

Towards a scientifically and legally rational regulatory approach to natural health products in Europe

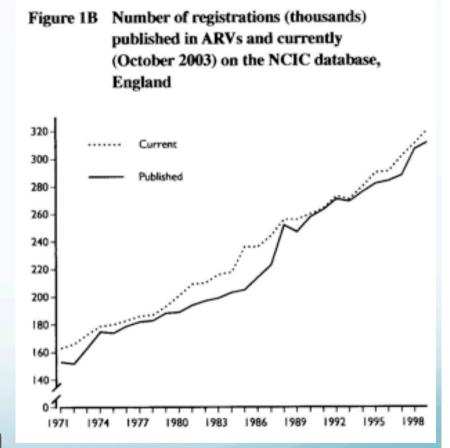
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EU legislation impacting natural health

- Why are we concerned?
- What are we concerned about?
- How are the laws being implemented?
- What if they are fully implemented?

Why?

- We are all concerned about the same thing!
- Chronic diseases rampant preventative health care is now a necessity
- The need to communicate credible information about the health benefits of foods, nutrients and other natural ingredients
- Concern over unwarranted
 Infringement of freedom of speech
 and unjustifiable restriction of
 consumer access to safe products



What?

- A new regulatory framework that has yet to be fully implemented
- Problems caused by the totality of directives, regulations and guidance
- Key elements:
 - Food Supplements Directive (2002/46/EC)
 - Novel Food Regulation (258/97)
 - Nutrition & Health Claims Regulation (1924/2006)
 - Traditional Herbal Medicinal Products Directive (2004/24/ EC)
 - Human Medicinal Products Directive (am. 2004/27/EC)

The food/medicine borderline

Conventional foods

Medicinal products

Precautionary principle (Reg No 178/2002)

Novel foods

GM foods

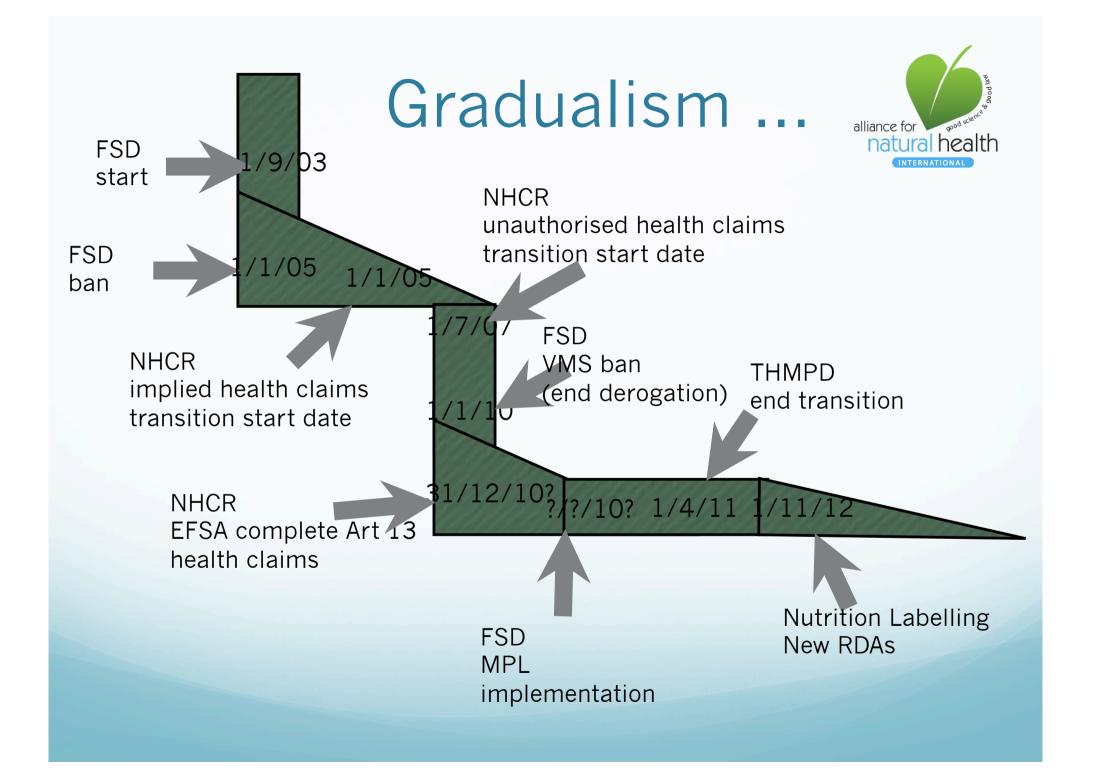
Mutual Recognition (Reg 764/2008)

supplements

Traditional herbal medicinal products

How?

