

# Health Claims\*

## In the Labelling and Marketing of Food Products

The Food Sector's Code of Practice

Revised version September 2004



\* Includes all claims related to health, performance and well-being



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The Code was introduced in 1990, revised from 1997 and extended in 2001. This text is available in English and Swedish at [www.snf.ideon.se](http://www.snf.ideon.se).

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## INTRODUCTION

The debate on consumer policy- and marketing law stresses that the companies involved hold the primary responsibility for preventing consumer problems or resolving them when they arise. It has also been claimed that companies should be given a greater influence in the formulation and enforcement of marketing regulations. Through voluntary measures, the companies should themselves attempt to overcome any shortcomings in how the market works. Such voluntary measures have come to be known as self-regulating programmes or codes of practice and are meant to complement the applicable legislation and activities of various government agencies, including the National Food Administration, the Swedish Consumer Agency/Consumer Ombudsman and the Swedish Market Court.

The interest in diet and health is great and can be expected to remain so for a long time to come. This interest has led to a desire to make claims about diet and health in marketing. This Code of Practice, henceforth referred to as “the Code”, was developed by the Swedish food sector in order to establish common rules for such health claims.

Three categories of health claims are covered by the Code: (1) *nutrient function claims*, (2) *generic reduction of disease risk claims*, and (3) *product-specific physiological claims*. These claims may be applied to food products included in a normal diet, and whose nutritional composition does not conflict with official dietary recommendations. A more detailed description of the different health claims is given under “Definitions”, below. Rules regarding the wording and use of claims, as well as the requirements for scientific documentation and evaluation of this documentation, are given under “Code of Practice” and in appendixes 1-3. In addition to the rules for using health claims, the Code also offers expert advice, SNF Swedish Nutrition Foundation, and an assessment board, the Assessment Board for Diet-Health Information (Appendix 4).

## DEFINITIONS

According to the Food Act (SFS 1971:511), the term **food** refers to any foodstuff, beverage, stimulant or other product intended for human consumption, with the exception of products to which the Act of Medicinal Product (SFS 1992:859) is applicable.

The term **medicinal product** refers to products intended for administration to humans or animals, to prevent, detect, palliate or cure disease or disease symptoms, or other similar purpose (SFS 1992:859). For example, the product’s intended use can be indicated through claims in the marketing. However, it is not only direct or implied claims that are decisive for a product’s classification. Factors such as the product’s constituents, use in folk medicine, its appearance like a medicinal product, dosage instructions, product name, etc., are also of importance. Products marketed with claims regarding medicinal effects are thus medicinal products according to the law. However, in 1989, the medical products division of the National Board of Health and Welfare (now the Swedish Medical Products Agency) decided that medicinal products legislation would no longer apply to foods normally found on the dinner table. One

condition for this was that no dosage instructions or other information used only for medicinal products be used in the marketing. The exception does not include preparations sold in pharmaceutical-like forms, such as tablets or capsules, even if these are made from food raw materials. In less clear-cut cases, the Medical Products Agency may state whether or not the product will be classified as a medicinal product. Such a statement can not be appealed.

**Natural remedies** (formerly “natural remedies with temporary sales permission”) are medicinal products in which the active ingredients derive from a natural source and represent a plant or animal constituent, bacterial culture, mineral, salt or salt solution. They may not be purified or significantly processed, e.g., using chemical or biotechnological methods. Natural remedies must be suitable for self-care in accordance with proven Swedish tradition or in countries with medicinal traditions similar to those of Sweden. Natural remedies may be sold freely outside registered pharmacies. A new natural remedy may, however, not be introduced to the market until it has been approved by the Medical Products Agency. When evaluating applications for natural remedies, the Medical Products Agency examines each claim for the respective products. The authority has a maximum application processing time of 210 days. The manufacture of natural remedies must meet international guidelines for Good Manufacturing Process (GMP) for Medicinal Products. Medical Products Agency decisions regarding the classification of a product as a natural remedy or not may be appealed to the County Administrative Court (LVFS 1995:18).

For a transition period, products previously registered as natural remedies with a temporary sales permit from the Medical Products Agency may continue to be sold. The Swedish Consumer Agency/Consumer Ombudsman has issued guidelines for marketing these so-called “free-listed” natural preparations (KOVFS 1993:4). The guidelines state that the marketing of natural preparations must not state or imply that the product is active against disease or disease symptoms requiring diagnosis or treatment by a physician, or that the preparation may or should be used for such a condition. The guidelines also state the areas of application to which product advertising may refer.

**Foods for particular nutritional purposes (PARNUT)** are foods that differ clearly from other foods due to their particular composition (or special manufacturing process), are suited to the nutritional applications claimed, and which are marketed such that this suitability is conveyed (SLVFS 2000:14). In their labelling and presentation, however, foods for particular nutritional purposes may not be ascribed properties claiming or implying an ability to prevent, treat or cure diseases (§10).

PARNUT foods must satisfy the special nutritional needs of: (1) healthy infants and toddlers (children under 12 months and 1-3 years, respectively), (2) people with disturbed digestion or metabolism, or (3) people who, due to special physiological conditions, can gain from a controlled intake of certain nutrients in food (§2 and §3). Certain PARNUT foods must be registered with the National Food Administration.

Foods with a very low energy content for weight loss also require special permission from the National Food Administration (§12).

**Foods for special medical** purposes constitute a group of PARNUT foods that are specially prepared or composed and intended for dietary management under the supervision of a physician or dietitian. Foods for special medical purposes must be intended as the exclusive or partial source of nutrition for: (1) patients with limited, impaired or disturbed capacity to eat, digest, absorb, metabolize or excrete ordinary foods or certain nutrients in these foods or metabolites, or (2) patients with other medically determined nutritional requirements whose dietary management can not be achieved by modification of the normal diet, by other foods for particular nutritional uses, or by a combination of the two (§2 SLVFS 2000:15). The composition of foods for special medical purposes must be based on recognized scientific principles of medicine and nutrition (§3).

**Nutrients** include, according to the Code, protein, carbohydrates, fat, dietary fibre, sodium, vitamins and minerals, and components belonging to- or comprising ingredients of these categories.

A **nutrition claim** is a statement of nutrient content with no further connection to health effects. The use of nutrition claims is regulated by the National Food Administration (SLVFS 1993:21) and defined as: "... any representation that states, suggests or implies that a food has particular nutritional properties with respect to the energy it provides, provides in reduced or increased amounts, or does not provide; or regarding the nutrients it contains, contains in reduced or increased proportions, or does not contain." The criteria for a number of nutrition claims are found in Appendix 1. Required information on the quality or quantity of a nutrient does not constitute a nutrition claim (§5). Declaration of nutrient content is required when a nutrition claim is made in the labelling or presentation of a food (§8).

A **health claim** is, according to the Code, any representation that states, suggests or implies a connection between a food, a category of foods, or a constituent of a food, and health, performance or well-being. Health claims can be general (generic) or product-specific. Generic health claims are claims about generally accepted relationships between foods and health, performance or well-being. Product-specific health claims are claims that a specific product has a particular effect on health, performance or well-being. All health claims are covered by General Rules for the Marketing of Foods (see below). The Code also gives special rules for:

- two types of generic health claims: *nutrient function claims* and *generic reduction of disease risk claims*, and
- one type of product-specific claim: *product-specific physiological claims*.

A **nutrient function claim** is a generic health claim. The claim must refer to a generally accepted physiological role of the nutrient with respect to growth, development and normal functions of the body, but not disease. Rules for the use of

nutrient function claims and examples of permitted connections for these claims are given below and in Appendix 1.

