October 11, 2018

Dear Sir/Madam:

The National Coffee Association (NCA) appreciates the opportunity to submit comments to the FDA regarding the agency’s Nutrition Innovation Strategy. The NCA represents the U.S. coffee industry, which has a total economic impact in the United States of $225.2 billion, and conducts over $5 billion in trade with 50 countries from Africa, Asia, and Latin America. Coffee-related activity comprises approximately 1.6% of the total U.S. gross domestic product and is responsible for 1,694,710 jobs. Including ancillary goods, the coffee industry generates nearly $28 billion in taxes. In addition to the 2,300 roasters and importers, the industry is comprised of nearly 28,000 coffee shops and cafes employing persons in every state and region. Through retail, restaurant and coffee shop and café sales, the industry services approximately 175 million consumers annually.

NCA strongly supports efforts to assist U.S. consumers in making educated choices toward achieving a healthful diet and lifestyle. Our NCA Scientific Advisory Group continues to work towards transparent and clear communication on coffee and health. The NCA applauds the important work of the FDA in modernizing their nutrition strategy. In this letter, we aim to provide the FDA with science-based evidence concerning coffee and health which we believe to relate to the effort that FDA is implementing regarding improving their approach to nutrition policy.

Chronic Disease Prevention

As part of the call for comment it is our understanding that the FDA may benefit from a better understanding of coffee consumption and its potential impact on the promotion of health, impact on chronic disease risk and general nutrient needs, especially in the areas of diabetes, risk of cancer, and heart disease.

The NCA is well suited to comment on these topics and appreciates the opportunity to do so. The NCA Scientific Advisory Group has been monitoring scientific literature related to coffee since its creation in the 1980’s. More recently (since 2012), we have taken the
monitoring of this data one step further to create an in-house database for our scientific leaders to monitor and interpret the health and wellness literature. Thus, our experience supports that it is not atypical on a monthly basis to review upwards of 200 abstracts from studies published that investigated the coffee & health disease endpoints. Many of these studies are related to the areas noted as of interest to the FDA. The abstracts and studies tracked comprise a sample of the tracking we conduct in standard databases used for peer reviewed scientific literature, such as PubMed and Embase. In the interest of keeping this comment letter manageable in content, we are only identifying a few key review articles for your consideration but would be happy to prepare a more comprehensive list if this is desirable for the committee’s review.

We suggest the FDA look at Grosso et al. (2017). It is an “Umbrella Review” which evaluated 59 unique health outcomes which align with the health priorities of the FDA’s Nutrition Innovation Strategy. The authors concluded that coffee (no distinction for caffeinated vs. decaffeinated) is associated with a probable decreased risk of certain cancers including breast, colorectal, colon, endometrial and prostate as well as cardiovascular disease, mortality and Type 2 diabetes. The authors note that “coffee can be part of a healthful diet” and that coffee drinkers have a decreased risk of mortality. Another robust review worth noting is that of Poole et al. (2017). Again, no distinction is made for consumption of caffeinated vs. non-caffeinated and the authors state that, “Coffee consumption seems generally safe within usual levels of intake, with summary estimates indicating largest risk reduction for various health outcomes at three to four cups a day, and more likely to benefit health than harm.”

Sado et al. (2017) concluded in men and women that “coffee consumption frequency was inversely associated with mortality from all sites cancer. In this population, increasing coffee consumption resulted in decreased risk of all-sites cancer incidence and mortality”. These large reviews suggest that people who drink coffee are less likely to develop cancer and in general live longer than non-coffee drinkers. Our surveillance of the peer-reviewed scientific literature has brought to our attention that a number of authors who study coffee and health have started to speak of coffee with the sentiment it can serve as a “lifestyle intervention” because they recognize that coffee should be part of a healthy diet. We ask the FDA to consider this type of approach as they continue to innovate within this space.

The NCA would like to ask the FDA to also consider historical perspective provided by the 2015 Dietary Guidelines Advisory Committee (DGAC). As addressed in the quote below, the DGAC stated that “moderate coffee consumption is not associated with an increased risk of major chronic diseases (e.g. cancer) or premature death, especially from CVD...” This position by the DGAC recognizes that coffee in moderation can be part of a healthy diet. We encourage the FDA to consider the wealth of scientific literature supporting this unique beverage and this unique learning that coffee drinkers live longer than non-coffee drinkers (Grosso et al, 2017).

“Healthy” Claims
The NCA also supports the Agency’s move to update the criteria for making a “healthy” claim on package. Coffee is a product that serves as an excellent example whereby hundreds of reports suggest benefits, but with current rigorous labeling requirements does not meet the requirements of “healthy”. For perspective, it is not atypical to find groups like the American Medical Association (see Attachment I) or the Harvard Medical School: (https://news.harvard.edu/gazette/story/2015/09/how-coffee-loves-us-back/?utm_source=SilverpopMailing&utm_medium=email&utm_campaign=09.29.2015%20281%29) posting information often to a health professional audience that suggests coffee is good for you and can be part of a healthy diet. We understand the challenges that FDA encounters in evaluating the path to a health claim, but we encourage the FDA to consider rigorous systematic review data as part of their consideration of new criteria. This may be in a manner that could potentially lead to listing of products, whereby significant weight of the evidence suggests that they can be considered part of a “healthy” diet. Or, perhaps for FDA to develop a process whereby significant amounts of peer reviewed, well designed epidemiological studies can be taken into consideration to provide evidence that certain foods can be labeled with some sort of “healthy” designation.

