INT 06/07/03 **5 JULY 2006**

AMENDMENT TO THE SURVEY REPORT ON MARKET FOR HIGHER DOSE FOOD SUPPLEMENTS AND USE OF ADVISORY STATEMENTS

Background

1. Intersessional paper INT 06/06/08 (circulated to Board members on 23 June 2006) described the survey carried out by Mintel Custom Solutions to evaluate the size of the UK market for vitamin and mineral supplements which have high dosage levels that are at or above the Expert Group on Vitamin and Minerals (EVM) safe upper / guidance levels.

2. The survey was undertaken to provide answers to questions raised by the Board during its discussion on food supplements in September 2005, and a copy of the report was circulated to Board members as Annex A to intersessional paper INT 06/06/08 'Update on market for Higher dose Food Supplements and use of advisory statements'.

Why the survey report has been amended

3. The Food Standards Agency was due to publish the survey on 29 June 2006. Following discussions with companies listed in the report who had received an embargoed copy, we have decided that the report should be amended before publication. Annex 5 of the report (which had given details of products and manufacturers) has been removed from the report due to conflicting information provided to the companies who responded to the survey regarding the publication of company names and products.

4. The information in the protocol originally forwarded to trade associations and consumer organisations as part of the consultation to the protocol stated the Agency would publish the results of the survey together with details of products and the name of the manufacturer. This information was provided in line with the Agency's survey guidelines. However, when Mintel (who conducted the survey on behalf of the Agency) contacted the companies regarding their participation in the survey they said that no individual manufacturer would be identified, and specific comments would not be attributed. Companies have assumed that this assurance applied to both comments regarding the supplements market and the use of advisory statements, and in relation to information supplied on specific products. This has therefore led to confusion regarding the information intended for publication by the Agency.

5. The Agency's policy is normally to publish the names of products in reports of surveys. However, in this case, the survey represents a market survey rather than a technical survey and the information that was presented in Annex 5 is already available to consumers through the labels provided on products. The

Agency recognises that the survey provides only a partial snapshot of the food supplements market in the UK and Annex 5 provides information on those companies who have assisted the Agency in collating this information and not those who didn't participate in the survey.

6. The revised survey report has been published on the FSA website on 30 June, following approval of the change by the FSA Board's Chair and Deputy Chair. An amended version of the report is attached to this paper at Annex 1.

7. The Board is asked to:

   - **note** that the FSA survey report on the UK vitamin and mineral supplements market has been amended.

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ANNEX A

SURVEY TO ASSESS THE MARKET FOR HIGH DOSE VITAMIN AND MINERAL SUPPLEMENTS IN THE UK AND TO DETERMINE THE USE OF VOLUNTARY ADVISORY STATEMENTS

Overview

The EC Food Supplements Directive (2002/46) makes provisions for setting maximum levels of vitamins and minerals for use in food supplements. The European Commission published a discussion paper regarding setting levels on 6 June 2006, and plans to put forward proposed levels for agreement by Member States in the Standing Committee on the Food Chain within 2 years.

In the UK independent scientific experts who advise government have already considered this issue. The UK Expert Group on Vitamins and Minerals (EVM) published its report in 2003 recommending maximum safe levels of intake of vitamin and minerals. This provides an evidence based risk assessment to underpin the FSA's current approach to high dose vitamins and minerals and will also underpin the FSA's consideration of forthcoming Commission proposals.

At the time of publication of the EVM report, industry advised that there were a number of products on the UK market that exceeded the levels recommended by the EVM. A voluntary agreement with UK manufacturers' associations was reached in May 2004, that certain vitamin and mineral supplements products should carry an advisory statement concerning the possible adverse effects of consuming such products. As a follow up to this, the FSA wanted to establish the extent to which advisory statements have been adopted by the supplements industry and are available to inform consumer choice.