A **generic reduction of disease risk claim** is a generic health claim in which a generally accepted connection between diet and a reduced risk of disease is tied to information about the product’s composition. Rules for the use of generic reduction of disease risk claims, permitted connections for these claims, examples of claims, and specific criteria for the different connections are given below and in Appendix 2.

A **product-specific physiological claim** (abbreviated *PFP* in Swedish) is a health claim in which a specific product is stated to have a particular physiological effect due to certain ingredients/constituents or properties. Claims of “well-established” effects of nutrients are nutrient function claims (see definition above), while claims regarding “new” effects of nutrients or combinations of nutrients are viewed as PFP claims. Rules for the use of PFP claims are given below. Appendix 3 offers a description of how the documentation for PFP claims is evaluated.

The definition and classification of health claims into different categories varies somewhat between different national and international regulatory bodies and programmes. At the international level, Codex Alimentarius and the EC, among others, are working to produce a set of regulations for health claims. The work of these bodies is in progress. Once the expected EC regulation takes effect, the Code will cease to apply. Current information on how the categories of health claims defined in the Code relate to the claims defined by Codex Alimentarius and the EC regulation is available on the SNF website, [www.snf.ideon.se](http://www.snf.ideon.se), and at [hp-info.nu](http://hp-info.nu). Table 1 gives illustrative examples of the difference between a nutrition claim and the different categories of health claims, as covered in the Code.

**Table 1.** Examples of nutrition claims and health claims

Nutrition claim <sup>a</sup>	Contains calcium.
Nutrient function claim <sup>b</sup>	Calcium helps to build bones. Product X contains calcium.
Generic reduction of disease risk claim <sup>b</sup>	A nutritionally balanced diet high in calcium and vitamin D helps reduce the risk of osteoporosis. Product Y is high in calcium.
Product-specific physiological claim <sup>b</sup>	Product Z helps to increase calcium absorption, and thereby to improved building of bones.

<sup>a</sup> Regulated by National Food Administration (SLVFS 1993:21)

<sup>b</sup> Covered by the Code

## **GENERAL RULES FOR THE MARKETING OF FOODS**

The marketing of foods shall be designed such that it observes National Food Administration labelling regulations, National Food Administration and Swedish Consumer Agency directives and practice, as well as voluntary agreements met by organizations in the industry, the basic rules of the ICC International Code of Advertising Practice, the Codex General Guidelines on Claims, and the Marketing Act. These regulations require that marketing information be reliable, objective, and not misleading. Furthermore, various legal standards relating to foods shall also be followed.

The legislation on food contains rules stating that pre-packaged foods be clearly and unambiguously labelled with certain information. As concerns declaration of nutritional value and the use of certain concepts and symbols in marketing, producers are referred to the applicable labelling regulations of authorities and the respective organizations in the food sector.

The question of safety is critical for all food products. This applies not least to health claims for products intended to be consumed regularly over an extended period of time to achieve a desired effect. According to the Foods Act, a company producing or marketing food products is responsible for that product being safe. Supervision is the responsibility of the National Food Administration and local health protection authorities.

## **CODE OF PRACTICE**

Companies within the food sector are aware of the importance that health claims in marketing not give misleading or false information with regard to health, well-being or performance, and has therefore developed this Code of Practice. The Code is an expression of the will of the food companies to promote responsible marketing. By way of the Code, the food sector provides the guidelines for the behaviour of companies with respect to health claims used in the labelling and marketing of foods (cf. government bill 1985/86:121 p. 22ff on the direction of consumer policy; the new Marketing Act, SFS 1995:450; and the report of the Committee on Consumer Policy, SOU 1994:14). The Code was first published and took effect August 1990. A revised version came into effect in 1997, and was extended in September 2001 to include product-specific physiological claims. The current version of the Code constitutes further revision and specification.

The conditions for using health claims in the labelling and marketing of foods were created in 1989 in a Medical Products Agency decision to not apply drug legislation to regular foods. According to National Food Administration labelling regulations (SLVFS 1993:19 §6), however, labelling and its particular wording may not make claims that a food prevents, treats or cures disease. Provision has however been made for the use of health claims covered by the Code “Health Claims in Labelling and Marketing of Food Products” (28 August 1996), and other dietary information from authorities (e.g., the “Vägledning till märkning av livsmedel” labelling guide, 2000,

§6). The present Code is a revision and specification of the Code in effect since 1997. The National Food Administration's expert group for diet and health issues and the SNF Research Committee support the Code. Examples of connections permitted in nutrient function claims (Appendix 1) and specific criteria regarding the nutritional composition of products making generic reduction of disease risk claims (Appendix 2) are examples of additions and further specifications contained in the Code.

Since it is impossible to predict all changing conditions and issues that may arise in the use of health claims in the labelling and marketing of foods, and because research is constantly making new advances, it is the intention of the food sector to continue to revise appendixes 1 and 2 successively. This will occur in consultation with the authorities concerned.

The Code consists of five parts: (A) Rules, (B) Expert advice, (C) Follow-up, (D) Information, and (E) Evaluation.

#### **A. Rules for the use of health claims in labelling and marketing of foods.**

The rules of the Code are based on today's knowledge and shall be followed. The rules shall be subject to continual review with respect to new findings and assessments. The National Food Administration's expert group on diet and health shall be consulted on an ongoing basis regarding the current scientific situation. Present and future international standards should influence the rules and their application.

The rules are applicable whenever nutrient function claims, generic reduction of disease risk claims, or product-specific physiological claims are used in the labelling and marketing of foods, i.e., in texts appearing on packaging, advertisements, product sheets, recipe brochures or other printed matter and websites used in marketing, and in spoken and textual content used in video, movie or TV commercials.

Marketing and information containing health claims must help to provide the consumer with useful knowledge on the connection between diet and health. Claims shall be used in such a way as to instil confidence in foods and the food industry, and thus must not be used in ways that damage consumer confidence in a specific food or foods in general. Factors other than a nutritionally balanced diet, e.g., exercise and an otherwise healthy lifestyle, also affect health. It is desirable that this also be acknowledged in the marketing of products with health claims.

Health claims should only be employed in the labelling and marketing of products that with normal use contribute to a nutritionally balanced diet. The nutritional composition of products must not clash with official dietary recommendations. A product's nutritional composition at normal consumption levels must be such that it has a significant effect on the composition of the diet as a whole.

Health claims shall be formulated in agreement with general rules for marketing (e.g., ICC International Code of Advertising Practice) and where applicable in accordance with the special provisions of the Code.

### ***Nutrient function claims***

Nutrient function claims may only be made for generally accepted nutritional physiological functions, i.e., such as those listed in a current version of the Nordic Nutrition Recommendations (NNR), the National Food Administration book on diet, exercise and health (*Kost, Motion och Hälsa*), or other recognized textbooks on nutrition. The functions shall also be relevant for Swedish consumers.

One of the main rules for nutrient function claims is that they must not be worded such that it may be interpreted that the product as such has a particular effect. For this type of claim, producers are referred instead to the option of applying to have the documentation evaluated for product-specific physiological claims (see below).

Nutrient function claims can with advantage be given in two parts, that is, a nutrition claim combined with information about a certain generally accepted physiological role of the nutrient in question. A list of examples of acceptable nutrient function claims is given in Appendix 1. The packaging must also contain nutrition labelling that includes the nutrient in question (SLVFS 1993:21, see Appendix 5).

