual understanding has arisen on the fact that one can regulate and judge the scientific substantiation of a claim fairly uniformly, but that it is extremely difficult to regulate the communication on claims. In fact, in these countries, communication is left to the responsibility of the food manufacturer. In that context a voluntary system of self regulation has been developed which means in essence that it is society that judges the correctness or falseness of the communication. In other countries, however, the prevailing opinion is that claims should be subject to prior authorisation in order to protect consumers and prevent companies from misusing claims.

What would be the best option? The key question to this is certainly: how will the consumer understand the claim. Will it be sufficiently clear, sufficiently meaningful and not misleading? The risk is that if a claim is misunderstood, it may lead the consumer to false beliefs and even induce contra-productive behaviour, such as unbalanced food choices.

Either way, be it the food manufacturer who formulates the claim or the authorities that fix the wording, data on consumer understanding are vital.

Food companies go through much effort to know what exactly is the impact of a message to the consumer by means of market and consumer research. In contrast to what some might think, food companies have a lot of knowledge on consumer understanding and behaviour, especially related to the various regions.

If the wording of health claims would have to be approved by authorities before it can be used, there would need to be much appreciation on the way consumers think and act in the various regions of the EU.

Finally, Health Claims cannot be meaningful if there is not sufficient education. Scientific findings are mostly very difficult to understand. There is an adage that says: Only 10% of the people understand what 10% means. Anybody who makes or allows health claims should bear this in mind. If a message cannot be put into it's right context, it will be misleading per definition. The only way in which consumers can be helped to understand facts about their lifestyle and food choices is coherent information.

Health Claims on food products by means of meaningful labelling is definitely part of such education. But it is for far not the only, leave alone the most important way. We have been trying to change dietary habits for the last thirty years. The little that has been achieved may seem disappointing to many, but it clearly illustrates that changing peoples lifestyle is touching to their cultural values. It is a very complex and tedious exercise.

Consumers are overwhelmed by health messages in papers, revues and journals. As long as the same strict scientific principles that should underlay health claims on foods, are not applied in parallel to other information that is given to the consumer, it will always remain difficult to put things in the right context and make informed choices.