In advance of receiving proposals from the Commission the FSA Board has discussed options for the UK strategy on maximum permitted levels of vitamins and minerals in food supplements in September 2005. The Board supported an option to establish common maximum safe levels for individual vitamins and mineral supplement ingredients across the EU, for the purposes of intra community trade, based on the European Food Safety Authority's recommendations. In addition, a second tier of national guidance levels could be allowed in individual members states, where there was evidence that dietary intake levels at a national level were lower than the figure for those used in setting the EU level or a national expert opinion supported safe supplemental intakes. Supplements which exceeded the national guidance level would be permitted for sale at the discretion of national governments provided that they carried warning labels 2004 (advisory statements) as agreed with the industry in 2004.

During its discussions, the FSA Board requested additional information on the size of the UK market for higher dose products and the number of people consuming these products. The aim of this survey was to address these points and to report the

outcome of the survey to the Board. Information from the survey will then be used to inform future discussions on setting maximum levels of vitamins and minerals in food supplements.

This survey has involved carrying out market interviews to determine the market value of higher dose vitamin and mineral products. An industry survey was used to identify products that would qualify for an advisory statement. Information regarding consumer consumption of higher dose products was collated separately via a face to face omnibus survey. The survey was also used to determine the extent to which advisory statements have been adopted by the supplements industry.

The survey provides a partial snapshot of the UK supplements industry and demonstrates the complexity of this market with products available to UK consumers from overseas, internet sales, sales via the post and from the retail sector.

It was disappointing that only a relatively small proportion of the industry took part in the survey. The FSA will therefore undertake further work to establish more fully the uptake of advisory statements. Advisory statements are beginning to appear on products available to consumers. Nevertheless, to ensure consumers are fully aware of potential risks of consuming certain products, there is a need for the industry to be fully committed to this agreement. If the use of advisory statements are not achievable under a voluntary basis, then it may be difficult to demonstrate the feasibility of this option in discussions at an EU level, and other options may need to be considered to ensure that public health is protected as well as consumer choice maintained.

Summary of Results

- Results from the Mintel market survey indicate that interviewees value the market for higher dose (at or above EVM upper levels) vitamin and mineral supplement products is 12 -15% (£25-33 million per annum) of the total vitamin and mineral supplement market. 31 companies have been identified that produce 744 products containing vitamin and mineral substances at or above the EVM safe upper or guidance levels, although this is not yet a full picture.
- Of the UK-based manufacturers and suppliers that were contacted during the interview stage of the survey, most reported that they are either in the process of or already have added the advisory statements to packaging. However, products showing the advisory statements have only begun to appear on the shelves of retail outlets during the past few months.
- Consumer consumption of higher dose vitamin and mineral supplements was investigated using the RSGB™ face-to-face adult omnibus survey carried out by TNS™ market research.
- Results from the TNS™ consumer survey indicate that 43% of the adult population have taken vitamin or mineral supplements within the last 12 months, with the most popular supplements being cod liver oil and multivitamins (both at 23% of adult consumers). 2% of adults consume vitamin and mineral supplements that they consider to be higher dose products.

Methodology

1. Market Interviews

The initial stage of the survey was designed to determine the market value of higher dose vitamin and mineral products within the UK supplements market. Higher dose products are defined for this study, as those with a daily dose at or above that recommended in the EVM report (see Annex 1 for a list of these levels).

In addition, Mintel Custom Solutions conducted a series of interviews with manufacturers, supermarkets and other outlets, to gain an insight into stakeholder views of dosage levels and the use of advisory statements. A list of companies interviewed for stage 1 is attached at Annex 2.

2. Industry survey

The second stage of the survey was designed to provide a list of all higher dose (at or above EVM level) products and to identify those products that would qualify for the application of one of the voluntary advisory statements on product labels. Mintel contacted 185 businesses and sent out questionnaires to those companies producing relevant products. The list of nutrients that qualify for advisory statements to appear on product labels, and the levels at which these statements apply is attached at Annex 3.