- Full harmonisation, partial harmonisation, EFSA guidelines and MS subsidiarity
- Progressive implementation over time
- Lack of adequate impact assessments overseeing totality of legislation
- EP scrutiny over key issues (e.g. MPLs) insufficiently democratic



What if?

- Profound impacts on:
 - Ingredients
 - Dosages
 - Health claims
- Sectors impacted:
 - Health stores
 - Health foods in multiples
 - Practitioners / heilpractiker
 - Traditional cultures

Examples

- Maximum Permitted Levels (MPLS) for vitamins and minerals
- Impact on botanicals used in traditional, non-European healthcare cultures
- Health claim prohibitions

Maximum Permitted Levels: the old model

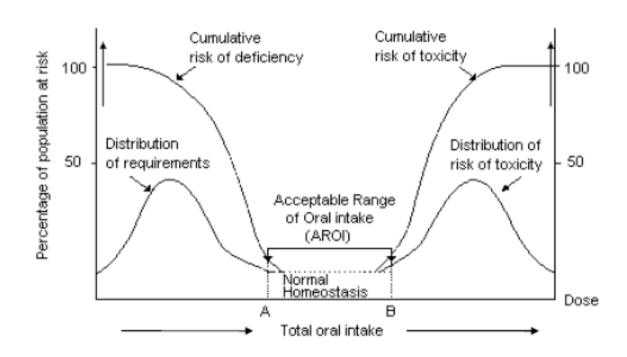
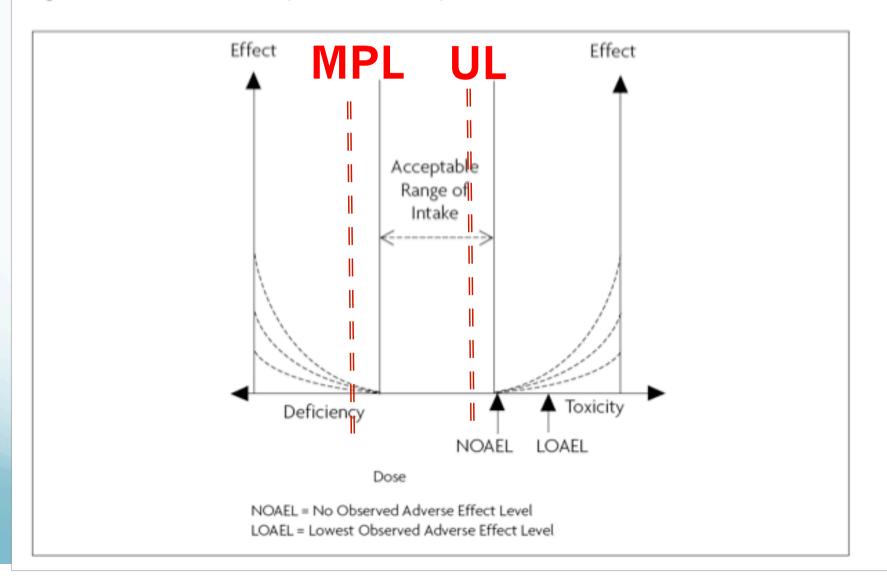


Figure 1: Percentage of the population at risk of deficiency and toxic effects through oral intake of a nutrient (modified from IPCS, 2002)

MPLs – the problem

Figure 1. Theoretical dose-response relationships in humans



The problem — defined



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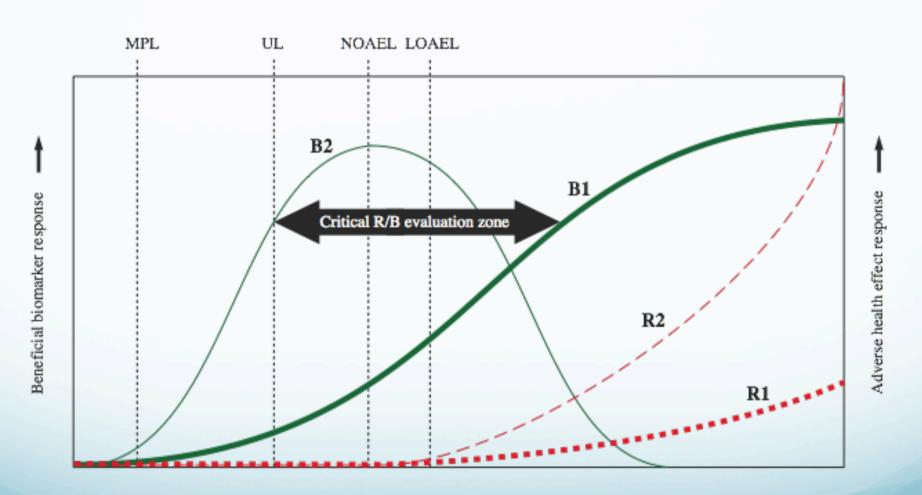
Keywards: ood supplement Risk-benefit analysis Overlap Model Folate Fluoride

