

# SUBMISSION TO REVIEW OF FOOD LABELLING LAW AND POLICY

## ATTACHMENT A

### Meat and Livestock Australia Survey 2008

A huge survey of over 100,000 consumers by Meat & Livestock Australia (The Real Food Trend, MLA December 2008) shows clearly that consumer concerns are widespread and not the minority view regulators would have us believe. Survey results are shown below:

Statement about food issue	Percent agreeing
I am making a real effort to avoid foods that contain preservatives, artificial colours and flavours	78
I am making a real effort to avoid additives/chemicals in food	78
I am concerned that food authorities are not doing enough to regulate what food manufacturers can and can't put in the foods	73
I am worried about the mental health and behavioural effects of food chemicals on children	87
I am reading more labels than I used to because I worry about what's in the foods	80
I believe there has been an increase in food related health issues in the community	76
I don't always trust the claims food manufacturers put on their labels	79
I believe the foods I eat now will determine how healthy I am in years to come	95

Derived from **The Real Food Trend**, a consumer survey conducted in 2007/2008 by Roy Morgan/ Julie Dang on behalf of Meat and Livestock Australia, by permission. ISBN 9781741912869.

<http://www.fedupwithfoodadditives.info/features/consumers/The%20Real%20Food%20trend.pdf>

These results match those from UK surveys (<http://www.food.gov.uk/multimedia/pdfs/labellinglitreview07.pdf>) and show a strong developing sense of personal responsibility for health and what we eat.

# SUBMISSION TO REVIEW OF FOOD LABELLING LAW AND POLICY

## ATTACHMENT B

### Food Intolerance Network Survey 2008

The lack of confidence in the food regulatory system is not anecdote.

#### Confidence in the food regulatory system

During a Food Intolerance Network speaking tour in May-June 2008, attended by more than 3,000 people, about 1,000 attendees were surveyed and 648 responses obtained.

Food additives should be better tested for their effects before they are approved					
Strongly agree	No opinion			Disagree strongly	Total
1	2	3	4	5	
623	22	3	0	0	648
96%	3%	0%	0%	0%	100%

The result is that 96% believe that **food additives should be better tested before they are approved**, the focus being on including evidence of behavioural, learning and other health effects before approval.

## **SUBMISSION TO REVIEW OF FOOD LABELLING LAW AND POLICY**

### **ATTACHMENT C**

#### **FSANZ Consumer Survey 2007**

FSANZ performed a survey released in February 2008 which looked at the overall confidence in the food supply based on responses from 1,200 Australian and 800 New Zealand consumers. The model used to measure overall confidence in the food system only accounted for 39% of the variability, meaning that the survey did not touch on 61% of the reasons for concern. The MLA study in Attachment A would provide a good guide to a more significant survey of concerns and confidence.

This study showed that many Australians had food concerns in their households, such as 30% with asthma, 20% with migraines, 19% with digestive concerns (coeliac disease, irritable bowel syndrome) and 18% with allergy (seafood, fish, milk, gluten, eggs, or soybeans). But our regulators then carefully avoided asking questions that might challenge the food industry.

Of the more than 50% of Australians who expressed concern about food, food poisoning was equal highest at 48%, but other key issues were:

- storage times of foods sold as 'fresh' 48%
- the use of additives (such as preservatives and colouring) in food products 37% (this is the highest issue in the UK), and
- food allergies and intolerance 18%.

61% of Australians lacked confidence in organisations providing regulation and monitoring of the food supply. 26% of people did not trust the information on labels, although 48% did. In a list of 17 major concerns, healthy eating was the third most important issue (25% of consumers) after water issues (61%) and household finances (33%), consistent with European results.

<http://www.foodstandards.gov.au/newsroom/publications/consumerattitudes/index.cfm>

## **SUBMISSION TO REVIEW OF FOOD LABELLING LAW AND POLICY**

### **ATTACHMENT D**

**There are a large number of relevant scientific references.**

#### **Four key references:**

Clarke L. and others. 'The dietary management of food allergy and food intolerance in children and adults'. Australian Journal of Nutrition and Dietetics 1996; 53(3):89-94.