### ***Generic reduction of disease risk claims***

For generic reduction of disease risk claims, the basic principle is that claims must be consistent with official Swedish Nutrition Recommendations (1996 or later updates), and only relate to in Sweden generally recognized and scientifically well-documented connections between diet and a reduced risk of diet related disease. A list of approved connections for generic reduction of disease risk claims according to the Code is given in Appendix 2.

One of the main rules with respect to generic reduction of disease risk claims is that they must not be worded such that it may be interpreted that the product as such has a particular effect. For this type of claim, producers are referred instead to the option of applying to have the documentation evaluated for product-specific physiological claims (see below).

Generic reduction of disease risk claims must be given in two separate parts, that is, information on the product's composition and the generally accepted connection between diet and a reduced risk of disease.

A claim must provide enough information to enable the consumer him-/herself to evaluate the claim and must give a balanced overall picture of the cause and effects described in the marketing. The wording of generic reduction of disease risk claims must therefore take into account the requirements for the composition of a balanced diet that provides all of the different nutrients. Examples of generic reduction of disease risk claims are given in Appendix 2 (Table 2).

The amount of the food product normally consumed must be such that it has appreciable significance for a balanced diet, and the product's composition such that it is relevant to the claim. Criteria regarding the product's nutritional composition are

given in Appendix 2. Packaging must contain a nutrition declaration according to group 2 (SLVFS 1993:21, Appendix 5).

### ***Product-specific physiological claims (PFP)***

A product-specific physiological claim (abbreviated PFP in Swedish) must be substantiated by studies that demonstrate the claimed effect using scientifically sound methods. The company marketing the product must be able to provide documentation of these studies. The studies must be conducted on humans and the trial group used should be representative of the product's target group. The studies must represent intake levels that correspond to normal use of the food for the trial period, and be of sufficient duration to demonstrate the intended effect. The handling process for documentation submitted to SNF for scientific evaluation is described in Appendix 3. The SNF Research Committee is responsible for ensuring that the evaluation is carried out by the appropriate experts.

The food product must provide a specific, documented physiological effect and be intended for consumption as a part of a nutritionally balanced diet. Characteristically, the product is marketed with claims related to this effect. The product must have a declaration of nutritional value according to group 2 (Appendix 5), and must state the amount to be consumed to achieve the claimed physiological effect.

Ingredients of the foods evaluated for PFP claims must be classified as food raw materials or approved additives or enrichments, and where applicable must have undergone safety testing in accordance with the EC regulation on novel foods. SNF makes sure that this is the case before beginning an evaluation. The Research Committee or experts retained by the committee do not, as a rule, make decisions concerning safety issues.

### **B. Expert advice: SNF Swedish Nutrition Foundation**

SNF offers expert advice on nutritional matters for companies in the food industry on the objectivity and reliability of health claims to be used in the labelling and marketing of foods. In the formulation of this advice and viewpoints, experts shall pay special attention to the consumer's interest and need for guidance in these matters.

### **C. Follow-up: Assessment Board for Diet-Health Information (BKH)**

The Assessment Board for Diet-Health Information (abbreviated BKH in Swedish), henceforth referred to as "the Board (BKH)", is established by organizations in the food sector and led by lawyers. Its task includes issuing statements, either on its own initiative or on the request of an individual, business, consumer, employee, authority, court or responsible organization, concerning whether a particular marketing action or other action relating to the labelling or marketing of foods complies with good business practice according to the Code. Statements from the Board (BKH) are in written form and published. The Charter of the Board (BKH) is given in Appendix 5.

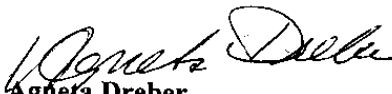
#### **D. Information**

The organizations and companies involved, and SNF Swedish Nutrition Foundation arrange courses and seminars for food marketers on the connections between diet and health, and on the legal issues involved in marketing of foods, with particular emphasis on the use of health claims. The organizations of the food sector provide continual information to companies on these issues. Each organization appoints a contact person responsible for this information and contacts with authorities and SNF Swedish Nutrition Foundation.

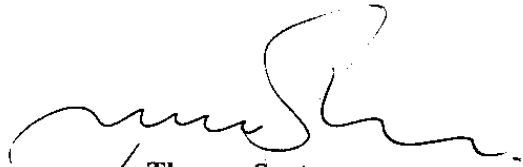
#### **E. Evaluation**

Evaluation of the original Code was carried out for the period of August 1990 - July 1993, and in connection with the 1996-97 revisions. The extended Code will be evaluated in 2004.

#### **SIGNATURES**



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## Appendix 1: NUTRIENT FUNCTION CLAIMS - CRITERIA AND EXAMPLES

### Requirements for products making nutrient function claims

For nutrient function *claims regarding vitamins and minerals*, the general requirement is that the product must contain a “significant amount” (i.e., a minimum of 15% RDI per 100 g or serving<sup>1</sup>, Appendix 5) of the actual nutrient. In addition, normal daily consumption of the actual product must provide at least 15% RDI of the nutrient in question. Where applicable, products making nutrient function claims must meet the criteria for using the keyhole symbol (Appendix 5), and otherwise contribute to a balanced nutritional diet consistent with official nutrition recommendations. Nutrient function claims can with advantage be made in two steps, according to the examples given below.

Meat, fish, shellfish and poultry products contain heme-iron with high bioavailability. Nutrient function *claims regarding iron* may be made for these products if the iron content is at least 10% RDI per 100 g or serving, despite 15% RDI being needed for nutrient declaration. Normal daily consumption of the actual product must provide at least 10% RDI of iron.

For products making nutrient function *claims regarding dietary fibre*, the product must meet the labelling requirements for “contains dietary fibre” (i.e., have a dietary fibre content of at least 2.5 g per 1000 kJ, Appendix 5). In addition, normal daily consumption of the actual product must provide a minimum of 3.75 g dietary fibre.<sup>2</sup>

### Examples of approved nutrient function claims relevant to Swedish conditions

Vitamin C/Vitamin E/Beta-carotene<sup>3</sup> is an antioxidant that protects the body’s cells. Product X contains Vitamin C/Vitamin E/Beta-carotene.

Vitamin C enhances iron absorption. Product Y contains Vitamin C.

Vitamin D helps build bones. Product Z contains Vitamin D.

Calcium helps build bones. Product XX contains calcium.

Zinc is needed for many of the body’s enzyme systems. Product YY contains zinc.

Iron is essential for (a) making blood cells, (b) production of hemoglobin. Product ZZ contains iron.

Dietary fibre helps to maintain normal bowel function. Product XXX contains dietary fibre.

The carbohydrates in pasta provide a low and gradual increase in blood sugar.

### Example of claim that are true, but irrelevant for Swedish conditions

Vitamin A is found in visual pigments and is important for night vision. Product X contains Vitamin A.

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<sup>1</sup> Only for products packaged in single-serving packages, excluding milk where a claim may be made also on a larger package, providing that a normal portion contains at least 15% of RDI.

<sup>2</sup> 3.75 g dietary fibre corresponds to 15% of the lowest recommended daily intake of dietary fibre (25 g).

<sup>3</sup> According to Nordic Nutrition Recommendations, NNR 2004, 1 retinol equivalent (RE) equals 1 µg retinol (vitamin A) and 12 µg beta-carotene. RDI for vitamin A is 800 µg (Table 3, Appendix 5), corresponding to 9600 µg beta-carotene.