ABSTRACT

With risk analysis methods in the process of being deployed by European authorities for the purpose of vitamin and mineral supplements across the European Union (EU), scien-With risk analysis methods in the process of being deployed by European authorities for the purpose of tific validation of recently emerging approaches using existing risk and benefit data is deemed essential. limiting maximum dosages of vitamin and mineral supplements across the European Union (EU), scienThis review explores the function of existing European nutrient risk analysis methodologies applied to tific validation of recently emerging approaches using existing risk and benefit data is deemed essential two vitamins, niacin and folate, and two minerals, selenium and fluoride. A major weakness of exist. This review explores the function of existing European nutrient risk analysis methodologies applied to ing models is their exclusive focus on a single. Most sensitive adverse effect on the most succeptible two vitamins, niacin and folate, and two minerals, selenium and fluoride. A major weakness of existsub-population, Analysis of the four nutrients revealed, paradoxically, that dosages that indice risks in ing models is their exclusive focus on a single, most sensitive adverse effect on the most susceptible sensitive populations commonly overlap with those which induce benefits in the majority. This situation sub-population, Analysis of the four nutrients revealed, paradoxically, that dosages that induce risks in the norm. Father than the exception Such constraints are are according to the majority. This situation sensitive populations commonly overlap with those which induce benefits in the majority. This situation fail to consider different states of the populations of the p appears to be the norm, rather than the exception. Such overlaps are exacerbated when risk evaluations of the same nutrient. A new consequence of the same nutrient of the same nutrient of the same nutrient. rail to consider differences between molecular forms of the same nutrient. A new conversion of the same nutrient of two-tail risk model that has been seen that the conversion of the same nutrient. regulatory authorities in Europe and the USA in recent years. This model that Zones of overlap between risks and benefits, demonstrates 4..... beneath existing tolerable upper levels would in experiencing benefits from higher days decision-making Con

g stimulated by 1 fortified foods. and globally. Vari-J-Wide, mandatory and Regulation (EC) ovides a scientific crith the risk assessment anagement approaches ied to food supplements.

Risks and benefits overlap



Log₁₀ dose [nutrient] x mg d⁻¹

Source: Verkerk RH (2010) Toxicology [in press]

Herbal products from TCM and Ayurveda

- None yet registered under THMPD
- Technical and eligibility problems
- Many products likely to 'fall between two stools'
- Vast majority of products have no safety concerns
- Discriminatory

Red lights for health claims

- Need to prove causal relationships
- Lack of pre-existing evidence
- Difficulty and cost of demonstrating evidence
- Excessive bias towards clinical trials, rather than observational and plausible evidence
- Particular complications for complex products
- Art 14 prefers big business over small businesses

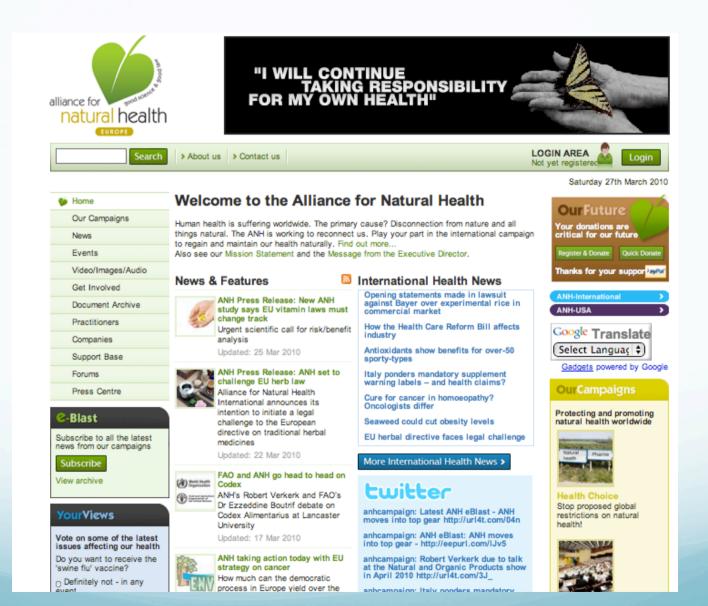
Green light for GM

- EFSA approval of GM maize varieties
- EC registration of GM crops
- European Commission vs environment minister concerns
- Abandonment of the precautionary principle

What to do?

- Dialogue
- Proper and transparent scientific discourse
- Relevant and thorough impact assessments
- Inclusion of small business concerns
- Proper democratic process in law-making
- Awareness of 'big picture' with respect to healthcare

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Thank you.