Feingold BF. Dietary management of nystagmus. J Neural Transm. 1979;45(2):107-15.

Swain A, Soutter V, Loblay R, Truswell AS. Salicylates, oligoantigenic diets, and behaviour. Lancet. 1985;2(8445):41-2.

McCann D et al. Food additives and hyperactive behaviour in 3-year-old and 8/9-year-old children in the community: a randomised, double-blinded, placebo-controlled trial. Lancet. 2007;370(9598):1560-7.

[http://www.precaution.org/lib/food\\_additives\\_and\\_hyperactivity.070906.pdf](http://www.precaution.org/lib/food_additives_and_hyperactivity.070906.pdf).

#### **Many further references can be found at**

<http://www.fedupwithfoodadditives.info/information/references.htm>

#### **Specific issue references**

##### **5% rule abolished**

In the EU, the comparable '25% rule' was abolished in 2004 meaning that virtually all ingredients must be labelled.

<http://www.foodstandards.gov.uk/news/pressreleases/2004/jun/allergenlabellingpress>

##### **Asthma and sulphites**

World Health Organisation - Fifty-first meeting of the Joint FAO/WHO Expert Committee on Food Additives. Safety Evaluation of sulfur dioxide and sulfites and addendum, Geneva: World Health Organisation, 1999, A recent WHO report which concluded that 20-30% of asthmatic children are sensitive to sulphites - upgraded from the previous WHO, FDA and NAC estimate that less than 5% of asthmatics were sulphite sensitive.

<http://www.inchem.org/documents/jecfa/jecmono/v042je06.htm>

Towns SJ, Mellis CM. Role of acetyl salicylic acid and sodium metabisulfite in chronic childhood asthma. Pediatrics 1984;73(5):631-7. This paper found more than 65 per cent of asthmatic children were sulphite sensitive

More references at <http://www.fedupwithfoodadditives.info/factsheets/Factsulphites.htm>

## **Synergistic effects of additives used in combination**

Lau K, McLean WG, Williams DP, Howard CV. Synergistic interactions between commonly used food additives in a developmental neurotoxicity test. *Toxicol Sci.* 2006;90(1):178-87.

Exposure to non-nutritional food additives during the critical development window has been implicated in the induction and severity of behavioral disorders such as attention deficit hyperactivity disorder (ADHD). Although the use of single food additives at their regulated concentrations is believed to be relatively safe in terms of neuronal development, their combined effects remain unclear. We therefore examined the neurotoxic effects of four common food additives in combinations of two (Brilliant Blue and L-glutamic acid, Quinoline Yellow and aspartame) to assess potential interactions. Mouse NB2a neuroblastoma cells were induced to differentiate and grow neurites in the presence of additives. After 24 h, cells were fixed and stained and neurite length measured by light microscopy with computerized image analysis. Neurotoxicity was measured as an inhibition of neurite outgrowth. Two independent models were used to analyze combination effects: effect additivity and dose additivity. Significant synergy was observed between combinations of Brilliant Blue with L-glutamic acid, and Quinoline Yellow with aspartame, in both models. Involvement of N-methyl-D-aspartate (NMDA) receptors in food additive-induced neurite inhibition was assessed with a NMDA antagonist, CNS-1102. L-glutamic acid- and aspartame-induced neurotoxicity was reduced in the presence of CNS-1102; however, the antagonist did not prevent food color-induced neurotoxicity. Theoretical exposure to additives was calculated based on analysis of content in foodstuff, and estimated percentage absorption from the gut. Inhibition of neurite outgrowth was found at concentrations of additives theoretically achievable in plasma by ingestion of a typical snack and drink. In addition, Trypan Blue dye exclusion was used to evaluate the cellular toxicity of food additives on cell viability of NB2a cells; both combinations had a straightforward additive effect on cytotoxicity. These data have implications for the cellular effects of common chemical entities ingested individually and in combination.