## Appendix 2: **GENERIC REDUCTION OF DISEASE RISK CLAIMS - BACKGROUND, CRITERIA AND EXAMPLES**

The following connections between diseases, and their risk factors, and diet are considered well-established today and can therefore constitute the basis for generic claims regarding reduction of disease risk in the marketing of foods. Every connection is followed here by a short explanation/background as well as specific criteria. The basic requirement is that a health claim only be used in the labelling and marketing of a product that, under normal use, contributes to a nutritionally balanced diet. The nutritional composition of a product must be such that it does not clash with official dietary recommendations. The nutritional composition and normal amount of the product consumed must be significant for the composition of the diet as a whole.

Generic reduction of disease risk claims must be made in two steps. Table 2 gives examples of how generic claims about a reduced risk of disease can be worded. With the exception of Connection 9 (Coronary heart disease– Whole grain), however, the exact wording of the claim is flexible. In the case of Connection 9, only the wording given in Table 2 may be used. The responsibility for the appropriateness of the final wording used in labelling and marketing rests upon the company marketing the product. For advice regarding the wording of claims, SNF Swedish Nutrition Foundation may be contacted.

### **1. Overweight/obesity – Energy**

A high energy intake can lead to overweight/obesity. A diet with a low or reduced energy content can therefore reduce the risk for overweight/obesity. Reduced fat content and increased dietary fibre content lower a product's energy content. Depending on the nature of the product, reduced sugar content can also contribute to a lower energy content.

#### *Criteria*

Only products with significant relevance to the total energy intake are appropriate for claims regarding overweight/obesity. Products carrying this claim must contain at least 30% less energy per 100 g than a comparable normal product.<sup>4</sup> For example, the claim can be made for products in the following product groups:

*Dairy products* (e.g., yoghurt)

*Meat products* (e.g., sausages etc.)

*Prepared foods* (e.g., complete meals)

Where applicable, the product must also meet the criteria for using the keyhole symbol (Appendix 5). For products packaged as single servings, the total energy content for the serving must be given.

It should be noted that a reduction in sugar content of solid foods does not normally lead to a lower energy content. With regard to liquid products, it should be observed

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<sup>4</sup> A "normal product" refers here to a comparable (but not energy-reduced) product from the same product category. E.g., milk, natural yoghurt and cultured milk products with 3% fat are considered "normal" products.

that these may provide less satiety than solid foods. A considerable amount of energy can therefore easily be consumed through the intake of certain liquid products.

## **2. Cardiovascular disease/atherosclerosis – Blood cholesterol levels**

*(a) Hard fat<sup>5</sup> (primarily saturated fat)*

*(b) Certain types of dietary fibre*

High cholesterol levels in the blood represent a diet-related risk factor for atherosclerosis/hardening of the arteries and are thereby connected with cardiovascular disease.

Hard fats contribute to elevated blood cholesterol levels. A nutritionally balanced diet with a low intake of hard fats can therefore reduce the risk of cardiovascular disease/atherosclerosis. A reduced hard fat content can be achieved either by a total reduction in fat, or by substituting hard fats with mono- or polyunsaturated fats.

Certain types of dietary fibre help to reduce blood cholesterol levels. A nutritionally balanced diet rich in these types of fibre can thereby reduce the risk of cardiovascular disease/atherosclerosis.

### *Criteria*

(2a) Only product groups with significant relevance for the total fat content of the diet are appropriate for claims regarding the connection between saturated fat and blood cholesterol levels (Connection 2a). This applies primarily to the following groups:

*Cooking and baking fats* (max 80% fat), *oils* (100% fat) intended for cooking, and *dressings* (max 30% fat). A maximum of 10% of the total fat content can be made up of hard fat. The total fat content and energy content of these products must be clearly stated.

*Margarine spreads, meat- and dairy products.* These products must meet the criteria for using the keyhole symbol (Appendix 5). A maximum of 30% of the total fat content can be made up of hard fat.

For all product groups, a maximum of 2% of the total fat content may be made up of trans fatty acids (not including naturally occurring trans fatty acids from animal sources).

*Example:* In a margarine spread with a total fat content of 30%, the hard fat content may not exceed 9 g/100 g and the trans fatty acid content may not exceed 0.6 g/100 g of the spread.

For many people, a reduction of total fat consumption is desirable, and the total fat content should therefore be clearly stated in the labelling of oils and fats making this claim. Labelling should also state that the product should be used

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<sup>5</sup> The sum of saturated and trans fatty acids.

sparingly and is meant as a substitute for a corresponding normal product, and should not represent an additional source of fat.

- (2b) The current recommendation is that claims regarding a connection between particular types of dietary fibre and blood cholesterol levels (Connection 2b) be used primarily for oat fibre (beta-glucans). Some food processing can however affect the chemical properties of beta-glucans (e.g., molecular weight, solubility and viscosity) such that the cholesterol-lowering effect is reduced.

This claim may be used for rolled oats and oat bran, as well as mixtures that contain these raw materials. For processed foods containing these- or other raw materials high in beta-glucans, a retained cholesterol-lowering effect after processing must be substantiated.

A product making a claim regarding the connection between oat fibre (beta-glucans) and blood cholesterol levels must contain 0.75 g of beta-glucans per normal serving, or provide 3 g/day at a normal amount consumed. The packaging should clearly state how much oat fibre (beta-glucans) the product contains as well as the amount of oat fibre (beta-glucans) that should be eaten to achieve a cholesterol-lowering effect.

Where applicable, the product must meet the criteria for using the keyhole symbol (Appendix 5). For example, the total sugar content (mono- and disaccharides) in breakfast cereals must be at most 13%. This corresponds to approx. 10% added sugar in cereals containing only cereal grains. According to the Code, the criteria for added sugars must also be met for other dry products. For (soft) breads, the added sugar content may not exceed 7%. For breakfast cereals, the fat content must not exceed 10%.

### **3. Cardiovascular disease/atherosclerosis – Blood pressure – *Salt***

High blood pressure is a diet-related risk factor in atherosclerosis/hardening of the arteries and therefore connected to cardiovascular disease. Regular salt (sodium chloride) contributes to an increase in blood pressure. A nutritionally balanced diet with a low sodium content can therefore lower the risk of cardiovascular disease/atherosclerosis. A low salt content can be achieved either by reducing the total salt content or by replacing sodium chloride with a mineral salt substitute containing potassium.

#### *Criteria*

Products making claims regarding the connection between salt and a reduced risk of cardiovascular disease/high blood pressure must meet keyhole symbol criteria where applicable (Appendix 5) and have a lower sodium content than the limits given below, based on the product's finished eating weight.

	<i>Sodium</i>	equivalent to	<i>Regular table salt</i>
Meat, sausages and other meat products	0.5%		1.2%
Fish products	0.4%		1.0%
Cheese	0.3%		0.7%
Bread	0.3%		0.7%
Crisp bread, crackers and rusks	0.5%		1.2%
Breakfast cereals	0.4%		1.0%
Bouillon, soups, and sauces	0.2%		0.5%
Prepared foods	0.2%		0.5%

#### **4. Cardiovascular disease/atherosclerosis/hardening of the arteries** – *Omega-3 fatty acids*

Epidemiological studies have shown a connection between a high intake of fatty fish and a lower incidence of cardiovascular disease. The long omega-3 fatty acids, eicosapentaenoic acid (C20:5n-3, EPA) and docosahexaenoic acid (C22:6n-3, DHA) found in fatty fish have also been shown to have several positive effects on risk factors for cardiovascular disease. A nutritionally balanced diet high in omega-3 fatty acids from fish can therefore contribute to a reduced risk of atherosclerosis and thereby associated cardiovascular diseases.