3. Product Pick-up

The third stage of the survey was to undertake store audits for independent assessment of the usage of voluntary advisory statements as reported in stage 1. A list of all relevant products developed in stage 2 would be used for a product pickup audit of retailers and other sellers, to confirm whether these advisory statements have currently reached the consumer. This was designed to enable measurement of the uptake of this risk management policy by the producers of these supplements.

4. Consumer Research

This section of the survey was designed to determine the proportion of consumers choosing products that they consider to be higher dose vitamin and mineral products. A question on vitamin and mineral supplements was placed on the FSA public attitudes quarterly tracker using an RSGB™ face-to-face Adult Omnibus carried out by TNS™.

A detailed demographic analysis was undertaken of the consumer research, including gender, age, sex, region, socio-economic status, lifestage, presence of and age of children in the household and media use.

Statistical Analysis
Statistical analysis was carried out by TNS™ on the consumer work undertaken as part of the omnibus survey. All differences referred to in the consumer omnibus survey results are significant to the 95% level, unless otherwise stated.

Results

1. Market Interviews

Mintel interviewed a variety of companies including Trade Associations, manufacturers and retailers (including supermarkets, direct selling and internet – based retailers). A full list of the companies interviewed can be found in Annex 2. The following sections summarise the views of the industry representatives contacted.

1.1 Market value

Total sales of vitamins, minerals and dietary supplements in the UK are estimated to be worth around £550m in 2006, with vitamin and mineral supplements accounting for £220m. This includes products sold through all channels, including retail outlets, the Internet, mail order/direct sales and through medical and nutritional practitioners, as well as other alternative therapists. The higher dose vitamin and mineral supplement market, defined as products at or above the EVM recommended levels is estimated to represent around 12% - 15% of the VMS market, at £25m - £33m.

Distribution of vitamins, minerals and tonics is wide. The largest sales channel is retail, which accounts for approximately 70% of sales, around £150m in 2005, although sales through this channel are experiencing slower growth, (5%-7% in the last year) compared to the other channels. Direct selling (via multi-level marketing companies) and via the Internet is estimated to account for around 20% of this sector, with practitioners accounting for the remaining 10%.

Higher dosage products account for a minimal proportion (0 - 5%) of sales through the major outlets such as grocery multiples, however, group and independent health stores reported that sales of higher dose products accounted for between 15 to 50 percent of their total vitamin and mineral supplement sales. The share held by these specialist products was highest in specialist nutrition outlets and Internet companies.

Whilst sales of vitamin and mineral supplement products below the EVM levels dominate the market, it is the products that are at or above the EVM levels which were reported to be achieving the highest rate of growth, with some manufacturers reporting sales growth exceeding 20% in the last three years.

1.2 Daily dosage levels and use of advisory statements

Manufacturers and sellers are generally aware of, and agree with, the need for consistent, reliable and accurate on-pack advice. In-house policies with regard to dosage and on-pack advice are generally in agreement with (or are currently being brought in line with) current legislative requirements as well as the terms of the voluntary advisory statements. Most manufacturers, larger retailers and chain stores have in-house advisors or service teams to ensure that correct advice is always available if required. Major retailers also report that they generally work with suppliers to ensure that the appropriate product information is, if not on the pack, then at least available to be provided at point of purchase.

The broad consensus was that the advisory statements provide a workable and practical system for allowing those who wish to consume nutrients above the advisory statement trigger levels to exercise their right of choice. Many manufacturers are in favour of a voluntary agreement rather than strictly enforced legislation although they acknowledge that this would result in some companies who will not comply.

The majority of UK-based manufacturers and suppliers contacted, who responded, reported that they are either in the process of or already have added the advisory statements to packaging. Most of the companies contacted reported around 90% percent compliance. The multiple retailers contacted reported that the vast majority of their products that are above the EVM levels have the advisory statements on labels. The number of products falling into this category varied from 0 - 5% in the case of the major multiples.

