INFORMATION NOTE

Regulation of Health Food in the United Kingdom

1. Background

1.1 On 12 July 2002, the European Union (EU) issued a directive[1] on the regulation of food supplements, also known as health food in Europe.[2] As a member state of the EU, the United Kingdom (UK) conforms to all EU directives, regulations and obligations. As such, the UK passed the Food Supplements (England) Regulations 2003 on 3 July 2003 to implement the provisions stipulated in the EU directive on food supplements.[3] The Regulations will come into force on 1 August 2005 and apply to England only.[4] In the UK, in addition to these regulations, food supplements are also subject to other pieces of legislation, including the Food Safety Act 1990, the Food Labelling Regulations 1996, the Trade Descriptions Act 1968 and the Control of Misleading Advertisements Regulations 1988.

1.2 The purpose of this information note is to provide the Bills Committee on Undesirable Medical Advertisements (Amendment) (No.2) Bill 2004 with information on the regulatory framework adopted by the UK for the regulation of food supplements. It also studies a draft regulation proposed by the EU in July 2003 on the use of health and nutrition claims for foods, including food supplements, marketed in the EU. If adopted, the regulation will have implications for the regulatory landscape of food supplements in the UK.

2. Highlights of the regulatory framework for food supplements

Claims for food supplements

2.1 Only health and nutrition claims are allowed to be used on food supplement labels, and they must not be false, misleading or exaggerated. Medicinal claims are not permitted to be used on food supplement labels. The responsibility for ensuring the validity of claims rests with the manufacturer, importer, distributor and local authorities.

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1 The directive is known as *"Directive 2002/46/EC of the European Parliament and of the Council on the approximation of the laws of the Member States relating to food supplements"*.

2 See Hong Kong Special Administrative Region Government (2004).

3 Prior to the issue of the EU directive, there was no specific legislation on food supplements in the EU or in the UK.

4 The Food Supplements (Scotland) Regulations 2003, the Food Supplements (Wales) Regulations 2003 and the Food Supplements (Northern Ireland) Regulations 2003 have also been passed to implement the provisions of the EU directive on food supplements in Scotland, Wales and Northern Ireland respectively.

2.2 The use of health claims on food supplement labels is also governed by a voluntary code of practice developed by the Joint Health Claims Initiative, a joint venture among consumer organizations, enforcement authorities and industry trade associations. The code of practice lays down the general principles for making acceptable health and nutrition claims, as well as distinguishing generic health claims from innovative health claims. Generic health claims can be made without further substantiation, while innovative health claims must be substantiated by scientific evidence.

Product safety

2.3 Food supplements are also regulated under the Food Supplements (England) Regulations 2003, which has been passed by the UK to implement the provisions stipulated in an EU directive on food supplements. The Regulations provides for a "positive list" of vitamins and minerals permitted to be used in food supplements. The Regulations also allow for a derogation period so that nutrients/substances not on the "positive list" can continue to be used provided that they satisfy certain conditions.

2.4 According to the health food industry, the "positive list" is expected to prohibit the sale of many vitamins and minerals which are currently available in the UK market. It is also likely that the EU directive on food supplements will extend to cover other health food products in the future. Two coalitions of consumers, practitioners and representatives of the food supplement industry challenged the EU directive in court and were given leave by the UK High Court to take to the European Court of Justice their cases that the EU directive on food supplements was illegal and disproportionate in its impact.

Control of labelling

2.5 There are legal stipulations governing general labelling requirements such as the list of ingredients, conditions of storage or use and the place of origin. Food supplement labels are also required to bear cautionary and warning statements.

Regulation of advertisements

2.6 All health claims made in broadcast and non-broadcast advertising are subject to self-regulatory codes of practice. In general, the codes require all advertisements to be legal, decent, honest and truthful.

Draft regulation on the use of health and nutrition claims

2.7 In 2003, the EU proposed a draft regulation on the use of health and nutrition claims, which sets out the general requirements for labelling, presentation and advertising of foodstuffs, including food supplements, marketed in its member states. The draft regulation maintains the prohibition on claims referring to the prevention, treatment or cure of a human disease. Nevertheless, it allows for the use of a new health claim category known as "reduction of disease risk claim". In making such a claim, it is required to include in a label a cautionary statement.

