



fighting heart disease
and stroke
european heart network

Response to the European Commission inception impact assessment on the initiative to limit industrial trans fats intakes in the EU

23 November 2016 -CORRIGENDUM

Introduction and recommendation

The European Heart Network (EHN) welcomes the opportunity to comment on the Inception Impact Assessment (IIA) on the initiative to limit industrial trans fats intakes in the EU.

EHN agrees with the IIA's statement that: *the existing situation on industrial trans fats (i.e. the lack of homogeneity) hampers the effective functioning of the Internal Market, negatively affects the protection of consumers' health and contributes to the perpetuation of health inequalities.*

To address the existing situation, EHN supports **option 1b)** of the IIA: establish a legally binding limit for the industrial trans fat content in foods, e.g. limit to 2% the total fat content of the food. EHN believes that this option would support European policy coherence and is a tried and tested policy.

Urgency

EHN is concerned that a “fully-fledged” **impact assessment** will lead to a delay in the adoption of a measure which has been demonstrated to save lives. In that context it should be noted that the Commission report on trans fats was published with a one-year delay. EHN considers that a “light-version’ impact assessment is sufficient for the following reasons:

- Four EU member states: Austria, Denmark, Hungary and Latvia have enacted regulations mandating legally binding limits for industrial trans fat content in foods. Several other European countries, members of the EEA and EFTA, have also introduced legally binding limits: Switzerland, Liechtenstein, Iceland, and Norway.
- Several of EU's trading partners have also adopted legally binding regulation on trans fats.
- A study published in 2016 shows that since the introduction of its regulation, Denmark – the first EU country to introduce legally binding limits – has seen several benefits: intake has decreased and is now one tenth of the level that it was at the time when the regulation was adopted; this drop in trans fat consumption partly accounts for the 4% decrease in mortality from cardiovascular diseases recently experienced in Denmark.
- In the IIA, the Commission states that a considerable amount of preparatory work has been done already: a) the Commission has already collected an important amount of information on trans fats in the preparation of the report on the topic that was adopted on 3 December 2015; b) the JRC has collected the most recent publicly available

literature regarding the amount of trans fats in foodstuffs and trans fats intakes in Europe. All studies point in the same direction: reducing intake of trans fatty acids leads to considerable reduction in cardiovascular diseases and therefore to health gains amongst all population groups.

- Both industry and health and consumer groups agree on the benefits to be gained from reducing trans fatty acids.

EHN argues against a lengthy **transition period** for the following reasons:

- EU member states have engaged with the food industry to encourage voluntary reduction of industrial trans fats and this has brought results in many countries – so adopting an EU-wide legally binding limit should to a large extent merely codify voluntary agreements.
- The technology to reduce significantly levels of trans fatty acids is available and large food companies have committed to sharing best practice to guide others through the process of removing trans fats originating from partially hydrogenated oils from all foods in order to meet a legislative limit.

Replacement fats – social, health and environmental impacts

The IIA points out that a replacement of industrial trans fats with palm oil could have a negative impact on the environment, e.g. through deforestation to make space for monoculture oil palm plantations.

EHN would like to point out that replacing trans fats with palm oil is unlikely to be the optimal solution from a health perspective. A better solution could be to use fully hydrogenated and reesterified fat. In this case palmitic acid will be replaced by stearic and unsaturated fatty acids and thus contribute to reducing serum cholesterol. Reducing serum cholesterol levels in our populations is an essential part of a strategy to reduce heart disease. Heart disease is the single most common cause of death in the EU accounting for over 680 000 deaths every year; it is also a major cause of disability and a significant economic burden across the EU, estimated to cost the EU economy 60 billion euros every year.