The omega-3 fatty acid found in vegetable oils is primarily the essential, short omega-3 alpha-linolenic acid (C18:3n-3, ALA). Risk reduction of cardiovascular disease is less well documented for short omega-3 fatty acids than for long omega-3 fatty acids. ALA can be converted to EPA and DHA in the body, but this conversion is reliant on many factors.

##### *Criteria*

The current recommendation is that claims regarding a connection between omega-3 fatty acids and cardiovascular disease be used only for fatty fish, products thereof, and products containing these raw materials. Products making this claim must contain a minimum of 0.7 g<sup>6</sup> omega-3 fatty acid from fish per 100 g or per serving (applies only to products packaged as single servings). If the product is processed in a way that can reduce the bioavailability of added fatty acids, this must be documented.

#### **5. Constipation – *Dietary fibre***

Dietary fibre speeds the passage of food through the intestinal tract and a diet high in dietary fibre can thus lower the risk of constipation.

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<sup>6</sup> Recommendation according to NNR 2004: 1 energy% omega-3 fatty acids. At an energy consumption of 2000 kcal, this corresponds to 2.2 g of omega-3 fatty acids per day. Similarly to the requirement for “high in” vitamins and minerals, a product making the nutrition claim of “high in omega-3 fatty acids” must have a total content of omega-3 fatty acids corresponding to at least 30% of this amount (i.e., 0.7 g) per 100 g or serving. For the nutrition claim of “contains omega-3 fatty acids”, the requirement is half this amount. For claims regarding a reduced risk of atherosclerosis, a product must be “high in” omega-3 fatty acids from fish.

### *Criteria*

A product making a claim regarding the connection between dietary fibre and constipation must meet keyhole symbol criteria where applicable (Appendix 5). In other cases, the criterion for “high fibre” must be met (3.5 g dietary fibre per 1000 kJ, see Appendix 5). Normal daily consumption of the product must provide at least 5 g of dietary fibre.<sup>7</sup>

According to keyhole symbol criteria, the total sugar content (mono- and disaccharides) in breakfast cereals must not exceed 13%. This corresponds to approx. 10% added sugar in cereals containing only cereal grains. According to the Code, the same criteria for added sugars must also be met for other dry products. For (soft) breads, the added sugar content must not exceed 7%. For breakfast cereals, the fat content must not exceed 10%.

If more than 20% of the fibre content is made up of added fibre concentrates or isolates, documentation on the laxative effect of these fibres must be provided.

## **6. Osteoporosis – Calcium and/or Vitamin D**

The intake of calcium and/or Vitamin D are important dietary factors for building bones. A nutritional diet high in calcium and/or Vitamin D can therefore reduce the risk of osteoporosis.

### *Criteria*

A product making a claim regarding the connection between calcium and osteoporosis must be “high in” calcium and/or Vitamin D (i.e., 30% RDI per 100 g or serving<sup>8, 8</sup>) (Table 3, Appendix 5). Where applicable, the criteria for use of the keyhole symbol must also be met (Appendix 5).

## **7. Caries – Sugar/Fermentable carbohydrates**

Frequent intake of products containing sugar and other easily fermented carbohydrates contributes to the development of caries. Products that do not contain sugar and other fermentable carbohydrates can therefore reduce the risk of caries.

### *Criteria*

The connection between caries and fermentable carbohydrates is primarily applicable to beverages that are completely free of fermentable carbohydrates.

## **8. Iron deficiency – Iron**

The intake of iron through diet is important, especially for people with high iron requirements. A nutritionally balanced diet high in iron can thereby reduce the risk for iron deficiency.

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<sup>7</sup> 5 g dietary fibre corresponds to 20% of the minimum recommended daily intake of dietary fibre (25 g).

<sup>8</sup> Applies only to products packaged as single servings. Exceptions to this are milk and yoghurt, where claims may also be made on larger packages of the product providing that one normal serving contains at least 30% RDI.

### *Criteria*

*Meat, fish, shellfish and poultry* products contain heme-iron with high bioavailability. These products are therefore considered suitable for claims regarding iron deficiency if the iron content corresponds to a “significant amount” (i.e., 15% RDI per 100 g or serving,<sup>9</sup> Appendix 5, Table 3). *Breads and bread mixes, coarsely ground flours, cereal flakes, breakfast cereals, fruit, vegetables and legumes* making this claim must be “high in” iron (i.e., 30% RDI per 100g or serving<sup>8</sup>).

The iron content for all products must be based on the finished eating weight. For beans, this means it applies to cooked- and not dry beans. For flour (and bread mixes), it means the breads baked with the flour and not the dry flour.

The criteria for using the keyhole symbol must be met where applicable, and the fat content must not exceed 10%.

## **9. Coronary heart disease – Whole grain<sup>10</sup>**

Epidemiological studies have shown a connection between a high intake of whole grain cereal products, healthy lifestyles and a lower incidence of (coronary) heart disease.

### *Criteria*

A product making a claim regarding a connection between whole grains and (coronary) heart disease must have a whole grain content of at least 50% calculated on the product’s dry weight. The criteria for use of the keyhole symbol must also be met where applicable (Appendix 5). This means a whole grain content of 100% for flours, flakes and cereal grains, and 2/3 whole grain for the flour base of breakfast cereals, a maximum total sugar content (total mono- and disaccharides) of 13% for breakfast cereals, gruel and porridge (not including baby foods) (corresponding to 10% added sugar for pure grain products), and a maximum of 10% fat in breads, crackers and rusks, and pasta products. According to the Code, also breakfast cereals should contain at most 10% fat. Products such as granola bars etc. must meet the same criteria as breakfast cereals.

If a product uses a description such as “whole grain bread” or similar, regulations regarding declaration of ingredients (SLVFS 1993:19) require statement of how much of the product is whole grain. A product making a claim regarding the connection between (coronary) heart disease and whole grain must also state the percentage based on dry weight. Declaration of a product’s ingredients can be formulated as follows: “Water, wheat flour, whole grain rye flour (X%, equivalent to Y% based on dry weight), sugar, salt.”

It is desirable that expressions like “whole grain bread”, “whole grain pasta”, “whole grain flakes”, etc., be used only for products that meet the above criteria. For products that do not meet the above criteria the percentage of whole grain may be stated in a less

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<sup>9</sup> Applies only to products packaged as single servings.

<sup>10</sup> New connection introduced in this version of the Code.

emphatic manner, e.g., in the list of ingredients, providing the whole grain content constitutes at least 25% of the product's dry weight.

*Whole grain* refers here to intact or ground whole seed kernels (i.e., cereal grains where all components contained in the grain seed, along with the seed shell, are included) of wheat, oats, barley and rye.

***Fruit and/or vegetables***

Epidemiological studies suggest a connection between a high intake of fruit and vegetables and reduced incidence of cardiovascular disease and certain types of cancer. The picture is complicated, however, when it comes to cancer. A possible health claim regarding a reduced risk of disease is under discussion. Until further notice, producers and marketers are referred to the National Food Administration recommendation regarding the intake of 1/2 kg of fruit and vegetables<sup>11</sup> daily, which can be used in the marketing and labelling of foods.

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<sup>11</sup> Does not include potatoes.

