Advertising Dietary Supplements

It is difficult for both the fitness professional and layperson alike to discern exactly how much truth there is in the advertising and labeling of dietary supplements (DS) which by definition are products that "supplement", used to add on to one's diet, containing one or more of the following as noted by Main et al. (2004): vitamin, mineral, herb/botanical compound or "remedy", amino acid, or weight-loss supplement (as cited in DeLorme, Huh, Reid, & An, 2012).

Part of the difficulty with marketing dietary supplements is that the definition of DS is fairly broad. Dietary supplements are not designed as a form of medication or "treatment" to fix any disease or condition which is a common misconception of DS. Because of this ambiguity, dietary supplements are neither classed nor regulated as "food" or "drug" (i.e. medication).

The United States regulation of dietary supplement marketing is shared by the Federal Trade Commission (FTC) for advertisements of DS and the US Food and Drug Administration (FDA) for labeling of DS (DeLorme et al., 2012). Advertisements (regulated by the FTC) include but are not limited to commercials, video spots, printed materials (e.g. magazines, flyers, brochures), and internet ads. Labeling (regulated by the FDA) encompasses that which is attached to the product (e.g. labels, stickers, hang tags) or directly attached to the sale of the product (e.g. cardboard display where the product is located or is stored on, inserts in the packaging, the packaging itself, wrappers). However as Villafranco and Lustigman (2007) noted, the marketing of a product can be complex (falling into multiple categories of advertisements vs. labeling) and ambiguous as to whether the marketing is considered an advertisement or labeling (as cited in DeLorme et al., 2012). If a product happens to have multiple marketing strategies which is very common, then all those strategies must comply with both the FTC and FDA regulations respectively.

The Federal Trade Commision's guidelines for "truthfulness" in advertising require that dietary supplement ads "must be truthful, non-misleading and adequately substantiated" (DeLorme et al., 2012, p. 554). The phrase "adequately substsantiated" (DeLorme et al., 2012, p. 554) means that the claims in the advertisement must be scientifically evidence-based. However, being "scientifically evidence-based" has a fairly broad meaning and does not necessarily imply consistent quality or standard.

The dietary supplement industry includes two major self-regulating bodies overseeing DS advertisements: the National Advertising Division (NAD), and the Council for Responsible Nutrition (CRN). NAD and CRN strive to augment the regulations of the FTC and FDA and to provide more rigorous standards and specificity in DS advertising/labeling (DeLorme et al., 2012).

DeLorme et al. (2012) noted that two federal legislations significantly impacted DS sales and marketing: the Nutrition Labeling and Education Act (NLEA) and the Dietary Supplement Health and Education Act (DSHEA). The NLEA in 1990 helped to standardize DS nutritional labeling and labeling information to "look" more like other food (regulated by the FDA) labeling (DeLorme et al., 2012). With DS labeling having the look-and-feel of other food labels, it made

DS more consumer-friendly, consumer-attractive, and psychological more relatable to the consumer.

The effects of the DSHEA in 1994 had even greater implications and was a significant turning point in DS consumption, marketing, and regulation. DeLorme et al. (2012) presented six major ramifications stemming from the DSHEA.

DSHEA broadened the scope and definition of a dietary supplement to include (in addition to the DS previous general definition) botanical, herbal and "diet products" that were not proven nor evidence-based (DeLorme et al., 2012). By decreasing the specificity of the definition of DS, the DSHEA opened up the DS markets to even more products and more competitive pricing thus increasing accessibility to a wider range of DS while decreasing advertising and labeling standards/regulations of DS (DeLorme et al, 2012).

DeLorme et al. (2012) noted that the DSHEA provided loopholes so that some DS and DS marketing did not require the FDA's pre-approval. This act allowed the possibility of harmful (or ineffective) substances entering the DS stream and also the lack of knowledge of the effects, dosage, and interactions of these new substances lacking the FDA's preapproval.

Claims in marketing categorized as "disease claims" are illegal for DS products. DS products cannot claim to treat a disease or medical condition such as "treats diabetes" or "cures cancer". However under DSHEA, DS products may make "health claims" defined as a "statement about a relationship between an ingredient and reduced risk of a health condition" (DeLorme et al., 2012, p. 556). An example would be "X reduces anemia". DSHEA also allowed "nutrient claims" (DeLorme et al., 2012) such as "Y is a good source of vitamin A." Furthermore DSHEA allowed "structure/function claims" (DeLorme et al., 2012, p. 556) such as "product Z supports healthy levels of blood iron" (structure/function claim) because it would be illegal to instead say "product Z cures anemia" (disease claim). The ability to legally make structure/function claims was pivotal and structure/function claims are one of the most controversial points.

With DSHEA's broader DS definitions, opening the market to non FDA preapproved substances and legalizing DS structure/function claims in marketing, the DSHEA created more consumer confusion as noted by Nichter and Thompson (2006) and Mason and Scammon (2011) as cited in DeLorme et al. (2012).

DeLorme et al. (2012) noted that DSHEA prompted a significant surge in DS advertising not only in the amount of available advertising but also in the variety (multi-media, multi-channel). Manufacturers and DS marketing also suffered from the "general confusion" shared by consumers regarding the regulations and laws of DS marketing due to DSHEA's relaxed standards.

Finally, DeLorme et al. (2012) suggested that because DSHEA allowed such an influx of DS products into the market, that consumers might have a "false sense of safety" in DS products. For example, with all the DS products on the retail shelves, consumers might assume that if it is being sold, it must be okay.

Given the brief history of dietary supplements and with the impact of DSHEA it is difficult not only for health and medical professionals to discern what a "good" DS is from DS marketing, it is difficult for general consumers to judge and discriminate differences in dietary supplements and it is difficult for those DS manufacturers who want to comply to regulated marketing to understand what the regulations are.

References

DeLorme, D. E., Huh, J., Reid, L. N., & An, S. (2012). Dietary supplement advertising in the US. *International Journal Of Advertising, 31*(3), 547-577.