3. Definitions

Health food

3.1 There is no legal definition of the term "health food" in the UK. Products for oral consumption are regulated as either medicinal product or food. The Medicines and Healthcare Products Regulatory Agency, an executive agency of the Department of Health, determines whether a product should be classified as a medicinal product or not. If a product is determined as not a medicinal product, it will be regulated under the food law.

Medicinal product

3.2 In the Medicines for Human Use (Clinical Trials) Regulations 2004, the UK follows the EU Directive 2001/83/EEC to define "medicinal product" as:

(a) any substance or combination of substances presented for treating or preventing disease in human beings or animals; and/or

(b) any substance or combination of substances which may be administered to human beings or animals with a view to making a diagnosis or to restoring, correcting or modifying physiological functions in human beings or animals.

Food

3.3 According to section 1(1) of the Food Safety Act 1990, "food" is defined to include:

(a) drink;

(b) articles and substances of no nutritional value which are used for human consumption;

(c) chewing gum and other products of a like nature and use; and

(d) articles and substances used as ingredients in the preparation of food or anything falling within this subsection.

Food supplement

3.4 Article 2 of the Food Supplements (England) Regulations 2003 defines food supplement as any food the purpose of which is to supplement the normal diet and which:

(a) is a concentrated source of a vitamin or mineral or other substance with nutritional or physiological effect, alone or in combination; and

(b) is sold in "dose form".

3.5 "Dose form" is defined in the Regulations as a form such as capsules, pastilles, tablets, pills and other similar forms, sachets of powder, ampoules of liquids, drop dispensing bottles, and other similar forms of liquids or powders designed to be taken in measured small unit quantities.

4. Claims for food supplements

4.1 The general provisions of the Food Safety Act 1990 and the Food Labelling Regulations 1996 regulate the use of claims on food labels, including food supplement labels. The Food Safety Act 1990 makes it an offence to falsely describe or advertise a food supplement, or to mislead as to its nature, substance or quality. The Food Labelling Regulations 1996 contain provisions prohibiting the making of a claim that any food supplement has the property of preventing, treating or curing a human disease or any reference to such a property. In addition, the Trade Descriptions Act 1968 makes it unlawful to apply a false or misleading trade description to goods, including invalid claims concerning health-related conditions. The responsibility for ensuring the validity of claims rests with the manufacturer, importer, distributor and local authorities.

4.2 In general, claims that can be used on food supplement labels fall into two categories, namely nutrition claim and health claim.

Nutrition claim

4.3 According to the Food Labelling Regulations 1996, "nutrition claim" means *"any statement, suggestion or implication in any labelling, presentation or advertising of a food that that food has particular nutrition properties"*. Nutrition claims on foods, including food supplements, such as "reduced energy" or "rich in vitamins" can only be made if the food products concerned meet certain specific standards stipulated in the Food Labelling Regulations 1996.[5]

4.4 The Food Standards Agency[6] has issued guidelines under the Food Labelling Regulations 1996 on acceptable nutrition claims. If a dispute arises over the acceptability of a nutrition claim, it will be for the court to decide whether the claim is made in accordance with the Regulations.

Health claim

4.5 There is currently no specific legislation governing health claims at either the EU or member state level. In addition, the UK law has no provisions specifying the wording of health claims, nor does it require health claims to be approved before they can be used.[7]

4.6 Nevertheless, there is a Code of Practice (Code) developed by the Joint Health Claims Initiative, a joint venture among consumer organizations, enforcement authorities and industry trade associations, to provide guidance on the use of health claims on food supplement labels.

4.7 The Joint Health Claims Initiative was set up in 1997 with objectives to address concerns relating to health claims, and to establish a code of practice for health claims on food.[8] The Joint Health Claims Initiative launched the Code in December 2000. The Code is voluntary and it applies to health claims in labelling, advertising and promotion of all foods, including food supplements, marketed to the general public. According to the Joint Health Claims Initiative, compliance with the Code helps companies establish a defence of having exercised due diligence in the event of being prosecuted over the legal or scientific justification of health claims.

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5 See Schedule 6 of the Food Labelling Regulations 1996.

6 The Food Standards Agency is an independent food safety watchdog set up in 2000 under the Food Standards Act 1999 to protect public health and consumer interests in relation to food.

