



## MEP Heart Group PANEL DEBATE

### Achieving a trans fat-free Europe

14 APRIL 2015 · 12:00 – 14:00

EUROPEAN PARLIAMENT, BRUSSELS

ROOM A5F385

#### Summary of the meeting

In her opening remarks, **Mrs Mairead McGuinness (MEP, co-chair of the MEP Heart Group)** stressed that in this meeting the focus is on industrially produced trans fatty acids (IPTFAs), not the trans fatty acids (TFAs) that are naturally present in foodstuffs containing ruminant fat. It is beyond doubt that these industrially produced TFAs are damaging for health, in particular for coronary heart disease. Some EU member states have already enacted legislation on IPTFAs in their territory, others are looking at the EU to act.

**Mrs Alexandra Nikolakopoulou (Head of Unit, DG SANTE)** presented the legal context in which the Commission is operating. She explained that due to the advent of the new Commission in November 2014 and the ensuing reforms, the Commission is late with the report on ITFAs which should have been published on 13 December 2014. However, the draft report, as prepared by DG SANTE, is planned to go into inter-service consultation soon and it is hoped that it will be published by June 2015.

Mrs Nikolakopoulou stressed that the average intake of IPTFAs is in general very low in the EU, but some data suggest that there are major differences between socio-economic groups and between countries. Socially deprived people and adolescents have a higher intake of IPTFAs. The intake is also generally higher in South-Eastern European countries compared to other parts of the EU.

The Commission consulted stakeholders on 4 options:

- Mandatory labelling of TFAs: most likely not the most efficient option, because the positive impact on heart health could be limited, not least because only pre-packed foods would be labelled in accordance with the regulation on food information to consumers
- Legal limit on TFAs: an effective option considering that it is likely to have a more significant impact on heart health as it would cover all foods. This may come at a (minor) cost to the consumer, following reformulation costs from industry.
- Voluntary agreements: an option that could have a positive impact on heart health depending on the level of commitment by industry.
- No action (= status quo): an option that would not change status quo and therefore was not further discussed.



**Professor Steen Stender (Copenhagen University Hospital)** stressed that a reduction in IPTFAs would prolong life for European citizens. An intake of 5 grams of TFAs per day increases risk of heart disease by about 20%. There are no positive health benefits from TFAs; in fact scientists have stated that the detrimental effects of TFAs on heart disease are beyond dispute. Professor Stender presented findings from his research of many years together with results obtained in 2012 and 2014:

- There are major differences between countries with worryingly high levels of ITFAs in certain popular foods in Ex-Yugoslavian countries both among the EU-countries and among the non-EU-countries.
- When confronted with proof of high IPTFA levels in food, it has proven possible for industry to remove it (e.g. McDonalds and Kentucky Fried Chicken took out TFAs from all their products in a couple of months). This did not lead to taste difference nor to price increases.
- Denmark has experienced a spectacular decrease of 70% in death from coronary heart disease following the introduction of the Danish legislation 10 years ago limiting trans fats in food stuffs placed on the Danish market. Though this decrease may not be uniquely due to the regulation, it is noticeable that Denmark now has a death rate from coronary heart disease similar to that of Mediterranean countries and lower than neighbouring Norway and Sweden.
- In some South-Eastern European countries the number of certain popular products with high amounts of IPTFA has increased considerably rather than decreased in the last two years, which is a worrying trend.

**Dr Roberto Bertollini (scientific researcher and Director of WHO Brussels)** emphasised the negative impact of IPTFAs on heart disease concluding that robust action is necessary. Action on a political level is essential and will be helped by informing citizens of the risks to their health and mobilising them to call for adequate protection. Currently, citizens in Europe are not knowledgeable about the risks of ITFAs to their hearts. WHO supports a legal limit on IPTFAs acknowledging that this is the most effective way to reduce avoidable death from heart disease. Without such action, we risk wasting lives, said Dr Bertollini.

During the discussion that followed, **Mrs Christel Schaldemose (MEP)** insisted that legislation (option 2 in the Commission's list of options) is the way forward. TFAs are not good for anyone and there is no reason to have them on the market. She suggested sending a signal from the European Parliament to the European Commission that we need legislation and that the time to act is now. Whereas the Commission is concerned about more regulation, it should be clear that when it comes to IPTFAs, legislation would in fact imply better regulation.

**Mr Jacob Højgaard Løvenstjerne (Danish permanent representation)** informed the participants that Denmark, together with a number of other EU member states, has written to the Commission asking for a legislative proposal. He added that next week's informal health council will debate TFAs.

