This is an historical file of letters to and from food regulators and Ministers. **Scroll down to see them.**

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2003 Submission to NHMRC review of 1995 publication on Asthma.

2003 Submission to NHMRC review of 1996 publication on ADHD.

2003 Letter to FSANZ (formerly ANZFA) regarding food intolerance priorities in April 2003 (no response by July 2003)

2003 FORMAL COMPLAINTS REGARDING COLONIAL FARMS GLUCOSE SYRUP, LOWAN WHOLE FOODS KIDS BYTES, AND SANITARIUM SO GOOD SOYMILK

2002 Letter to ANZFA with further reports of reactions to Additive 635

2002 Response from ANZFA to two previous letters, saying that anecdotal evidence on 635 is not considered useful and that maybe housewives should do the research that is ANZFA's responsibility. Agricultural and veterinary chemicals have an adverse experience reporting scheme, but we humans don't rate, it would appear. An outrageous letter!!

2000 Letter to ANZFA re new Food Standards Code

2000 Letter to ANZFA re Additive 635 and response from ANZA, saying "don't you worry about that"!

2000 Letter to ANZFA

2000 Letter to Ministers

2000 ANZFA's response

2000 Letter to ANZFA

Letter to Ministers by a reader

1999 MEDIA RELEASE 22/8/99

1999 Letter to MINISTERS 15/8/99.

1999 Letter to MINISTERS 3/3/99. Their varying responses show that most of them and/or their advisers cannot distinguish food intolerance from food allergy.

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Food Intolerance Network

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The Project Officer

Publications Review

Health Advisory Section

National Health and Medical Research Council

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ASTHMA: MANAGEMENT, EDUCATION AND RESEARCH 1995

The Food Intolerance Network, which now consists of over 1500 members including more than 700 in a range of specialised support groups, wishes to make a submission to the review of the above publication.

The Food Intolerance Network remains concerned that the present document focuses almost entirely on improving drug treatment of symptoms for asthma without any recommendations that address the causes of asthma. The ultimate goal of asthma research is to prevent asthma, not just relieve its symptoms[1]. The Network believes that there is now a considerable body of scientific evidence that food chemicals contribute significantly to asthma especially in children, supporting the proposed new recommendation given below.

- The first report of an association between food additives and asthma appeared in 1958, when six cases of asthma in children were attributed to artificial colour[2] and in 1967, a case of severe intractable asthma was attributed to tartrazine (102) in the patient's medication and a yellow-coated vitamin tablet[3]. Since then, additives in food, vitamins and medications have been associated with asthma exacerbation frequently and in many countries including Australia[4,5], Canada[6], France[7], Papua New Guinea[8], South Africa[9], Spain[10] and Japan[11]. Although 'primary exposure in children is through foods', additives in drugs are a source of serious reactions[12]. Salicylates are also associated with asthma[13]. By 1976, routine testing of asthmatics for sensitivity to food additives and salicylates was recommended[14].