7 See Food Standards Agency (2004).

8 In 1996, the Food Advisory Committee of the Ministry of Agriculture, Food and Fisheries circulated draft guidelines on health claims for foods, including food supplements. The guidelines, however, were put on hold pending the 1997 elections and were never finalized. In 1997, the Food and Drink Federation (representing the food and drink industries), the National Food Alliance (representing consumer and health groups) and Local Authorities Co-ordinating Body on Food and Trading Standards (representing enforcement authorities) established the Joint Health Claims Initiative and began to work on a voluntary code for health claims that could be made within the confines of the law. See Centre for Science in the Public Interest (1998).

Definition of health claim

4.8 The Code defines health claim as *"any direct, indirect or implied claim in food labelling, advertising and promotion that consumption of a food carries a specific health benefit or avoids a specific health detriment".*

4.9 A direct health claim is for the food itself rather than its ingredients, e.g. food "x" has been shown to maintain healthy skin. An indirect health claim is for the food ingredients rather than the food itself, e.g. "y" is good for the heart; this food is high in "y". An implied health claim comes from the overall impression given, e.g. a picture of a heart on pack, in a certain context, may give the impression that the food is good for the heart.

General principles for making a health claim

4.10 The Code set outs the following principles for making a health claim:

(a) Consumer protection

4.11 Health claims must be truthful and must not mislead, exaggerate or deceive either directly or by implication. They must be communicated in such a way as to assist consumers in making informed and appropriate food choices.

(b) Substantiation of health claims

4.12 Health claims relating to ingredients or components must be based on good evidence of the likelihood of benefiting the target population or of a clear benefit either from reducing or increasing the intake of a particular substance.

(c) Context in making health claims

4.13 Health claims must not encourage or condone excessive consumption of any food or disparage good dietary practice.

(d) Reference to maintenance of good health and reduction of disease risk

4.14 Health claims that refer to the maintenance of good health in general or of a specific part or organ of the body are acceptable, if they are not perceived as implying disease prevention, treatment or cure. For example, a claim that "food 'x' helps to maintain a healthy heart" or "food 'x' helps to keep your body healthy" is acceptable.

4.15 If a product has been proven to reduce the risk of a disease, it is also acceptable to make a claim that refers to the part of the body that may benefit from this reduced risk, but not to refer to the disease itself.[9] However, any such reference must make it clear that the overall benefit is within the context of a healthy diet and lifestyle with the aim of reducing the risk factors for the disease rather than having any preventive effect on the development of the disease.

(e) Avoidance of certain words/phrases and references in health claims

4.16 Consumer perception is identified as an overriding principle in judging the acceptability of claims. The Code gives a number of examples of words/phrases and references that should be avoided in making a health claim for their implications of prevention, treatment or cure of a disease. These include making references to relief of "symptoms" or using medical terminology and/or images to increase the association of the product with medical usage. Appendix I lists examples of words/phrases and references which the Joint Health Claims Initiative considers should be avoided when making a health claim.

(f) Acceptable words and phrases in health claims

4.17 The Code also lists examples of words and phrases which the Joint Health Claims Initiative considers acceptable in making a health claim (see Appendix II).

Generic and innovative health claims

4.18 The Code distinguishes two main types of permissible health claims - generic and innovative health claims – which warrant different levels of substantiation.

(a) Generic health claims

4.19 Generic health claims are health claims based on well-established, generally accepted knowledge from evidence in the scientific literature and/or recommendations from national or international public health bodies, such as the Food and Drug Administration of the United States.

[9] For example, a claim that "healthy cholesterol levels are known to play a part in maintaining a healthy heart" is acceptable, but one stating that "healthy cholesterol levels lower the risk of heart disease" would be unacceptable. See Mason (2004).

4.20 Manufacturers can make qualified generic health claims without supplying further substantiation. The Code Administration Body of the Joint Health Claims Initiative[10] has been developing a list of approved generic health claims, which serves to provide a quick reference for food manufacturers when preparing their health claims. Companies are also encouraged to participate in creating and extending the list of approved generic health claims by making submissions to the Code Administration Body.

(b) Innovative health claims

4.21 Innovative or product-specific health claims are defined in the Code as claims other than generic health claims. Substantiation, or scientific evaluation, is essential for making innovative health claims. Companies must show to the Joint Health Claims Initiative that the innovative health claims are likely to be true and based on a systematic review of all the available scientific evidence. The scientific evidence in support of an innovative health claim should outweigh opposing evidence or opinion. Furthermore, the conclusion of the scientific review should be based on all the evidence available (not just data in support of the claim), and should include evidence from studies in humans (not just evidence from biochemical, cellular or animal studies).