Coffee & Additives

Some public health experts have expressed concern with the addition of whitener or sweetener added to coffee and the association with added calories, sugar, and fat. This is in light of the epidemiological research that shows coffee drinkers live longer than non-coffee drinkers, regardless of how the coffee is consumed (Freedman et al, 2012). On its own, black coffee contains no sugar. Forty-four percent of coffee drinkers take their coffee black or unsweetened, according to the 2017 edition of the industry’s longest consumption tracking study, the National Coffee Drinking Trends. Another 45% whiten and sweeten their coffee, while only 11% sweeten it alone. Sweetening includes many non-caloric substitutes and is not intrinsic to coffee. For coffee, it’s a personal choice that can include widely varying splashes of syrup, or flavorings and toppings to suit individual tastes. Moreover, additives such as dairy and soy ingredients contribute their own share of nutritional value and widely acknowledged health properties.

Regulatory Challenges and Consumer Education

In the last several years, there has been increased scrutiny focused on caffeine intake by consumers, especially within at-risk populations such as children and adolescents, and considered across all food and beverage sources. This focus has included topics on health, safety, regulatory, and consumer education. In 2012, the Institutes of Medicine (IOM) reviewed caffeine safety and in their opening remarks recognized that the concern and focus was not on coffee. This inference can be surmised in that coffee has long been recognized as a beverage that is consumed and enjoyed responsibly and safely. The epidemiological research supports the notion that consumers learn to self-regulate their coffee and caffeine consumption, such as
by self-titration (Nehlig, 2018). Consumers quickly and naturally learn how to regulate their coffee and caffeine consumption. This helps them enjoy their coffee experience while limiting potential physiologic effects from over-consumption.

The US Food and Drug Administration has long exempted coffee, tea, and other food products that contain insignificant amounts of all required nutrients from several nutrition facts labeling requirements (21CFR101.9(j)(4)) which includes caffeine content. The NCA supports the FDA to continue its current regulatory position on coffee labeling, and in general making and setting regulatory and nutrition labeling policy standards. If caffeine content is to ever be required for labeling, then this would constitute a nutrient content claim and require rigorous claims substantiation to maintain the claimed nutrient amount. For coffee, this would be very difficult if not impossible to achieve accurately, as caffeine contents in roast and ground coffee vary widely and are largely influenced by: natural variation in the plant, manufacturing equipment limitations, degree of roast and processing considerations, product formulation, preparation methods, and individual consumption preferences. Labeling would require creating a claimed amount with widely varying caffeine contents, which cannot be accurately controlled due to the previously listed reasons.

While labeling of caffeine content on coffee products is not practical, recommended or required by FDA, the NCA supports consumer education on coffee and caffeine. Since 2012, the NCA has communicated on our website a reference value for caffeine of 95 mg per 8-oz brewed beverage, and a range of 75 – 165 mg. A cup of brewed decaffeinated coffee has on average 2 mg of caffeine per 8-oz brewed beverage (http://www.ncausa.org/Health-Caffeine). These reference values are very consistent with the USDA’s reference value of 95 mg per 8-oz brewed serving (USDA National Nutrient Database) and values reported in Mitchell et al. (2014). Many of our members have also voluntarily communicated the caffeine and nutritional contents of their coffee-based beverages to consumers, such as on websites, menu boards, and other informational materials. We support and encourage education to consumers on caffeine through resources that are easily accessible and allow for an accurate portrayal of actual caffeine contents.

References


Nehlig A. Interindividual Differences in Caffeine Metabolism and Factors Driving Caffeine Consumption Pharmacol Rev 2018; 70: 384-411.
Good morning. Here are today’s top stories.

November 27, 2017

LEADING THE NEWS

Coffee may be more likely to provide benefits than harm

Reuters (11/23, Kelland) reported researchers found that “people who drink three to four cups of coffee a day are more likely to see health benefits than harm,” according to findings published in the British Medical Journal.

The Atlanta Journal-Constitution (11/24, Lemon) reported the researchers also found that people who drink three to four cups per day appear to be at lower risk for “diabetes, liver disease, dementia and some cancers,” including endometrial, liver, prostate, and skin. The researchers “examined 201 observational studies analyzing the health of coffee drinkers.” Forbes (11/24, Walton) reported the researchers also found that coffee consumption was linked to lower risk for Parkinson’s disease, metabolic syndrome, kidney stones, and gout.

The Telegraph (UK) (11/22, Bodkin) reported the researchers found that drinking up to seven cups of coffee per day was linked to a lower risk of early death.