However, products showing the advisory statements have only begun to appear on the shelves of retail outlets during the past few months. Manufacturers have pointed out that the actual rate of change depends to a large extent on whether or not the products themselves are fast sellers, as well as the product turnover of individual outlets.

The wording of the statements may vary slightly on packs, and one leading retailer suggested that some flexibility should be allowed, as long as the desired effect is achieved, for example, ‘Excessive consumption may produce a laxative effect’ (in the case of vitamin C).

There are a limited number of smaller companies who primarily supply the more specialist practitioner market; food supplements supplied to this sector of the market are more likely to be at a higher dose. Companies supplying the practitioner sector while largely compliant, have some reservations about warnings on products being recommended to individual patients by qualified practitioners. Practitioners provide detailed information to their patients and it was felt that the statements may cause confusion or doubt where none need exist.

Many companies reported that the voluntary agreement has necessitated significant expenditure; a significant number of companies have reformulated because they fear

that the wording of the advisory statements may deter some consumers from taking the supplements. There is also a feeling that the industry needs to be given sufficient time to make the necessary adjustments. The costs of re-formulating and re-labelling are high and rather than undertake several costly changes most companies are waiting to combine these, as a result of new labelling requirements in different policy areas.

Companies importing products from outside the UK have to rely on their supplier's co-operation. Some US, and other foreign manufacturers, regard the advisory statement trigger levels as onerously low; for example, the American market has no such limits or advisory statements. While some foreign manufacturers have started to use the statements, there are those, to whom the UK is not a particularly significant market, who are less willing to post advisory statements on products, when not required in their own market.

A number of industry respondents reported that the increasing amount of information that needs to be put on labels is creating problems. Many food supplement bottles are very small, and the options, such as to increase the size of the bottle or to further reduce the size of the text are becoming less viable. Peel back labels were suggested as a possible solution to the problem, although it was recognised that consumers that do not read labels would not be inclined to read the peel back labels either.

It is widely recognised that there is a role for advisory statements to provide consumers with information that might help them to make informed decisions regarding their purchase and their health. Some conclude that labels may not be the most effective way to inform consumers. It was suggested that a well-balanced and carefully presented consumer education programme might prove to be much more effective. It was reported that there has been no testing of the labels with shoppers in order to assess their efficacy.

2. Industry Survey

Completed questionnaires were received from 32 companies following contact of 185 companies. The full list of companies contacted can be found in Annex 4. A breakdown of responses is below in Figure 1. The number of products containing vitamins or minerals at or above the EVM recommended upper levels are listed in Figure 2 and the number of products containing vitamins or minerals above the advisory statement trigger levels are listed in Figure 3.

Figure 1: Analysis of Mintel survey responses

Base: 185 companies

Response to questionnaire	Number of responses
Completed list of products	32
All products below the EVM levels	10
Not relevant to business - Not in the market/ingredients only	46
No longer trading or unreachable	34
Companies unwilling to participate	26
Companies that did not respond in the specified time period	37

Figure 2: Number of products containing vitamins or minerals that are at or above the EVM recommended upper safe levels for food supplements

Base: 31 companies, 744 products†

Ingredient	EVM Upper Level (SUL/guidance level)	Number of products
B-Carotene	7mg	33
Biotin	900µg	6
Boron	6mg	2
Calcium	1500mg	0
Chromium	10000µg	0
Cobalt	1.4mg	0
Copper	1000µg	86
Fluoride	-*	0
Folic acid	1000µg	1
Germanium	-*	0
Iodine	500µg	0
Iron	17mg	25
Magnesium	400mg	27
Manganese	0.5mg	212
Molybdenum	_*	61
Niacin (Vitamin B3) as Nicotinamide as Nicontinic acid	(unspecified) *** 500mg NE 17mg	3 2 8
Nickel	10µg	0
Pantothenic acid	200mg	17
Phosphorus	250mg	8
Potassium	3700mg	0
Selenium	350µg	0
Silicon (elemental) as Silica	700mg 1500mg	0 0
Sodium Chloride	-*	2
Sulphur	-*	4