Pre-market advice

4.22 Food supplement manufacturers are encouraged to seek advice from the Joint Health Claims Initiative before marketing their products with health claims. This serves to help manufacturers avoid making claims that may breach the food law or mislead consumers. It is noteworthy that the process of seeking advice from the Joint Health Claims Initiative is voluntary, and food supplement manufacturers can still make health claims bypassing the Initiative, as long as they have evidence to support their claims.

Possible breaches of the Code of Practice

4.23 In the event that the Code Administration Body becomes aware that a health claim is being made in the marketplace which may be in breach of the Code, it may complain to the relevant enforcement, regulatory or self-regulatory bodies, while at the same time acknowledging the company concerned of such action.

[10] The Code Administration Body is established to supervise the operation of the Code and provide advice to interested parties. Its work is supported by an Expert Committee with experts coming from relevant fields of food and health.

5. Product safety

5.1 The Food Supplements (England) Regulations 2003 establish a "positive list" of vitamins and minerals permitted to be used in food supplements.[11] Those nutrients/substances not on the "positive list" may not be used with effect from 1 August 2005 when the Regulations come into force. Nevertheless, the Regulations allow for a derogation period so that nutrients/substances not on the "positive list" can continue to be used until 2010 provided that:

(a) the nutrient/substance in question was used in the manufacture of a food supplement which was on sale in the European Community on or before 12 July 2002;

(b) a full scientific dossier supporting the safety of the nutrient/substance has been compiled and submitted for consideration by the European Food Safety Authority[12] prior to July 2005; and

(c) the European Food Safety Authority has not decided that the nutrient/substance is unsafe.

5.2 According to the health food industry, the "positive list" is expected to take off the market many vitamins and minerals which the UK consumers are now consuming. It is also likely that the EU directive on food supplements will extend to cover other health food products in the future.[13] As such, the EU directive was challenged in a UK court in 2003 by two coalitions of consumers, practitioners and representatives of the food supplement industry.[14] On 30 January 2004, these two coalitions were given leave by the High Court to take to the European Court of Justice their cases that the EU directive on food supplements was illegal and disproportionate in its impact. The European Court of Justice has set 25 January 2005 as the date for hearing the cases.

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11 The "positive list" is based on a pre-existing list of substances approved by the EU for the manufacture of foods for particular nutritional purposes, such as baby foods. See NutraIngredients.com (2004).

12 The European Food Safety Authority was set up by the EU in 2002 to provide independent scientific advice on all matters relating to food and feed safety.

13 See Consumers for Health Choice (2004).

14 The first legal challenge came from a coalition uniting the National Association of Health Stores, the Health Food Manufacturers Association, Consumers for Health Choice and nutrition experts at the Institute for Optimum Nutrition. The second legal action was initiated by the Alliance for Natural Health, a pan-European coalition of supplement manufacturers, retailers, independent health practitioners and consumers.

6. Control of labelling

6.1 In the UK, the Food Labelling Regulations 1996 lay down general labelling requirements including provisions for the name of the food, the list of ingredients, the appropriate date mark, the name and address of the manufacturer, packer or seller and in certain circumstances, conditions of storage or use and the place of origin.

6.2 The Food Supplements (England) Regulations 2003 prescribe additional labelling requirements for food supplements. The Regulations stipulate that no one can sell a food supplement unless it is marked or labelled with the following particulars:

(a) the names of the categories of nutrients or substances that characterize the product or an indication of the nature of those nutrients or substances;

(b) the portion of the product recommended for daily consumption;

(c) a warning not to exceed the stated recommended daily dose;

(d) a statement to the effect that food supplements should not be used as a substitute for a varied diet;

(e) a statement to the effect that the product should be stored out of the reach of young children; and

(f) the amount of any vitamin or mineral or other substance with a nutritional or physiological effect which is present in the product.

6.3 The particulars of the labelling must appear on one of the following: the packaging, a label attached to the packaging, or a label which is clearly visible through the packaging. These particulars are also required to be easy to understand, clearly legible and indelible and are not in any way hidden, obscured or interrupted by any other written or pictorial matter.

7. Regulation of advertisements

7.1 All health claims made in non-broadcast advertising[15] are subject to the British Codes of Advertising and Sales Promotion (Advertising Code). The Advertising Code is drawn up and agreed to abide by the advertising industry. In essence, it requires all advertisements to be legal, decent, honest and truthful and to be prepared with a sense of responsibility to consumers and society at large.