**Table 2.** Examples of appropriate wordings for generic reduction of disease risk claims

1	A nutritionally balanced diet with a well-adapted energy content is a key factor in maintaining one’s weight. Product X has a lower energy content than corresponding normal products.
2 <sup>A</sup>	(a) A nutritionally balanced diet with a low saturated fat content contributes to lower cholesterol levels in the blood and can thereby reduce the risk of cardiovascular disease/atherosclerosis. Product Y has a low saturated fat content.  (b) A nutritionally balanced diet high in soluble fibres from oats (beta-glucans) can contribute to lower cholesterol levels in the blood and thereby to a reduced risk of cardiovascular disease/atherosclerosis/hardening of the arteries. Product Z is high in soluble oat fibres (beta-glucans).
3 <sup>B</sup>	A nutritionally balanced diet with a low sodium/salt content can contribute to lower blood pressure and thereby to a reduced risk of cardiovascular disease/atherosclerosis. Product XX has a lower sodium/salt content than corresponding normal products.
4	A nutritionally balanced diet high in long omega 3 fatty acids from fish and fish products reduces the risk of cardiovascular disease/atherosclerosis. Product YY is high in long omega 3 fatty acids.
5	A nutritionally balanced diet high in dietary fibre is important for maintaining bowel regularity and reduces the risk of constipation. Product ZZ is high in dietary fibre.
6	A nutritionally balanced diet high in (a) Calcium, (b) Vitamin D, (c) Calcium and Vitamin D reduces the risk of osteoporosis. Product XXX is high in (a) Calcium, (b) Vitamin D (c) Calcium and Vitamin D.
7	Frequent consumption of products containing regular sugar (or other carbohydrates that are easily broken down by bacteria in the mouth) increases the risk for caries. Product YYY contains no sugar.
8	A nutritionally balanced diet high in iron reduces the risk for iron deficiency. Product ZZZ is high in iron.
9 <sup>C</sup>	A healthy lifestyle and well-balanced diet high in whole grain products (a) reduces the risk of coronary heart disease, (b) reduces the risk of heart disease. Product XXXX has a high whole grain content (Y% whole grain).

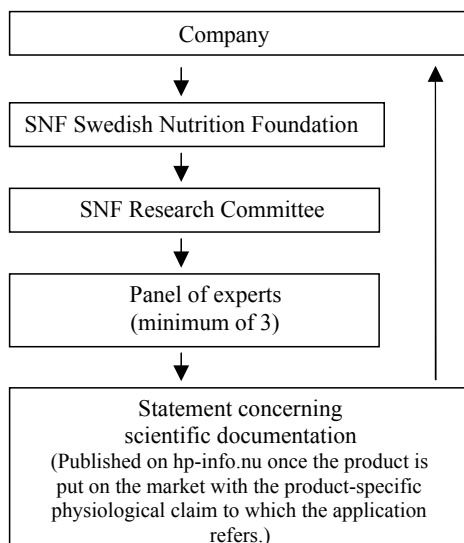
<sup>A</sup> Claims regarding this connection can be worded to state (1) the connection between hard fats or certain types of dietary fibre and reduction of the risk of cardiovascular disease/atherosclerosis, or (2) only the connection between hard fats or certain types of dietary fibre and blood cholesterol levels. When using the first alternative, the claim should clearly state that it is the risk factor “cholesterol level in the blood” that affects the risk of disease.

<sup>B</sup> A claim must be worded to clearly state that it is the risk factor “high blood pressure” that affects the risk of disease.

<sup>C</sup> A new claim introduced in this version of the Code. A claim must be formulated according to one of the alternatives given here.

### Appendix 3. **PRODUCT-SPECIFIC PHYSIOLOGICAL CLAIMS** **- EVALUATION OF THE SCIENTIFIC DOCUMENTATION**

For the documentation substantiating a product-specific physiological claim (PFP), the scientific quality must be documented by a statement from an independent panel of experts appointed by the SNF Research Committee. The task of the Research Committee is to ensure that review of the documentation's scientific quality and relevance in relation to the health benefits the marketing wishes to present is carried out when an application for evaluation is made and documentation provided. A panel of experts comprising at least three internationally well-reputed researchers in the field is appointed by the Research Committee. The panel's task is to issue a written statement regarding the scientific quality of the documentation in relation to the desired type of claim. The evaluation shall, however, not dictate the exact wording of a claim. This is the responsibility of the company, preferably after consultation, e.g., with SNF. The process for evaluation of scientific documentation by SNF<sup>12</sup> is illustrated in Figure 1 and is described in more detail below. For applications for PFP claims regarding a product's physiological effect on blood sugar level, a simplified procedure is used. For more information, please contact SNF (info@snf.ideon.se, tel +46 (0)46-286-2284).



**Figure 1.** General model for processing of applications for product-specific physiological claims.

<sup>12</sup> The Assessment Board for Diet-Health Information has a completely different task, namely to assess complaints and applications regarding marketing actions in relation to the self-regulating programme. For more information, see Appendix 6.

## **Review procedure**

The evaluation will be carried out as follows:

1. The scientific information on which a product-specific physiological claim for a food is based is evaluated on receipt of an application from the company intending to make such a claim in the marketing.
2. SNF is responsible for initiating the evaluation process as soon as an application is received.
3. From a list of suitable experts, a panel of at least three experts will be appointed by the SNF Research Committee. The experts will be appointed within 4 working weeks and after having informed the Applicant in order to ascertain whether any expert may be challenged on grounds of partiality. One of the experts will be appointed as chairman. The Research Committee is responsible for ensuring that the composition of the expert panel is balanced and independent.
4. The evaluation will primarily include and be founded on human intervention studies on which the physiological effect to be claimed in the marketing is based. The number of studies necessary will be decided from case to case, depending on how well-established the physiological effect is considered to be. Background information such as animal studies may be used, when relevant, as supportive documentation and must be provided to the experts on request.
5. The evaluation will consider the scientific documentation in relation to the type of claim the Applicant wishes to make – not the exact wording or other formulation of the claim.
6. The evaluation shall be completed within 90 days of receiving the documentation. If additional time is needed, for example due to the scope of the documentation, an agreement will be reached from case to case. The expert panel must aim for a unanimous evaluation. If this is not possible, a majority decision is reached with right to express a dissenting opinion in writing.
7. The Applicant must be given an opportunity to comment on the evaluation before it is finalized.
8. If the Applicant does not accept the evaluation of the expert panel, and reports this to SNF within 2 weeks, a new expert panel must be appointed, after renewed consideration by the Research Committee, with the assignment of making a new evaluation. This shall be based on the report of the original panel together with comments and any additional documentation from the Applicant.
9. The assignment of the expert panel consists of judging whether the submitted documentation is qualitatively and quantitatively sufficient in relation to the health benefit the company intends to claim in the marketing. The responsibilities of SNF and its Research Committee shall be limited to coordination of the evaluation process and a decision as to whether to handle an application and appoint an expert panel. The Research Committee will also decide whether there are objective

reasons to appoint a new expert panel, at the request of the Applicant Company, in accordance with point 8.

10. The evaluation must be carried out confidentially. The evaluation report will become public if and when the product is put on the market with a product-specific physiological claim according to the assessed application.
11. SNF will decide a fee for the evaluation, which must be paid to SNF together with an administrative fee.
12. In labelling and marketing it is permitted to state that the product has undergone evaluation of the scientific documentation according to the Code. This must be stated in a standardized text: "Documentation supporting the health benefits of this product has been evaluated in accordance with the Food Sector's Code of Practice hp-info.nu". Neither SNF nor the experts' names may be mentioned in the marketing.
13. Appeals against the treatment of the application by the Research Committee, according to 9 above, are to be lodged with the Assessment Board for Diet-Health Information (BKH).
14. The Research Committee can, if the scientific situation warrants, decide upon a renewed investigation.
15. The evaluation will in addition follow applicable parts of Council of Europe's Policy Statements concerning Nutrition, Food Safety and Consumer Health: Guidelines concerning Scientific Substantiation of Health-Related Claims for Functional Foods (can be downloaded in pdf format from [www.snf.ideon.se](http://www.snf.ideon.se)).