Tin	-*	3
Vanadium	-*	8
Vitamin A (Retinol)	800µg RE **	179
Vitamin B1 (Thiamin)	100mg	22
Vitamin B12 (Cobalamin)	2000µg	1
Vitamin B2 (Riboflavin)	40mg	58
Vitamin B6 (Pyridoxine)	10mg	205
Vitamin C	1000mg	93
Vitamin D	25µg	7
Vitamin E	540mg α-TE	23
Vitamin K	1000µg	0
Zinc	25mg	15

Notes:

† The total number of products listed in the table appears to be greater than 744 as some products contain more than one vitamin or mineral ingredient at levels at or above the EVM recommended upper safe levels for food supplements.

* The EVM did not set upper levels for supplements containing these substances as they considered that they either were not essential or that intake from the diet varied greatly and maybe be greater than any recommended total intake level. For the purpose of the survey all products containing these vitamins and minerals were recorded.

** Level not recommended by EVM – but current agreed trigger level for advisory statement on retinol.

*** FSA preferred trigger level

**** A number of Vitamin B3 products reported by Mintel were not classified as either Nicotinamide or Nictotinic Acid, but as Niacin, for which no level was set by the EVM.

Figure 3: Number of products containing vitamins and minerals above the advisory statement trigger level

Base: 29 companies, 476 products†

Ingredient	Advisory statement trigger level	Number of products
B-Carotene	>7mg	29
Calcium	>1500mg	0
Iron	>20mg	16
Magnesium	>400mg	11
Manganese	(>0.5mg)*** >4mg	201
Niacin (Vitamin B3) as Nicontinic acid	>20mg	7
Nickel	All levels	0
Phosphorus	>250mg	8
Vitamin A (Retinol)	>800µg RE**	83
Vitamin B6 (Pyridoxine)	>10mg	175
Vitamin C	>1000mg	43
Zinc	>25mg	13

Notes:

† The total number of products listed in the table appears to be greater than 476 as some products contain more than one vitamin or mineral ingredient at levels above the advisory statement trigger level.

** Level not recommended by EVM – but current agreed trigger level for advisory statement on retinol.

*** FSA preferred trigger level

3. Product Pick-up

The product pick-up phase was not carried out, as a full list of all products, for which the voluntary advisory statements would apply, was not completed and therefore a product pick-up survey would not have been representative of the whole market.

The responses during the interview phase indicated, that although the majority of UK-based manufacturers and suppliers who responded, reported that they are either in the process of adding, or already have added, the advisory statements to packaging, only a small proportion of products showing the advisory statements have begun to appear in retail outlets. It was therefore decided to postpone the product pick-up phase of the study and to work with industry to complete a list of relevant products.

4. Consumer Research

The RSGB^{TM} face-to-face adult omnibus interviews a nationally representative sample of adults 16+ in Great Britain. The survey was based on a representative sample of 1954 people and the results are presented in Figure 4.

Figure 4: Results of usage of vitamin and mineral supplements in the last 12 months.

Base: all adults (1954)

Consumption of vitamin and mineral supplements in last 12 months	**Percentage of respondents**
None	56
Don't Know	2
Any vitamins or minerals	43
Type of supplement consumed	
Cod liver oil	23
Multivitamins	23
High dose vitamin or mineral supplements	*2*
Other type of vitamin or mineral supplements	10

In total 43% of respondents claimed to have taken vitamin or mineral supplements in the last 12 months. By far the most popular types of supplements were cod liver oil and multivitamins, each chosen by 23% of respondents. Usage of vitamin and

mineral supplements is highest among the 50-65 age group (47%); this age group was significantly more likely than younger respondents to have taken supplements.