7.2 The Advertising Code is administered by the Advertising Standards Authority (ASA), an independent body set up by the advertising industry to investigate complaints of breaches of the Advertising Code. If any advertiser refuses to comply with adjudications made by ASA, ASA can refer the complaints to the Office of Fair Trading (OFT) for investigation under the Control of Misleading Advertisements Regulations 1988. If the complaints are justified, OFT can apply to the court for an injunction to prevent publication of the advertisements.

7.3 Advertising in broadcast media, such as television and radio, is subject to the Broadcast Advertising Code. The Broadcast Advertising Code requires, among other things, advertising should be legal, decent, honest and truthful and do not mislead or cause harm or offence. An industry body – the Broadcast Committee of Advertising Code[16] - has been established to take charge of setting, reviewing and revising the Broadcast Advertising Code. All complaints about broadcast advertising are handled by the Advertising Standards Authority Broadcast Ltd. (ASA(B)), a legal entity of ASA established to resolve all broadcast advertising complaints. ASA(B) is empowered to require an advertisement to be changed prior to further broadcast or to cease broadcasting.

7.4 Any broadcaster who does not co-operate with ASA(B), or breaches the Broadcast Advertising Code, might be referred by ASA(B) to the Office of Communications, the regulator of the UK communications industry, for further action. The Office of Communications could impose sanctions which include a formal reprimand, a fine, a warning about possible revocation of licence, or, ultimately, the termination of the licence.

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15 Non-broadcast advertising includes newspaper and magazine advertisements, as well as outdoor and internet advertising.

16 The Broadcast Committee of Advertising Code is made up of representatives from across the broadcasting and advertising industries.

8. Recent developments in the regulation of health claims in the European Union

8.1 The EU does not have any specific directive on the regulation of health claims at the EU or member state level. Existing EU directives only state that labelling, presentation and advertising of foodstuffs must not be misleading, and that medicinal claims (disease prevention/cure/treatment claims) must not be made.[17]

8.2 In July 2003, the EU proposed a draft regulation on the use of health and nutrition claims for foods, including food supplements, marketed in its member states. The draft regulation will need the approval of the European Parliament and the Council of Ministers before it takes effect. It is expected to come gradually into force by 2005.[18] If adopted, the proposal will establish a new regulatory framework for the use of health/nutrition claims on all foods, including food supplements.

8.3 In the draft regulation, the EU has set out the following requirements for making a health/nutrition claim:

Definition of health/nutrition claims

8.4 The draft regulation defines a health claim as *"any claim that states, suggests or implies that a relationship exists between a food category, a food or one of its constituents and health"*.

8.5 The draft regulation also defines a nutrition claim as *"any claim which states, suggests or implies that a food has particular nutrition properties due to (i) the energy (calorific value) it provides, provides at a reduced or increased rate, or does not provide, and/or (ii) the nutrients or other substances it contains, contains in reduced or increased proportions, or does not contain"*.

General principles for the use of health/nutrition claims

8.6 The draft regulation proposes that health/nutrition claims may be used in the labelling, presentation and advertising of foods, including food supplements, if they:

(a) are not false or misleading;

(b) do not disparage the safety or nutritional adequacy of another food;

(c) do not state or imply that a balanced and varied diet does not provide appropriate quantities of nutrients; and

[17] See Directives 2000/13/EC and 2002/46/EC.
[18] See European Union (2003b).

(d) do not refer to changes in bodily functions "in improper or alarming terms".

General conditions for making health/nutrition claims

8.7 The draft regulation requires the following general conditions to be met before a health/nutrition claim could be made:

(a) the beneficial effect of the presence, absence or reduced content of a particular substance must be established by generally accepted scientific data;

(b) the substance for which the claim is made must be sufficiently present or absent to produce the effect claimed;

(c) the substance for which the claim is made must be in "a form that is available to be used by the body";

(d) the substance must be provided in a quantity that would produce the claimed effect; and

(e) the claim must comply with any other conditions that are set out in reference to the use of that claim.

8.8 The draft regulation also requires claims to be based on and substantiated by generally accepted scientific data. Claims may be made only in instances where the average consumer can be expected to understand the beneficial effects expressed in the claim.