During the discussion it was also suggested that the ENVI committee should question the Commission on its action on IPTFAs.



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Professor Stender pointed out that some countries (Sweden for example) which have not adopted legislation, have seen an increase in products high in IPTFAs on their market due to imports from other countries.

In her concluding remarks, **Mrs Karin Kadenbach (MEP, co-chair of the MEP Heart Group)** stressed that the evidence that IP TFAs are bad for health (and in particular cardiovascular health) is overwhelming and that there are no reasons to have them in foodstuffs. Considering that cardiovascular disease is the number one killer in Europe, causing 1.9 million deaths every year, and these trans fats are undisputedly detrimental to heart health, the only reasonable action is to set a legal limit at EU level. This would save lives and reduce inequalities in health. The MEP Heart Group should send a strong signal, by writing a letter to the Commission, asking them to proceed quickly with a proposal for a regulation.



## Annex

### List of Attendees

#### MEPs / Assistants of MEPs

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|-------------------------|---|
| 1. Karin Kadenbach      | Co-chair of the MEP Heart Group                               |
| 2. Mairead McGuinness   | Co-chair of the MEP Heart Group                               |
| 3. Christel Schaldemose | MEP Heart Group supporter                                     |
| 4. Pilar Ayuso          | MEP   |
| 5. Sara Jaminé          | Assistant to Bart Staes, supporter of the MEP Heart Group     |
| 6. Gabriella Giovinchi  | Assistant to Nessa Childers, supporter of the MEP Heart Group |
| 7. Alice Hallalel       | Assistant to Marian Harkin, supporter of the MEP Heart Group  |
| 8. Anita Banfi          | Assistant to Patrizia Toia, supporter of the MEP Heart Group  |
| 9. Andrea Schierbaum    | Assistant to Renate Sommer, MEP                               |
| 10. Lutka Bulc          | Assistant to Alojz Peterle, supporter of the MEP Heart Group  |

#### Speakers

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|------------------------------|--|
| 11. Dr. Roberto Bertollini   | Chief Scientist and WHO Representative to the European Union                                     |
| 12. Alexandra Nikolakopoulou | Head of Unit Nutrition, food composition and information, DG Santé, European Commission          |
| 13. Prof. Steen Stender      | Department of Clinical Biochemistry, Copenhagen University, Hospital, Herlev - Gentofte, Denmark |

#### Participants

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|-------------------------|--|
| 14. Kinga Adamaszwili   | AESGP (Association of the European self-medication Industry)                 |
| 15. Alexander Anton     | European Dairy Association   |
| 16. Kristina Belikova   | WHO office at the EU   |
| 17. Stephanie Bodenbach | Nutrition, food composition and information, DG Santé<br>European Commission |
| 18. Sophie Bruno        | European Dairy Association   |
| 19. Robert Delis        | British Medical Association  |
| 20. Agata Duczamel      | Burson Marsteller  |
| 21. Tim Gumbel          | Nutrition, food composition and information, DG Santé<br>European Commission |
| 22. Richard Gribson     | European Dairy Association   |



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| 23. Henriette Jacobsen          | EurActiv  |
| 24. Patricia Lamas              | WHO office at the EU  |
| 25. Jacob Højgaard Løvenstjerne | Attaché (Foodstuffs, Food safety & SCA), Danish<br>Permanent Representation       |
| 26. Davide Marchi               | Consultant, Hanover   |
| 27. Clive Needle                | EuroHealthNet   |
| 28. Fanny Lossy                 | Insight Consulting  |
| 29. Susanne Løgstrup            | Director, European Heart Network  |
| 30. Françoise Moris             | Counsellor for food security, Permanent<br>Representation of Luxembourg to the EU |
| 31. Kate O'Regan                | Association of European Cancer Leagues  |
| 32. Siska Pottie                | Secretary General IMACE   |
| 33. Mathilde Panhaleux          | Novartis  |
| 34. Laure Sonnier               | EAACI / Interel   |
| 35. Frans Van de Werf           | Chair European Affairs Committee, European Society of<br>Cardiology               |
| 36. Rory Watson                 | British Medical Journal   |

#### **MEP Heart Group Secretariat**

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|---------------------|---|
| 37. Marleen Kestens | Network Coordinator and Public Affairs Manager,<br>European Heart Network |
| 38. Ilaria Leggeri  | EU Policy Advisor, European Society of Cardiology                         |