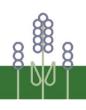


A Pragmatic Approach Towards The Regulation of Botanical Food Supplements



Botanical Food Supplements Towards a Workable Regulatory Framework



Overview

- 1. Botanicals
- 2. Basic Principles
- 3. Current Situation
- 4. Safety
 - 1. Quality standards
 - 2. Inventory of the products on the market
 - 3. Ingredients
 - 4. Possible approach
- 5. Health Claims
- 6. Conclusion



1. Botanicals

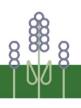
- Issues linked to food supplements to be addressed?
- What does the food supplement industry need to thrive?
- What do consumers need in order to be confident in our products?



european Federation of Association of Health Products Manufacturers

2. Basic Principles

- Consumers need safe, effective and non-misleading products
- What does this mean?
 - 1. SAFETY: Safe and manufactured to high quality standards products
 - HEALTH CLAIMS: Claimed benefits delivered

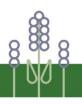




3. Current Situation

At EU Level:

- Regulation (EC) No 178/2002 → framework for food safety in general
- Directive 2002/46/EC → additional safety and labelling rules
- Regulation (EC) No 1925/2006 → other substances to foods
- Regulation (EC) No 1924/2006 → health and nutrition claims on labelling





4. Safety 4.1. Quality standard

- Rapid alert on FS only from imports from third countries (internet sales)
- Excellent safety record for the European FS industry thanks to national best practice & industry developed standards
- → A model for harmonization?



4. Safety 4.1. Quality standard

Examples of Best Practice

- EHPM Quality Guide
- Belgium: sectorial Quality Guide (NAREDI): reference standard for audit by authorities/certified auditors
 - Official licence needed for manufacturing supplements
- Poland: Self-Regulation system based on EHPM Quality Guide
- → Possible model: EHPM quality guide base for CEN Standard (European Committee for Standardization)?



4.2. Inventory of products on the market

• Optional notification system foreseen by Directive 2002/46/EC → applied differently by Member States



4.2. Inventory of products on the market

Examples:

- Some Member States have online systems for notification
- Some Member States have no notification procedure
- Belgium: test automated monitoring of internet sales to detect illegal products.



4.3. Ingredients

- Different systems for safety:
 - positive/negative list
 - case by case assessment

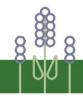
Some Examples:

- 1. BELFRIT List Positive list developed in collaboration between authorities: Belgium, France & Italy, to be implemented into national law in each country
- 2. Germany: Stoffliste (informal) 3 categories:
 - Not recommended (List A)
 - Permitted with conditions (List B)
 - Under Scrutiny (List C)
- 3. Some approaches (Belgium, France) include dosage rules that can help address borderline issues etc.



4.4. Possible Approach

- Regulation (EC) No 1925/2006: lists of substances that can be added to food (permitted, prohibited, under scrutiny)
- Similar approach legitimate for botanical food supplements?
 - Positive list: plants all MS agree can be used based on safety
 - Negative list: plants all MS agree are unsafe because of safety concerns
 - If no agreement by all MS:
 - Placed on "under scrutiny" list
 - National rules apply plus Regulation (EC) 764/2008 on mutual recognition until agreement is found





- The assessment of 2,000 botanical health claims is pending
- It is important to have a system that:
 - Ensure only credible claims are used
 - Is accessible to SMEs
- One does not exclude the other



- Need for a proportionate evidence based system that takes tradition into account
- Directive 2004/24/EC on herbal medicines accepts tradition of use as a factor in assessment
- Why accept tradition as:
 - proof of efficacy for the therapeutic effect of a medicine
 - NOT for the physiological effect of a food?
- Existing national best practice can provide the answer → many Member States already had functioning systems in place to control the use of health claims

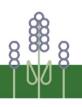




- EFSA's model on clinical trials is not working resulting in reduced investment in innovation
- Disproportional decision: claims rejected despite trials showing benefits in majority of trial subjects

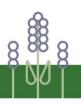
Examples:

- Prune: bowel maintenance effect claim first rejected then approved following challenge
- Probiotics: many trials evidenced positive effect but claim still rejected
- → Rules could be created for different categories of claims to recognise tradition and allow for innovation by SMEs
- → Need to adapt approach allowing for assessed-tradition based health benefits understood thanks to modern science.





- Industry is not seeking a free for all on botanicals health claims
- Assessment can include:
 - Identification of the history and tradition of use on the market for a specific health benefit
 - Review of existing recognitions by national authorities
 - High Quality Scientific Assessment based on a comprehensive review of the scientific literature:
 - Study of constituents for active substances;
 - Review of *In vitro* and *In vivo* studies into mode of action;
 - Critical Appraisal of Human Studies
- SMEs should be allowed to innovate





6. Conclusion

- New regulatory structure must work for consumers, regulators and industry
- Approach will be crucial for the future growth and development of the food supplement sector
- A solution may come from existing best practices
- EHPM will be an active and constructive partner:
 - In developing a pragmatic solution
 - Working for all parties