- Consumption of food additives in Westernised countries has been steadily increasing since the 1960s. According to FDA data, daily per capita production of food dyes in the USA increased from 12 mg in 1955, to 32 mg in 1975, to 47 mg in 1998, a fourfold increase over 4 decades. Increasing intake of food additives makes awareness of the effects of food chemical sensitivity more difficult because in Westernised countries today 'exposure to [food chemicals] is sufficiently frequent to mask any relationship between ingestion and symptoms in susceptible people'[15].
- It is easier to see the effects of diet in a society in transition than in one in which the dietary change to highly processed foods has become firmly established. In Saudi Arabia, a comparison between village children who ate a traditional Arab diet and city children who ate more Western style processed foods showed that eating at fast food restaurants was associated with a 2-3 fold risk of developing asthmatic symptoms[16].
- Evidence shows that standard challenge testing[17] for food chemical sensitivity is likely to miss the majority of responders[15,18]. In a study which compared challenge testing with and without a comprehensive four-week elimination diet to obtain a low and stable baseline, the use of the Royal Prince Alfred Hospital elimination diet was associated with a threefold increase in the number of sulphite sensitive asthmatics identified by challenge[18].
- Sulphite preservatives are the additives most likely to affect asthmatics. The World Health Organisation recently upwardly revised its estimate of the number of asthmatic children affected by sulphite preservatives from less than 4% to 20-30% of asthmatic children[19]. These figures are probably a significant underestimate since they are derived mainly from studies using standard challenge testing[9,20] which are likely to miss the majority of responders (see point above).
- The only study ever to use a comprehensive additive-free low salicylate elimination diet with asthmatic children found that over 65% of the children were affected by sulphites[21]. Such a significant effect cannot be ignored in the management of childhood asthma.
- In Australia, young children are frequent consumers of acknowledged sulphite vectors such as sausages, dried fruit snacks including muesli bars, fruit flavoured drinks and french fries. Total dietary intake figures showed that Australian two-year-olds consumed approximately twice as many sulphites as 12 year olds and nearly four times as many sulphites as adults per kg bodyweight[22].
- As well as sulphites, benzoate preservatives (210-213) in drinks and medications have been associated with asthma. In France a child who took benzoate-preserved asthma medication continuously for six years remained asthma-free when avoiding benzoates in medication, drinks and food[23].
- Other food chemicals which have been associated with asthma in the Food Intolerance Network and with asthma or similar intolerance reactions in medical journals include annatto (E160b) natural colour[24], sorbates (200-213)[25], MSG (621),[7] antioxidants BHA (E320) and BHT (321)[26,27] and dietary salicylates[18].

Effectiveness of dietary intervention

Improvements in asthma symptoms have been reported with additive-free, low salicylate diets for adult asthmatics[18,28], an additive-free low salicylate elemental formula[29] and an additive-free very low calorie meal replacement program[30] following obesity surgery. Dietary management is most effective when all provoking food chemicals are avoided[31].

In a three month study of 19 asthmatic children, the only child of five to comply well with an additive-free, low salicylate diet was a formerly severe asthmatic who achieved normal lung function and freedom from all medication. There were no significant improvements in 14 sulphite sensitive children who were asked to avoid sulphites. Sensitivities to other food additives such as benzoates were not tested and researchers commented that the sulphite free diet 'did not involve radical changes in food consumption, and alternative foods and beverages not containing [sulphites] could be substituted with ease'[21]. This was not the experience of Corder and Buckley who after studying hundreds of asthmatics commented on the 'prevalence and abundance of doses of unlabeled sulfite in many foods … in the USA'[15]. Members of the Food Intolerance Network can confirm that avoiding sulphites in Australian foods and medications is extremely difficult as the use of sulphites, including unlabelled sulphites, is so widespread.

Food labelling

It is considered that appropriate food labelling will help in alerting individuals who cannot tolerate sulphites[19], but such labelling is of little use to children who are unaware of their sensitivities; to children whose parents or carers are not prepared to make the effort to restrict the child's diet; and in countries such as Australia where there is an abundance of unlabelled sulphite-containing foods, especially in unpackaged foods and takeaways.

The Food Intolerance Network has observed that families of asthmatic children are less motivated to restrict their diet unless there are other problems such as difficult behaviour. As one mother said, 'She's no trouble when she has asthma. She just sits there and tries to breathe.' When Sweden removed azo dyes from all food except caviar, cocktail cherries, fruit cocktails and some alcoholic drinks, the number of patients presenting with intolerance to azo dyes, benzoates and aspirin intolerance decreased[32].

To protect food-sensitive asthmatic children - possibly the majority of asthmatic children - the appropriate public health response is to reduce the use of asthmagenic additives in the foods that children eat.

- **sulphites -** World Health Organisation guidelines recommend that when a suitable alternative method of preservation to sulphites exists, its use should be encouraged[19]. Italian researchers suggest that sulphites are not always essential from a technological point of view and MPLs (maximum permitted levels) could be reduced[33]. For example, although permitted, Italians in general do not use sulphites in meats and in the USA, the use of sulphites in meat was banned in 1959 whereas in Australia, sulphites are permitted in sausages and processed

meats, and although sulphites in mince were banned many years ago, there are still a number of butchers who disregard this regulation[22].