Few respondents said they had taken any high dose vitamin or mineral supplements (2% of all respondents). Due to the low level of reported usage of high dose vitamins or minerals, there were few differences identified between the demographic groups. The most popular high dose supplement was Vitamin C (1% of respondents).

Further Information

Further information on this survey can be obtained from:
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Annex 1: EVM recommended Upper Safe Levels for nutrients

Daily Dose Upper levels of vitamin and mineral supplements recommended by EVM.	
Nutrient	**EVM Safe Upper Level /guidance level**
B-Carotene	7mg
Biotin	900µg
Boron	6mg
Calcium	1500mg
Chromium	10000µg
Cobalt	1.4mg
Copper	1000µg
Fluoride	-*
Folic acid	1000µg
Germanium	-*
Iodine	500µg
Iron	17mg
Magnesium	400mg
Manganese	0.5mg
Molybdenum	-*
Niacin (Vitamin B3) as Nicotinamide as Nicontinic acid	 500mg NE 17mg
Nickel	10µg
Pantothenic acid	200mg
Phosphorus	250mg
Potassium	3700mg
Selenium	350µg
Silicon (elemental) as Silica	700mg 1500mg
Sodium Chloride	-*
Sulphur	-*
Tin	-*
Vanadium	-*
Vitamin A (Retinol)	800µg RE **
Vitamin B1 (Thiamin)	100mg
Vitamin B_{12} (Cobalamin)	2000µg
Vitamin B2 (Riboflavin)	40mg
Vitamin B_6 (Pyridoxine)	10mg
Vitamin C	1000mg
Vitamin D	25µg
Vitamin E	540mg α-TE
Vitamin K	1000µg
Zinc	25mg

* The EVM did not set upper levels for supplements containing these substances as they considered that they either were not essential or that intake from the diet varied greatly and maybe be greater than any recommended total intake level. For the purpose of the survey all products containing these vitamins and minerals were recorded.

** Level not recommended by EVM – but current agreed trigger level for advisory statement on retinol.

*** FSA preferred trigger level

Annex 2: Companies contacted by Mintel at Interview Stage.

Associations/Organisations

- Alliance for Natural Health
- Council for Responsible Nutrition
- Health Food Manufacturers' Association
- National Association of Health Stores
- Proprietary Association of Great Britain

Manufacturers, Retailers and Direct Sellers, including mail order, internet-based and wholesale businesses

- Higher Nature
- Quest Vitamins
- Solgar
- Ultralife
- BioCare
- Wassen International Ltd
- Holland and Barret
- Boots
- Sainsburys
- Seven Seas
- Tesco
- Victoria Health
- Millenium Health Mother Nature Health Foods
- Lamberts
- Nutri Link
- Nutri Exports
- Goldshield
- The Nutri Centre
- Nature's Sunshine Products
- Neways International
- The Health Store
- Tree of Life

Annex 3: Advisory statements & trigger levels

Label advisory statements and re-formulations in response to EVM's findings, May 2004		
Nutrient	**Threshold to trigger statement** (recommended daily amount)	**Label advisory statement/reformulation**
Vitamin C	> 1000 mg	'[This amount of Vitamin C]* may cause mild stomach upset in sensitive individuals.'
Iron	> 20 mg	'[This amount of Iron]* may cause mild stomach upset in sensitive individuals'
Calcium	> 1500 mg	'[This amount of Calcium]* may cause mild stomach upset in sensitive individuals.'
Magnesium	> 400 mg	'[This amount of Magnesium]* may cause mild stomach upset in sensitive individuals.'
Nickel	All nickel-containing products	'[Nickel]* may cause a skin rash in sensitive individuals.'
Beta-carotene	1) >7 mg 2) See footnote[1]	1) Encourage reformulation to ≤ 7 mg/day. 2) Label statement: '[Beta-carotene]* should not be taken by heavy smokers.'
Nicotinic acid	> 20 mg	1) Encourage reformulation to nicotinamide. 2) If nicotinic acid is used, label statement: '[This amount of Nicotinic acid]* may cause skin flushes in sensitive individuals'.
Zinc	> 25 mg	Label statement: 'Long term intake [of this amount of zinc]* may lead to anaemia.'
Manganese	See footnote[2]	Label statement: 'Long term intake [of this amount of manganese]* may lead to muscle pain and fatigue.'
Phosphorus	> 250 mg	Label statement: '[This amount of Phosphorus]* may cause mild stomach upsets in sensitive individuals.'[3]
Vitamin B6	> 10 mg > 100 mg	Label statement: 'Long term intakes [of this amount of vitamin B6]* may lead to mild tingling and numbness.' Encourage reformulation to lower daily amount.