Restrictions on the use of health/nutrition claims

8.9 According to the draft regulation, any information about food supplements and their nutritional value used in labelling, marketing and advertising which is not clear, accurate and meaningful and cannot be substantiated will not be permitted. In particular, vague claims referring to general well-being (e.g. "helps your body to resist stress" and "preserves youth") or claims making reference to psychological and behavioural functions (e.g. "improves your memory" or "reduces stress and adds optimism") might not be allowed.

8.10 In addition, the draft regulation prohibits slimming or weight control claims (e.g. "halves/reduces your calories intake"). Claims that make references to or include endorsements by doctors or health professionals will not be permitted. Furthermore, beverages containing more than 1.2 % of alcohol by volume will not be allowed to bear health claims since alcohol is known to entail other health and social problems. Only claims referring to a reduction in alcohol or energy content will be allowed.

Disease risk-reduction claims

8.11 The draft regulation maintains the prohibition on claims referring to the prevention, treatment or cure of a human disease. Nevertheless, it allows for a new health claim category known as the "reduction of disease risk claim", which means *"any health claim that states, suggests or implies that the consumption of a food category, a food or one of its constituents significantly reduces a risk factor in the development of a human disease."*

8.12 Nevertheless, "reduction of disease risk claims" will only be permitted provided that they have been reviewed, approved and authorized at the EU level. In making such claims, it is also required to include the following statement or statements of similar nature in a label: *"diseases have multiple risk factors and that altering one of these risk factors may or may not have a beneficial effect"*.

Permitted list of health claims

8.13 The EU also proposes in the draft regulation to compile a list of well established claims that will be permitted for general use without further substantiation. For claims other than the listed claims, they will require individual scientific evaluation and pre-market approval by the European Food Safety Authority.

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Appendix I

Examples of Words/Phrases and References to be Avoided in Making a Health Claim

A.I.1 The Code of Practice developed by the Joint Health Claims Initiative lists the following words/phrases and references that should be avoided in making a health claim:

(a) pictorial or other references to changes in the human body caused by disease;

(b) references to a specific disease;

(c) non-specific references to disease in general;

(d) references to relief of "symptoms";

(e) descriptions of particular symptoms which are perceived as signs of a disease (e.g. stress, anxiety, aches and pains, tension, etc.);

(f) targeting of products to sections of the population suffering from diseases or known to be at risk;

(g) use of, or reference to, associated promotions or literature which includes mentions of disease, including logos and other health messages by any third party;

(h) reference to a body function which is associated with the development of disease (such as cholesterol synthesis, formation of fat or body metabolism, immunity from infection, etc.) unless the reference only relates to the continuation of its normal healthy function;

(i) the use of medical terminology and/or images to increase the association of the product with medical usage; and

(j) the use of certain words and phrases which may not, taken alone, signify that a product can treat, prevent or cure human disease but may, if presented in a medical context, imply that the product can provide a medicinal benefit. Such words include *"restore, repair, eliminate, control, counteract, combat, clear, stop, alleviate, remove, heal, remedy, avoid, protect, relieve, regenerate, normalize, strengthen, check, end, fight, calm, detoxify, reduce or lower"*.

Appendix II

Examples of Acceptable Words and Phrases in Making a Health Claim

A.II.1 The Code of Practice developed by the Joint Health Claims Initiative lists the following words/phrases which are acceptable in making a health claim:

(a) "Maintains bowel regularity which can help to ensure a healthy digestion and bowel";

(b) "Is beneficial to the health of the stomach and digestive system";

(c) "Contributes to healthy metabolism and blood circulation which keep the heart and blood vessels clear and healthy";

(d) "Helps maintain normal blood flow to the brain which is particularly important in old age";

(e) "Provides nutrients that are needed to ensure a healthy immune system for convalescents";

(f) "Good for your blood pressure which helps to maintain the heart and normal blood flow to the body. This is particularly important for people who are overweight or smoke" (such a health claim should not infer that diet is a substitute for lack of exercise or can compensate for smoking);

(g) "Important - Doctors recommend that women trying to become pregnant, and in the first 12 weeks of pregnancy, take an extra 400 mcg supplement of folic acid a day for the normal development of the baby's spinal cord";

(h) "Folic acid contributes to the normal growth of the foetus/unborn baby/baby in the womb";

(i) "Folic acid is good for foetal development/the development of the foetus"; and

(j) "Helps maintain normal cholesterol levels. Healthy cholesterol levels are known to play a part in maintaining a healthy heart".

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