- **artificial colours -** following an extensive review in 1999, independent scientists from the Centre for Science in the Public Interest recommended that the FDA should consider banning the use of artificial colours[34]. There are natural alternatives.
- **annatto natural colour (160b) -** there is a safe natural alternative for this additive, betacarotene 160a, which is used widely throughout Europe although the use of betacarotene is discouraged in Australia by representatives of Food Standards Australia New Zealand who claim it is 'too difficult and expensive'.
- **antioxidants BHA, BHT and TBHQ** - can be replaced by safe antioxidants ascorbates and mixed tocopherols from the range 300-309.
- **benzoates** - For many years, 7UP lemonade has been a colour-free, preservative-free, low salicylate soft drink available in cans and bottles. As of this month, 7UP contains benzoates in the name of 'longer shelf life'. Is a longer shelf life strictly necessary?

Fed Up with Asthma **by Sue Dengate**

This book, published by Random House in 2003, provides an up-to-date and comprehensive science-based review of the effects of food chemicals on asthma and how modification of diet can reduce or eliminate asthma in many people.

The work arose from observations of Food Intolerance Network members over many years. We noticed that when families embarked on the Royal Prince Alfred Hospital elimination diet for a child's difficult behaviour, any asthmatics in the family would improve. This was despite the fact that mothers usually said 'but his asthma isn't related to foods. He only gets it when he has a virus' or some other trigger. In the same way that asthmatics are unaware of their sensitivity to aspirin unless reactions occur within 20 minutes of ingestion[14], most asthmatics think that unless they experience an immediate asthma attack after eating, they are not sensitive to foods.

Yet we noticed that in every case while the child or adult remained on the diet their asthma would improve and exposure to former triggers would fail to result in asthma. A review of the literature suggested that chronic exposure to certain food chemicals may cause continued inflammation of the airways with no obvious symptoms. These inflamed airways are more likely to result in asthma when exposed to environmental factors such as viruses or exercise. Findings so far suggest that bronchial responsiveness reduces when food chemicals to which a sensitivity has been demonstrated are removed from the diet[35,15].

This mechanism accounts for the hundreds of reports we have received of improvements in asthma while on the elimination diet; of recurrences of asthma when failsafers break their diets; and of numerous anecdotes such as: a 35 year old woman who developed adult-onset asthma within three months of switching from regular Coke (which is benzoate-free) to Diet Coke (which is preserved with benzoates) and became asthma-free

when she reverted to regular Coke; a woman who developed adult-onset asthma when she followed a weight loss diet which involved snacking on a trail mix of sulphited fruit and nuts; a 5 year old failsafer with previously severe asthma who remained asthma-free while avoiding sulphites and benzoates until she missed nearly a term of schooling with asthma due to sorbate preservatives added unnoticed to the family's regular brand of margarine; a 12 year old who was kept wheat-free for eight years because her family had noticed her asthma occurred after sandwiches - the elimination diet showed the child's asthma was related to BHA (320) in bread and margarine rather than wheat itself; a woman who realised a commercial soup contained MSG because it exacerbated her asthma - the puzzled company eventually found unlabelled MSG added by the supplier of their soup stock; health authorities in three regions who discovered excessive use of artificial food colouring in meat and rice dishes when English curry house patrons complained of asthma following curries; and elite athletes who have outgrown their childhood asthma but develop exercise asthma years later when they start eating large numbers of sulphite-containing muesli bars during training.

Fed Up with Asthma contains extensive scientific references and provides more detail than the above summary. It is helping thousands of Australian families.

Conclusion

From the above it is clear that there is sound scientific evidence for a change in stance by the NHMRC and that in fact community action is outrunning the NHMRC.

The NHMRC may be interested to know that our website has had nearly 200,000 visits since establishment in September 1999 and that we receive continual reports of the effectiveness of the Failsafe diet for asthma. Many families report that asthma is just not an issue if the Failsafe diet is used.

It is also a concern to the Food Intolerance Network that Australia leads the world in this area, in the work with tens of thousands of children and adults at the Royal Prince Alfred Hospital Allergy Unit, but that much of their excellent work has not been written up and exposed to peer review. NHMRC could consider ways to assist this Unit to bring the work of Drs Loblay, Swain and Soutter the prominence that they deserve.