## Appendix 4. CHARTER OF THE ASSESSMENT BOARD FOR DIET-HEALTH INFORMATION

### **The responsible organizations**

§ 1 The Assessment Board for Diet-Health Information (Bedömningsnämnden för kost-hälsainformation, BKH, in Swedish), henceforth referred to as “the Board (BKH)”, is established by representatives of food raw material producers, manufacturers and distributors from the food sector. The responsible organizations for the Board (BKH) are the Swedish Food Federation, representing the food industry and Swedish Food Retailers Federation, representing the food distributors.

### **Assignment**

§ 2 The assignment of the Board (BKH) is to make independent statements, on receipt of queries, as to whether a particular marketing action or other action in connection with the labelling and marketing of food products complies with good marketing practice according to “Health Claims in the Labelling and Marketing of Food Products. The Food Sector’s Code of Practice”, accepted by the responsible organizations, henceforth called “the Code”. A statement by the Board (BKH) is not a substitute for actions by the authorities concerned.

§ 3 Appeals may be referred to the Board (BKH) against decisions by the Research Committee of SNF Swedish Nutrition Foundation concerning the evaluation of scientific documentation according to the Code.

### **Organization**

§ 4 The Board (BKH) is to consist of a chairman, a vice-chairman and 9 members. The chairman must be a lawyer with good knowledge of marketing law and must not work for any of the responsible organizations or otherwise within the food sector. Six members must be in responsible positions connected to a company within the food sector. Two members must represent medical and nutritional expertise; at least one must be a registered physician with clinical experience. Two members must represent public interests, especially consumer interests.

§ 5 There shall be a vice-chairman to serve as deputy to the chairman. There shall be six deputy members for the members connected with food companies, one deputy member for the medical/nutritional experts, and two deputy members for the members representing public interests. The deputy members have the right to attend meetings. The vice-chairman and the deputy members must have the same competence as is required of the chairman and the members for whom they substitute.

§ 6 Each responsible organization appoints three company-affiliated members and three deputy members. These members elect the chairman, vice-chairman and the medical/nutritional experts and their deputy members after consultation with the Swedish Society of Medicine and the Swedish Society for Clinical Nutrition. The

Swedish Consumers' Association and the Swedish Consumer Coalition, or other established consumer organization, appoint the representatives of public interests and their deputies.

- § 7 The Board (BKH) members are appointed for two years (although the first term of office may be decided for a shorter period). If the chairman, the vice-chairman or a member resigns before the end of the period, another person is appointed for the remainder of the term of office.
- § 8 The Board (BKH) appoints an internal or external secretary, who must be a lawyer with good knowledge of marketing law. The required office resources must be made available to the secretary.

### **Handling of a case**

- § 9 On its own initiative or on request from a private person, manufacturer, a coalition of manufacturers, consumers or employees, the Board (BKH) will make a statement according to §2 concerning a particular marketing action or other action in connection with marketing according to the Code. Within its field of competence, the Board (BKH) can also, on its own initiative, make statements on principles of marketing ethics without the statement concerning any particular action. These guiding statements can also be made upon request from a responsible organization, a court or other authority, or from SNF Swedish Nutrition Foundation.
- § 10 A statement must be requested in writing. The request must clearly define for what purpose the statement is desired and on what circumstances it is based. Any cited investigation material must accompany the request. The Board (BKH) can demand that additional investigation be undertaken.
- § 11 Cases concerning appeals according to §3 will be reviewed on the request of a person who, according to the Code, has asked for an evaluation of scientific documentation in the Research Committee of SNF Swedish Nutrition Foundation.

### **Preparations of the cases**

- § 12 The cases are prepared by the secretary appointed according to §8, unless the Board (BKH) decides otherwise. The person who is responsible for the action to which the request in §9 refers must be given an opportunity to reply. The person requesting a statement shall be allowed to study the reply. The Research Committee of SNF Swedish Nutrition Foundation must be informed of appeals according to §3 before they are reviewed by the Board (BKH).
- § 13 The procedure before the Board (BKH) is in writing, unless the Board decides otherwise. If the Board (BKH) finds that a case cannot be satisfactorily investigated, the case will receive no further attention. This can also happen if the case is of no interest from the point of view of principle, if the submitted marketing action took place too far back in time or is more suitably treated within the framework of the industry's other self-regulating programmes for assessing good marketing practice.

### **Meetings and decisions**

- § 14 With the exception of what is stated in §16, the Board (BKH) constitutes a quorum when the chairman or vice-chairman and at least five other board members are present at a meeting and participate in the decision. At least three of these must be connected to the food sector, at least one must be a medical expert, and at least one must represent public interests.
- § 15 A decision by the Board (BKH) is defined as the views that are shared by the majority of the board members. When the votes on either side are equal, the chairman has the casting vote.
- § 16 Decisions on matters according to §10, last sentence, §12, §13, §20 concerning the dismissal of a case if the regulated fee is not paid, and §22 may be made by the chairman him/herself.
- § 17 Regarding a challenge of partiality against the chairman, vice-chairman, board member or secretary, what is stated in chapter 4, §13 in the Code of Judicial Procedure concerning the disqualification of a judge is applicable. The person who is challengeable may not attend a Board discussion or otherwise participate in the handling of a case.

### **Statements**

- § 18 Statements from the Board (BKH) must be made in writing. The statement must include a background description of the case together with the argumentation from all parties, a justification by the Board for its standpoint, the decision taken and information about those who have participated in the decision and any differences of opinion. Dissenting opinions must be appended to the statement. The chairman and the secretary for the case must sign the statement on behalf of the Board (BKH).
- § 19 The statement is public and will be published as decided by the Board (BKH).

### **Administrative matters**

- § 20 The Board decides on a registration fee to be paid by the manufacturer or coalition of manufacturers who request a statement from the Board (BKH). The Board (BKH) decides on an appeal fee to be paid by companies who lodge appeals in accordance with §3. When necessary, the Board (BKH) can decide upon an investigation fee after consulting the parties concerned.

### **Additional matters**

- § 21 Minutes are kept at every meeting. The statements by the Board (BKH) are appended to the minutes. The chairman for the case checks the minutes.
- § 22 Documents about a case submitted to the Board (BKH) may not be released to an outsider without the permission of the Board (BKH). Furthermore, details of these documents may not be revealed to an outsider without the permission of the Board (BKH).

- § 23 A person who has participated in the handling of a case may not reveal to an outsider any information about the discussion of the case by the Board (BKH) or the content of any statement that has not yet been made public.
- § 24 Not later than 1 April of every year, the Board (BKH) must present a report on the nature and scope of its activities the previous year.
- § 25 Articles in the regulations may be altered after a unanimous decision by the responsible organizations.
- § 26 This charter has been accepted by the responsible organizations, to be effective as of February 1, 2004.

