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JOINT FAO/WHO FOOD STANDARDS PROGRAMME CODEX COMMITTEE ON NUTRITION AND FOODS FOR SPECIAL DIETARY USES Thirty-eighth Session Hamburg, Germany 5 – 9 December 2016

COMMENTS SUBMITTED BY FEDIOL ON AGENDA ITEM 9 DISCUSSION PAPER ON CLAIM FOR "FREE" OF *TRANS* FATTY ACIDS as prepared by Canada CX/NFSDU 16/38/10

FEDIOL is the European federation representing the interests of the European vegetable oil and protein meal industry. Directly and indirectly, FEDIOL covers about 150 processing sites that crush oilseeds and/or refine crude vegetable oils. These plants belong to around 35 companies. It is estimated that over 80% of the EU crushing and refining activity is covered by the FEDIOL membership structure.

FEDIOL, as an observer to the Codex Alimentarius, would like to submit the following comments on the discussion paper prepared by Canada.

General comments

FEDIOL provided comments on the first proposal discussed in the thirty-six session of the Codex Alimentarius Committee on Nutrition and Foods for special dietary uses in November 2014 (14SAF333). FEDIOL would like to provide further comments on the revised discussion paper, highlighting why the suggested proposal is still not working in practice.

FEDIOL is in principle against the setting of "free" claims as such, since they do not contribute appropriately to enhance consumer awareness, can be deceptive or confusing and depend on consumers' ability to interpret labels accordingly.

In the context of TFA, many studies have proved that labelling is not the way forward to enhance healthy diets across countries and across various population subgroups¹.

¹ See for example Downs S. *et al.*, the effectiveness of policies for reducing dietary *trans* fat: a systematic review of the evidence, Bulletin of the World Health Organization 2013.

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This is also the view supported by EU authorities² and consumers in Europe³. FEDIOL is therefore against the introduction of the "free" TFA claim as such.

Instead of a "TFA free" and if kept at all, this would better be described as a "low TFA" claim.

Specific comments

FEDIOL would like to provide the following comments on specific sections of the document as follows, highlighting why the suggested TFA "free" claim and its conditions do not work in practice. FEDIOL is therefore against the introduction of the "free" TFA claim as proposed and suggests its deletion.

PROPOSAL

Conditions for a "free" of Trans Fatty Acids (TFAs) Claim

11. It is proposed that an entry for a claim of "free" of TFAs be inserted between Saturated Fat and Cholesterol within the Table of conditions for nutrient content claims in the *Guidelines for Use of Nutrition and Health Claims* (CAC/GL 23-1997).

12. In order to carry a trans fat free claim, Canada is proposing that the food should contain no more than 1 g per 100 g of fat and must meet the conditions set for "low" in saturated fats as stated in the Table below.

Component	Claim	Conditions (not more than)
Trans fatty acids	Free	1 g per 100 g of fat And must meet the conditions for "low" in saturated fats

FEDIOL position and rationale:

Should a TFA "free" claim be pursued, it should be based on available science and should be achievable by industry. The conditions proposed in the discussion paper fail to reach this goal.

First, FEDIOL would like to reiterate that setting a TFA free claim – even at the level of 1g per 100g of fat – is still not based on science.

Over the past 15 years, FEDIOL members have been supporting industry initiatives to reduce TFA in vegetable oils and fats including reformulation, optimisation of refining processes and Code of Practice. The FEDIOL Code of Practice on refining, in which all the technical parameters have been specified for the quality and safety of refined vegetable oils and fats, ensures that during refining, no more than 2% TFA on fat basis will be formed, including in bottled vegetable oils.

All vegetable oils and fats therefore contain an unavoidable small TFA level that in practice is often higher than 1g as suggested in the discussion paper prepared by Canada. Setting a TFA free claim at such a level cannot be implemented in practice by the utmost majority of vegetable oils and fats, sold as such or as an ingredient of food products. And this despite the fact that most vegetable oils and fats contain levels of

 ² Commission report regarding *trans* fats in foods and in the overall diet of the Union population COM (2015) 619 final, December 2015; European Parliament resolution of 26 October 2016 on trans fats (TFAs) (2016/2637(RSP)).
³ The consumer case for EU legal restrictions on the use of artificial *trans*-fats in food, BEUC Position Paper

³ The consumer case for EU legal restrictions on the use of artificial *trans*-fats in food, BEUC Position Paper February 2014

TFA that do not present a health issue.

Secondly, even if some vegetable oils and fats were able to meet the 1g level, they would never be able to meet the cumulative conditions of "low saturated fat claim". All vegetable oils and fats indeed contain a natural amount of saturated fat, which is not possible to reduce to the levels indicated in the "low saturated fat claim", including canola oil, the vegetable oil with the lowest SFA content.

Industry continues to invest heavily in innovation to reduce SFA content of its products by replacing high saturated fat-containing vegetable oils and fats by other oils higher in MUFA or PUFA, such as high oleic sunflower oil or palm olein.

Industry innovation could actually be undermined by the introduction of such a claim.

As already highlighted in November 2014, introducing such claim will furthermore <u>not</u> benefit consumers, as it will not provide incentives for industry to further reduce TFA and saturated fats in products, containing high levels of these fatty acids. Indeed, they would never be able to reach the low levels of TFA <u>and</u> SFA required in order to make the claim. In practice, only food products with a very low or virtually no added oil or fat content, will qualify. No labelling changes are to be expected for higher fat products, as none of them will qualify for the TFA free claim.

Thirdly, if a TFA free claim would be introduced, it should target <u>all</u> TFA – ruminant and non-ruminant sources. TFA can indeed originate from animals as they are produced in the rumen of ruminant animals and hence are found in dairy products, butter and meat. They can also come from the hydrogenation of vegetable oils and fats and also arise during the refining process of vegetable oils and fats.

Both sources of TFA have the same negative health effects. For the European Food Safety Authority (EFSA)⁴, "evidence is insufficient to establish whether there is a difference between ruminant and industrial TFA consumed in equivalent amounts on the risk of coronary heart disease". Hence, there is no reason to believe that TFA from animal origin have a different effect on human health than TFA from vegetable origin. WHO confirmed this situation in its latest report⁵: "Overall, this meta-regression analysis showed that replacement of TFA from any source by cis-PUFA consistently lowers total cholesterol, LDL cholesterol and ApoB for all TFA. It also suggests that replacement of TFA by cis-PUFA improves HDL cholesterol, and ratios of total cholesterol to HDL cholesterol, and of LDL cholesterol to HDL cholesterol, in a direction associated with reduced risk of CVD."

FEDIOL is therefore against the introduction of the "free" TFA claim.

⁴ EFSA opinion of the scientific panel on dietetic products, nutrition and allergies on a request from the Commission related to the presence of *trans* fatty acids in foods and the effects on human health of the consumption of trans fatty acids (Request EFSA-Q-2003-022) adopted on 8 July 2004. EFSA Scientific Opinion on Dietary Reference Values for fats, including saturated fatty acids, polyunsaturated fatty acids, monounsaturated fatty acids, *trans* fatty acids, and cholesterol. EFSA Journal 2010; 8(3):1461. [107 pp.]. doi:10.2903/j.efsa.2010.1461

⁵ Brouwer IA. Effect of *trans*-fatty acid intake on blood lipids and lipoproteins: a systematic review and metaregression analysis. WHO 2016