Based on the above detailed scientific studies, the Food Intolerance Network proposes that the NHMRC makes the following recommendations:

1. **Screening for food chemical sensitivity should be recommended as the first course of treatment for children with asthma before turning to medication. Children should be referred to a qualified dietitian, with experience in this area, for a three week trial of the Royal Prince Alfred Hospital Elimination Diet.**

2. **Health organisations and medical experts should work with the food industry to reduce the use of asthmagenic additives, especially sulphites, in the foods that children eat.**

We look forward to inclusion of these recommendations in the review of the publication.

Yours truly

Mrs Sue Dengate **Dr Howard Dengate**

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Publications Review

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ATTENTION DEFICIT HYPERACTIVITY DISORDER 1996

The Food Intolerance Network, which now consists of over 1500 members including over 700 in a range of specialised support groups, wishes to make a submission to the review of the above publication.

The Food Intolerance Network continues to disagree with the current recommendation 19 ("While some studies have suggested that food and food additives influence some behaviours in some children, dietary manipulation is not recommended in the routine management of ADHD. If a special diet is instituted, it should be under the careful supervision of a qualified dietitian, preferably with experience in this area.") and believes that considerable research since the date of this recommendation supports the proposed new recommendation given below.

Significant research worthy of NHMRC review includes:

1. Center for Science in the Public Interest Review

Center for Science in the Public Interest "Diet, ADHD and Behavior - A Quarter Century Review " by MF Jacobson and D Schardt 1999 (Executive Summary attached). This major review strongly recommended, *inter alia,* that

- "Government, private agencies and health professionals concerned about children with ADHD and other behavioural problems should acknowledge the potential for diet to affect behaviour and should advise parents to consider modifying their children's diet as a first means of treatment" and

- "Parents should consider dietary changes (along with behavioural therapy) as the first course of treatment for children with behavioural problems before turning to stimulant drugs."

2. Isle of Wight Study

This $700,000 UK Ministry of Agriculture, Fisheries and Food Research and Development Report "Do food additives cause hyperactivity and behaviour problems in a geographically defined population of 3 year olds?" (FS3015 30/06/00) (Executive Summary attached) found that 16.4% of 1873 children were hyperactive and 23.4% had behaviour problems and

- "that significant changes in children's hyperactive behaviour could be produced by the removal of artificial colourings and sodium benzoate from the diet" and
- they estimated that "the impact [of removing additives] on the proportion of children with elevated hyperactivity score (above the 85 percentile) would be to reduce the prevalence from 15% to 6%".

3. Bread preservative study

This study provided evidence of behavioural effects from a ubiquitous bread preservative and provided a significant measure of how effective the Royal Prince Alfred Hospital elimination diet, popularly known as the Failsafe Diet, can be in helping children:

- 100% of those who completed 2-3 weeks of the diet improved in behaviour rating by more than 25% (see below, abstract and graph based on data in the paper attached).

Abstract from Journal of Paediatrics and Child Health (2002) **38(4),** 373-376.

Controlled trial of cumulative behavioural effects of a common bread preservative