## **FSANZ approval of additives without scientific evidence**

The Freedom of Information process used to reveal a total lack of the required science for two additives of concern is detailed at <http://www.fedupwithfoodadditives.info/features/FOI/FOI.htm>. FSANZ eventually admitted "that these documents do not exist" and then, later in the same letter "currently available toxicological data supports the safe use of propionic acid ....and ribonucleotides" but were unable to produce that data we had requested. Apparently, like Schrodinger's cat, the data both exists and does not exist.

# SUBMISSION TO REVIEW OF FOOD LABELLING LAW AND POLICY

## ATTACHMENT E

### **Symptoms caused by food which do not form part of the current testing and approval regime**

The following symptoms have been reported in the medical literature or repeatedly by Food Intolerance Network members as responding to a diet free of the 50 food additives known to cause problems as well as low in the natural food chemicals salicylates, amines and flavour enhancers. They are presented as a guide towards the many symptoms which are NOT currently considered in approval of food additives.

- Abnormal tingling – see Loss of sensation
- Adenoids – see Ears, nose and throat
- ADHD and ADHD-type behaviours
- Allergic shiners
- Angina-type pain – see Heart palpitations
- Angio-oedema
- Anxiety – see Depression
- Arthritis
- ASD (Autistic Spectrum Disorder) – see Autism
- Asperger's syndrome – see Autism
- Aspirin-induced asthma – see Samter's triad
- Asthma
- Autism, Asperger's syndrome, ASD
- Bad breath – see Digestive system
- Bedwetting – see Bladder
- Behaviour
- Bladder: bedwetting (enuresis), urinary urgency, urinary incontinence
- Bloating – see Irritable bowel symptoms
- Body odour
- Catarrh – see Ears, nose and throat
- Chinese restaurant syndrome
- Chronic fatigue syndrome (CFS)
- 'Clumsy child' – see Fine motor-skills delay
- Colds and flu
- Colds, flu, tonsillitis, bronchitis, sinusitis, cystitis, croup and similar illnesses
- Colic in babies and adults – see Irritable bowel symptoms
- Colitis – see Ulcerative colitis
- Constipation
- Coordination disorder
- Cradle cap – see Itchy skin rashes
- Cystitis – see Kidneys and bladder
- Depression, anxiety, panic attacks, self harm, suicidal thoughts, obsessive tendencies
- Dermatitis – see Itchy skin rashes
- Diarrhoea – see Irritable bowel symptoms
- Difficulty falling asleep (DFA)
- Dysaesthesia – see Loss of sensation

Ears, nose and throat: frequent middle-ear infections, glue ear, need for grommets, runny or stuffed-up nose, frequent throatclearing, frequent tonsillitis, enlarged adenoids, nasal speech, mouth-breathing, bad breath, snoring - See also Sleep apnoea and Tonsillitis.

Easily distracted – see Inattention

Eczema

Encopresis – see ‘Sneaky poos’

Enuresis – see Bladder

Epilepsy

Excessive sweating (hyperhidrosis) – see Sweating excessively

Fatigue – see Chronic fatigue syndrome

Fine motor-skills delay, poor handwriting, letter and number reversals, gross motor-skills delay, ‘clumsy child’, coordination disorder, round-shouldered posture, low muscle tone ‘Foggy brain’ (disorganised and forgetful, inattentive, unable to concentrate, memory impairment, unmotivated)

Geographic tongue (benign migratory glossitis)

Glue ear – see Ears, nose and throat

Grommets – see Ears, nose and throat

Gross motor-skills delay – see Fine motor-skills delay

Growing pains

Head-banging

Headaches – see Migraines and headaches

Hearing loss – see Ménière’s Disease

Heart palpitations, tachycardia, angina-type pain, pseudo heart attack

Hives – see Itchy skin rashes

Hyperactivity - See also ADHD.

Hyperacusis – see Ear problems

Hypoglycaemia

Inattention, easily distracted, unmotivated, easily bored

Incomplete evacuation (‘sticky poos’, ‘sluggish bowel’)

Indigestion – see Irritable bowel symptoms

Insomnia – see Sleep

Irritability

Irritable bowel syndrome (IBS)

Itchy skin rashes, hives (urticaria), eczema, dermatitis, cradle cap, angio-oedema (swollen lips, eyes, tongue), itching (pruritis) - See Eczema and Ribo rash.