## Appendix 5: COMMENTS

### *Nutrition claims*

Nutrition claims are not covered by the Code but are regulated by government agencies and other industry agreements. Support for several points of the Code can, however, be found in current regulation for nutrition claims. To provide an overall picture, relevant information about nutrition claims is summarized here. For more details on nutrition claims, readers are referred to National Food Administration regulations regarding declaration of nutritional value (SLVFS 1993:21) and the Swedish Food Federation's labelling handbook.

The only nutrition claims that may be made are those concerning energy or the following nutrients: protein, carbohydrates, fat, dietary fibre, sodium, vitamins and minerals, according to Table 3, and substances belonging to, or included in, one of these nutrient categories. Examples of approved nutrition claims include: "Contains Vitamin C", "High in Vitamin A", "Contains dietary fibre", "Sugar-free", "Low fat", "Low in saturated fat".

A "*significant amount*" of vitamins and minerals as a rule means that the food must contain at least 15% of the recommended daily intake (RDI) per 100 g or 100 ml, and is required in order to use the wording "*contains*". "*High in*" vitamins and minerals as a rule means that the food must contain at least 30% RDI per 100 g or 100 ml. For products packaged in single-serving portions, however, it can suffice that one serving contains 15% and 30% RDI, respectively, even if the serving size is larger than 100 g or 100 ml. Milk and yoghurt are exceptions, in that if a single-serving package contains 15% RDI of the nutrient in question, the nutrient content may be given per 100g or 100 ml on larger packages of this food as well. (Swedish Food Federation labelling handbook, 11<sup>th</sup> edition, May 2000, p. 63)

"*Contains dietary fibre*" and "*high fibre*" should only be used if the dietary fibre content amounts to 2.5 g/1000 kJ and 3.5 g/1000 kJ, respectively, or higher.

"*Sugar-free/no sugar added*" may be used if the food does not contain any sugars (mono- and disaccharides) and "*no regular sugars*" may be used if the food contains sugars other than sucrose and the labelling states the types of sugars present. Sugar alcohols (polyols), such as xylitol, mannitol and sorbitol, are not considered as sugars. Expressions like "*unsweetened*" and "*non-sweetened*" aimed at stating that substances that provide sweetness have not been used are not nutrition claims.

"*Lean*" and "*light/lite*" referring to a food's low fat or sugar content should only be used if the fat content has been reduced by at least half, or the sugar content has been reduced by at least one quarter, compared to a comparable normal product. The energy value of the food should thus be reduced by an equivalent degree. The recommendations do not apply to foods for which the National Food Administration has produced special provisions for these expressions.

### ***Nutrition declaration***

According to SLVFS 1993:21, declaration of nutritional value for nutrients according to *group 1* must include the following: energy, protein, carbohydrates and fat. Declaration of nutritional value according to *group 2* must include: energy, protein, carbohydrates, sugars, fat, saturated fat, dietary fibre and sodium. This information must also be given in the same order as above.

The following may also be listed in the declaration of nutritional value: starch, sugars, alcohols, mono-unsaturated fat, polyunsaturated fat, cholesterol, and the vitamins and minerals listed in Table 3 that are present in a “significant amount” (i.e., 15% of RDI as given in Table 3).

If a nutrition claim is made for one of the nutrients given above, declaration of that nutrient is required.

**Table 3.** Vitamins and minerals that may be declared, and the recommended daily intake (RDI) of these to be used for labelling purposes. (Appendix to SLVFS 1993:21)

Vitamin/Mineral	RDI
Vitamin A µg (retinol equivalents)	800
Vitamin D µg	5
Vitamin E mg ( $\alpha$ -tocopherol equivalents)	10
Vitamin C mg	60
Thiamin mg	1.4
Riboflavin mg	1.6
Niacin mg (niacin equivalents)	18
Vitamin B <sub>6</sub> mg	2
Folic acid µg	200
Vitamin B <sub>12</sub> µg	1
Biotin mg	0.15
Pantothenic acid mg	6
Calcium mg	800
Phosphorus mg	800
Iron mg	14
Magnesium mg	300
Zinc mg	15
Iodine µg	150

### ***The keyhole symbol<sup>13</sup>***

The keyhole symbol is used to designate lean, fibre-rich alternatives of a food group (SLVFS 1989:2). Requirements vary according to food group. Naturally lean foods, such as pure meat, poultry and fish, may not be marked with the keyhole symbol. Neither may naturally fibre-rich foods such as fruit, vegetables, potatoes and other root vegetables. Use of the symbol does not automatically require declaration of nutritional value.

Summary of the criteria that apply for using the keyhole symbol:

#### *Milk products and cheese:*

Milk of maximum 0.5% fat

Flavoured yoghurt and cultured milk products of maximum 0.5% fat

Yoghurt and cultured milk products of maximum 1.5% fat

Cottage cheese of maximum 4% fat

Cheese spreads and fresh whey cheeses of maximum 10% fat

Hard cheese of maximum 17% fat

#### *Fat spreads and ice cream*

Butter/margarine spreads of maximum 41% fat

Ice cream of maximum 6% fat

#### *Breads, crackers, rusks and pasta products*

At least half of the flour used must be whole grain or the product must contain at least 7% dietary fibre (dry weight), and a fat content of maximum 10%

#### *Flour, cereal and grain, gruel and porridge*

Flours, flakes and cereal grains from whole grain or at least 11% fibre

Breakfast cereals with 2/3 whole grain or at least 9% fibre (dry weight) and less than 13% total sugar content (corresponding to 10% added sugar)

Gruels and porridges for adults where 2/3 of the flour base used is whole grain

#### *Meat products*

Ground meat of maximum 10% fat

Pure meat products of maximum 10% fat

Mixed meat products of maximum 15% fat

#### *Ready-to-eat foods*

Meals containing meat, fish or vegetables, and potatoes, rice, pasta or other cereal product (e.g., meat stew with rice, fish gratinée with mashed potatoes, vegetable quiche), where at least 30% of the energy (E%) comes from fat

#### *Institutional kitchens*

Meals that meet the criteria for ready-to-eat foods according to the above or meals with a fat content that does not exceed 17 g per serving.

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<sup>13</sup> At the time of introduction of this Code, there are proposed revisions regarding the criteria for using the keyhole symbol. These criteria are expected to take effect 1 January 2006 at the earliest. Until further notice, the existing criteria apply.

### ***Recommendations regarding product groups***

Compared to the current average diet, the general dietary recommendations call for an increased consumption of bread and other grain products, pasta, rice, potatoes and root vegetables, as well as vegetables, fruit and berries. According to the National Food Administration book on diet, exercise and health (*Kost, Motion och Hälsa*), products from all parts of the food circle should be eaten every day. These recommendations may be cited and referred to in the marketing of these foods.

### ***Blood sugar***

Claims about a product's effect on blood sugar level after a meal are normally documented through determination of glycaemic index (GI), and considered as product-specific physiological claims. One exception to this is pasta, for which a nutrient function claim regarding low and gradual blood sugar response may be made (Appendix 1). Only food products high in carbohydrates (at least 15 g, and preferably 20 g available carbohydrates per regular serving) are relevant for claims of effects on blood sugar levels.

### ***Cholesterol***

The amount of cholesterol in foods is of minor importance for blood cholesterol levels, and a low cholesterol content may therefore not be used as a separate claim. According to regulations (SLVFS 1993:19 §5), a food may not be ascribed effects or properties that it does not have. Neither can it be implied that the food has special properties if all similar foods share these properties. Thus, the claim of "cholesterol-free" may not be used for products that do not normally contain cholesterol. Information on cholesterol content may, however, be given in the nutrition declaration (SLVFS 1993:21 §11 and §3).





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