S DENGATE and A RUBEN

Darwin, Northern Territory, Australia

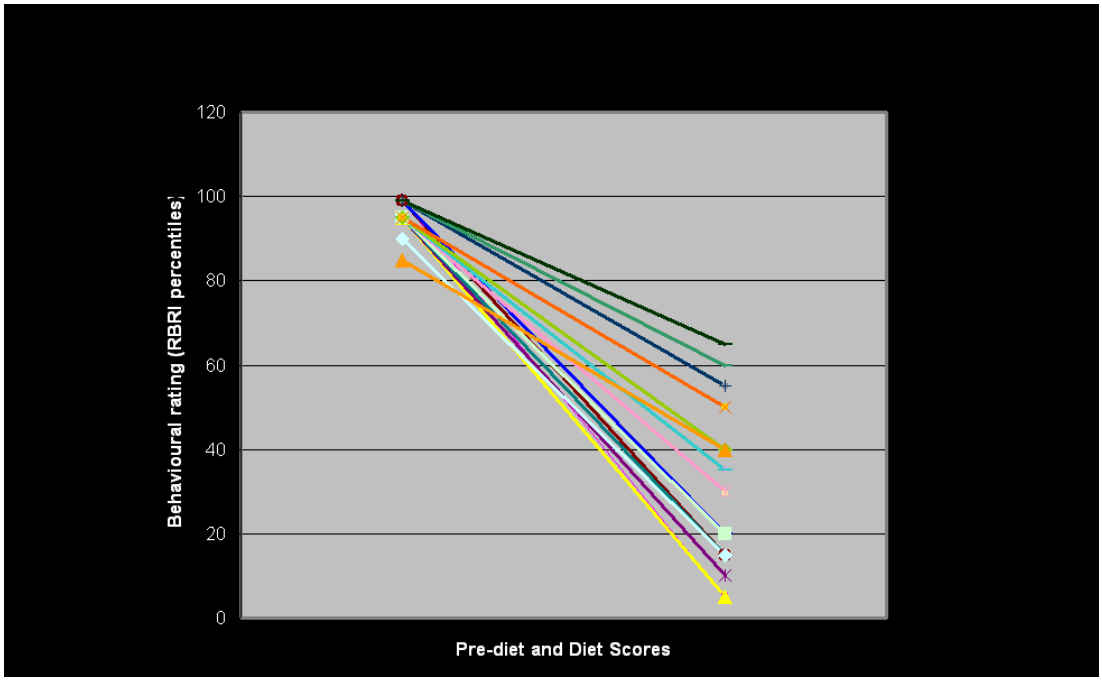
Objective: Many anecdotes and one scientific report describe cumulative behavioural effects of bread preservative on children.

Methodology: Twenty-seven children, whose behaviour improved significantly on the Royal Prince Alfred diet, which excludes food additives, natural salicylates, amines and glutamates, were challenged with calcium propionate (preservative code 282) or placebo through daily bread in a double-blind placebo-controlled crossover trial.

Results: Due to four placebo responders, there was no significant difference by ANOVA of weighted placebo and challenge Rowe Behaviour Rating Inventory means, but a statistically significant difference existed in the proportion of

children whose behaviours 'worsened' with challenge (52%), compared to the proportion whose behaviour 'improved' with challenge (19%), relative to placebo (95% confidence intervals 14-60%).

Conclusions: Irritability, restlessness, inattention and sleep disturbance in some children may be caused by a preservative in healthy foods consumed daily. Minimising the concentrations added to processed foods would reduce adverse reactions. Testing for behavioural toxicity should be included in food additive safety evaluation.



The Few Foods diet is acknowledged to be far more effective than the Feingold diet but too difficult for general use (see Arnold 1999 under section 5, below, and Carter CM, Urbanowicz M, Helmsley R, Mantilla L, Strobel S, Graham PJ and Taylor E. Effects of a few food diet in attention deficit disorder, *Archives of Disease in Childhood* 1993;69:564-568**). However the RPAH or Failsafe diet achieves similar effects to the Few Foods diet and is suitable for widespread use (Swain et al *Lancet* 1985, Dengate and Ruben 2003 under section 5 below).**

4. ACT school-age children's health study

In April 2003 the ACT Legislative Assembly Standing Committee on Health recommended (see attached), *inter alia*, that

- "Government require schools to minimise the sale and use of food containing..artificial colours, flavours and preservatives from ACT school canteens…" and
- "put in place a policy that when children are identified with behavioural problems, dietary management should be investigated and offered as a management option" and "offer dietary management as part of the rehabilitation process for juvenile offenders."

5. Recent research bearing on diet and behaviour

The following references were not considered in preparing the 1996 NHMRC advice on ADHD:

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From the above it is clear that there is sound scientific evidence for a change in stance by the NHMRC and that in fact community action is outrunning the NHMRC.

The NHMRC may be interested to know that our website has had nearly 200,000 visits since establishment in September 1999 and that we continue to receive thousands of reports of the effectiveness of the Failsafe diet for ADHD and food intolerances. The application of this diet is made more difficult if children are already on medication.