Label advisory statement agreed by industry with Department of Health and the former Ministry of Agriculture, Fisheries and Food in 1991:		
Vitamin A	> 800μg[4] of pre-formed vitamin A (as retinol, not beta-carotene)	Label statement: This product contains vitamin A. Do not take if you are pregnant or likely to become pregnant except on the advice of a doctor or antenatal clinic.

Notes on the table

* For single nutrient products, the words in square brackets may be deleted.

[1] The Food Standards Agency considers that the labels of all food supplements containing beta-carotene should carry the advisory statement '[Beta-carotene]* should not be taken by

heavy smokers.' Industry considers that this should only be on products recommending a daily amount > 7mg. This footnote is for information here; it will not appear on labels.

[2] The Food Standards Agency considers that the labels of all food supplements recommending a daily amount greater than 0.5mg manganese should carry this advisory statement. Industry considers that this statement could only be justified on products recommending a daily amount greater than 4mg. This footnote is for information here; it will not appear on labels.

[3] The Food Standards Agency wants a second sentence 'Long term intake [of this amount of phosphorus] may weaken bones' to be included in the advisory statement for phosphorus. Industry does not agree that inclusion of the second sentence is warranted. The Agency has asked the Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT) to look in detail at the effects of phosphate intake on parathyroid hormone and bone metabolism including new data on phosphate regulation. This footnote is for information here; it will not appear on labels.
[DN: to be updated on FSA website to reflect COT advice].

[4] FSA advice is to avoid any supplements containing vitamin A during pregnancy.

Notes

a) No vitamins are completely stable and they deteriorate at different rates. Amounts of vitamins are added to food supplements during manufacture to compensate for losses during shelf life. For very labile nutrients, such as vitamin C, the threshold values above refer to the declared amount and manufacturers will strive to use only the necessary quantities in the products to ensure 100 per cent of the declared value at the end of shelf-life.

b) The Food Standards Agency view is that all sources of nutrients in a product should be taken into account when declaring the quantities of nutrients and deciding if the trigger level for an advisory statement has been exceeded.

c) These advisory statements are based on current evidence and are subject to change in the light of new evidence and advice.

d) The timings of label changes should take place as soon as possible after May 2004 but may be made to coincide with other new labelling requirements.