Kidneys and bladder: recurrent inflammation (cystitis, interstitial cystitis, idiopathic nephrotic syndrome)

Learning disabilities, reading delay

Letter and number reversals – see Fine motor-skills delay

Loss of sensation, abnormal tingling (pins and needles), numbness (paraesthesia), abnormal and sometimes unpleasant sensations (dysaesthesia)

Low muscle tone -. See also Fine motor-skills delay.

Lupus symptoms

Ménière’s disease

Middle-ear infections – see Ears, nose and throat

Migraines and headaches

Mood swings - See also Depression and Hyperactivity.

Mouth-breathing – see Ears, nose and throat

Multiple sclerosis (sensory symptoms)

Myalgia (muscle pains) associated with lethargy and chronic fatigue syndrome (CFS) - See Chronic fatigue syndrome.

Nasal polyps – see Samter’s triad

Nasal speech – see Ears, nose and throat  
Nausea – see Digestive system  
Night terrors – see Sleep  
Nosebleeds  
Numbness (paraesthesia) – see Loss of sensation  
Nystagmus (eye movements) - See also Strabismus and Visual acuity.  
Obsessive tendencies – see Depression  
Oppositional defiance  
Pallor (pale skin) - See also Allergic shiners.  
Panic attacks – see Depression  
Perfume sensitivity  
Persistent night waking – see Sleep  
Pins and needles – see Loss of sensation  
Poor handwriting – see Fine motor-skills delay  
Postnatal depression – see Premenstrual tension  
Premenstrual tension (PMT), premenstrual syndrome (PMS), postnatal depression  
Pruritis – see Itchy skin rashes  
Pseudo heart attack – see Heart palpitations  
Psoriasis  
Reading delay – see Learning disabilities  
Recurrent mouth ulcers  
Reflux or heartburn or Gastroesophageal Reflux Disease (GERD)  
Restless legs syndrome (RLS)  
Restlessness - See also Hyperactivity.  
Ribo rash (caused by flavour enhancer ribonucleotides)  
Round-shouldered posture – see Low muscle tone  
Runny or stuffed-up nose – see Ears, nose and throat  
Samter's triad (asthma, nasal polyps, aspirin sensitivity)  
Selective mutism – see Speech delay  
Self-harm  
Silly noises, talks too much (empty chatter), loud voice  
Skin rashes – see Itchy skin rashes  
Sleep: difficulty falling asleep (DFA), persistent night waking, insomnia, night terrors, sleepwalking  
Sleep apnoea - See also Ears, nose and throat.  
'Sneaky poos' (encopresis)  
Snoring – see Ears, nose and throat  
Speech delay, stutter, selective mutism, vocal tics, word and phrase repetition, talks too much (empty chatter)  
'Sticky poos' – see Incomplete evacuation  
Stomach ache – see Irritable bowel syndrome  
Strabismus (squint) – See also Nystagmus and Visual acuity.  
Stutter – see Speech delay  
Suicidal thoughts – see Depression  
Sweating excessively (hyperhidrosis)  
Tachycardia – see Heart palpitations  
Talks too much (empty chatter) – see Silly noises  
Tantrums  
Throat-clearing – see Ears, nose and throat  
Thrush  
Tic disorder  
Tinnitus - See also Ménière's disease.  
Tonsillitis

Tourette symptoms – see Tic disorder  
Ulcerative colitis  
Unable to concentrate – see ‘Foggy brain’  
Unexplained fatigue – see Chronic fatigue syndrome  
Unmotivated – see ‘Foggy brain’  
Urinary incontinence, urinary urgency – see Bladder  
Urticaria – see Itchy skin rashes  
Vertigo - See also Ménière’s disease.  
Visual acuity – See also Nystagmus and Strabismus.  
Vocal tics – see Speech delay  
Vomiting – see Irritable bowel syndrome  
Word and phrase repetition – see Speech delay

There are nearly 1,000 case reports available at  
<http://www.fedupwithfoodadditives.info/stories/storyindex.htm>