Annex 4: Companies contacted by Mintel at Survey Stage

Advanced Health & Diet Solutions Ltd	Cytoplan/Natures Own Ltd
Advanced Nutrition Ltd	Day Lewis
Advanced Orthomolecular Research	Dr Reckeweg
AJ Supplements	Earth Force Ltd / Source Naturals
Albion Advanced Nutrition	EAS UK Ltd
Allsports International Ltd	Eladon Ltd
Amway (Europe)	Ernest Jackson & Co. Ltd
AOR (Europe) Ltd	ESI Optima
Archturus Healthlink Ltd	EuRho
Arkopharma (UK) Ltd	Ferrosan Ltd
Armstrong	Force of Nature
Asda	Foresight
Au Naturel UK inc	Fulcrum Health Ltd
Bassetts	G R Lane Health Products
Bausch & Lomb (UK) Ltd	G&G Food Supplies Ltd
Bayer Healthcare	Galen's Choice
BHM Health Group	Gateway
Biocalth International	Gee Lawson Nutritional
Biocare /Bio Life	GNC
Bioceuticals Ltd	Goldshield Pharmaceuticals Ltd
Biohealth Ltd	Good Health Naturally
Biolife	Hadley Wood Healthcare Centre
Biovite Ltd	Health Aid
Blackmores UK	Health Interlink
Bodycare	Health Perceptions UK
Boehringer Ingelheim Ltd	Health Plus Ltd
Boots	Health Quest
BR Pharmaceuticals Ltd	Health Sense Nutrition Ltd
Brunel Healthcare	Healthcrafts
Buckton Scott Health Products Ltd	Healthlife
Bursting with Health	Healthy Direct / Nutralife
Calcia	Healthy Weigh
Cambert (F.E.) PTE Ltd	Higher Nature
Cambridge Commodities Ltd	Holland & Barrett Limited
Cantox Health Services International	Horsham Nutraceuticals
Capital Cliff Ltd	Hubner
Carotech Inc.	InterHealth Nutraceuticals Inc
Cedar Health Ltd	Jarrow Formulas
Centrum/ Wyeth	Kabco Pharmaceuticals Inc
Chefaro	Kanegrade
Clearblue	Kinetic Enterprises Ltd
Cognis	Kordel's
Cohens	Kudos
Comvita	Lamberts
Co-op / Brunel/ Somerfield	Lewtress Natural Health Products
Cornelius Produce Co Ltd	Life Source Supplements Ltd
Cultech	Lifeplan

Lifes2Good	Principle Healthcare
Lloyds Pharmacy	Puritan's Pride
Marple Health	Quest Vitamins
Medestea Ltd	Rainbow Nutrients Ltd
Medicago Ltd	Re-Action Sales & Marketing
Metabolics	reflex Nutrition
Mineral Check Ltd	Roche / Bayer
Morrison's	Romada Healthcare
Moss Pharmacy	Sage Organic Ltd
MRI Ltd (Mineral Resources International UK)	Sainsbury's
Musashi ZMA+	Salus UK Ltd
Napiers Herbal Health Care Ltd	Sami Labs Ltd
NatraHealth Ltd	Save Our Supplements Ltd
NattoPharma / Cantox	Seven Seas
Natural Health Practice	Solaray Nutrional Supplements
Natural Health Products (Co Antrim)	Solgar
Natural Options	Solo Nutrition Ltd
Natural-Immunogenics (UK)	Source Naturals
Nature's Aid	Spatone
Nature's Life	Specchiasol
Nature's Own Ltd	Swiss Natural Sources
Natures Plus UK	Terra Nova
Northern Edge Ltd	Tesco
Nu Scaan Nutraceuticals Ltd	The Health Company
Nutralife (UK) Ltd	The Health Shop
Nutri Ltd	Tonalin
Nutri Labs	Totally Natural Products
Nutrica Ltd	Trimeasy
Nutrigold Ltd	Trophic
Nutri-Link UK	UCIB – Solabia Group
Nutritech Consultancy	Unichem/Alliance
Nutrition 21	Unipath
Nutrition Points Ltd	ValueVits
Nutri-West	Valupak
Nutriwise Ltd	Vega Nutritionals Ltd
Optima Health + Nutrition	Vibrant Life Ltd
Organic Nutrition	Viridian Nutrition Ltd
Passion4Health International Ltd	Vitabiotics Ltd
Perfect UK	Vitamart International (Europe) Ltd
Perrigo UK Ltd	Vitamer Labs
Pharma Nord	Wallace Manufacturing
Pharmadass / Health Aid	Wassen International Ltd
Phillips	Wellbeing4all Ltd
Positive Nutrition Ltd	Wilko
Power Health Products Ltd	Zila Nutraceuticals
Powerherbs	