It is also a concern to the Food Intolerance Network that Australia leads the world in this area, in the work with tens of thousands of children and adults at the Royal Prince Alfred Hospital Allergy Unit, but that their excellent work has not been written up and exposed to peer review. NHMRC could consider ways to assist this Unit to bring the work of Drs Loblay, Swain and Soutter the prominence that they deserve.

Based on the above detailed scientific studies, the Food Intolerance Network proposes that NHMRC makes the following recommendations:

1. **Dietary changes (along with behavioural therapy) should be recommended as the first course of treatment for children with behavioural problems before trialling medication. Children should be referred to a qualified dietitian, preferably with experience in this area, for a three week trial of the Royal Prince Alfred Hospital Elimination Diet.**
2. **Health organisations, medical experts, pediatric hospitals and schools should minimise the use of food additives that may contribute to behavioural disorders.**

The Food Intolerance Network continues to support the current recommendation 11 ("Further research, including comparative studies, should be undertaken to establish the cost-effectiveness of the various components of management of ADHD").

We look forward to inclusion of these recommendations in the review of the publication.

Yours truly

Mrs Sue Dengate Dr Howard Dengate

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CANBERRA ACT 2610

Dear Mr Peachey

We are writing to congratulate you on becoming CEO of FSANZ at a time of rapid changes in the nature of food and the regulatory environment.

As one of your key stakeholder groups, we look forward to working with you over the next five years and take this opportunity to introduce ourselves.

The Food Intolerance Network provides information world-wide about the effects of food on behaviour, health and learning in both children and adults, and support for families using the low chemical elimination diet recommended by the Australian Royal Prince Alfred Hospital - free of additives, low in salicylates, amines and flavour enhancers (FAILSAFE).

We have been in existence for over ten years and in that time have been instrumental in helping tens of thousands of people deal with their problems, through Sue's four best-selling books, through a free bimonthly e-newsletter that goes to over 1,500 people and through eight current email support groups with up to 200 members in each. The Network is run by Sue and Howard Dengate from Darwin.

Sue Dengate is a psychology graduate, former teacher and food intolerance counsellor. Her interest in the effects of foods on children's health, behaviour and learning began with her own children's experiences. Sue established and coordinates the world-wide Food Intolerance Network. In 2001 she completed a 'supermarket tour' around the world, checking food additive use in 15 countries. Random House Australia has published "Different Kids", "Fed Up", "The Failsafe Cookbook" and her latest, "Fed Up with Asthma".

Dr Howard Dengate is currently Executive Director Policy & Coordination with the Northern Territory Department of Business, Industry and Resource Development. He studied food technology at the University of NSW and worked for 10 years in wheat research in New Zealand before becoming Director of the Agricultural Research Institute,

Wagga Wagga, NSW and then moving to the Territory 14 years ago as Deputy Secretary in the Department of Primary Industry and Fisheries.

Our objective is to work with the food industry and regulators to substitute safer additives than the 50 known to cause problems (see attached) and to ensure that labelling and point-of-sale information allow people to avoid food components that trigger their problems.

A particular target is removal of the 5% labelling loophole, which allows food manufacturers to choose not to declare additives, as having "no technological effect", even when food-sensitive people suffer chronic ill-health or behavioural problems from the cumulative effects of additives at such levels.

After surveying Network members, we have three current campaigns on food additives:

- **Propionates (280-283)**, used as a bread preservative and found in an increasingly wide range of other foods. This is, in our view, an insidious additive proven to cause problems by Royal Prince Alfred Hospital among others. We have asked for years for regulators to provide evidence that this additive is safe, but the only scientific evidence is that it is not safe, including a recent paper in the Journal of Paediatrics by Sue Dengate and Dr Alan Ruben. This additive is unnecessary.
- **Ribonucleotides (635, also 627, 631),** newly introduced as a flavour enhancer. We have twice provided FSANZ multiple observations of severe rashes and respiratory symptoms from this additive and believe that people may already have died from it. Following recent publicity on "A Current Affair", we have received hundreds more reports, which will be forwarded to you shortly. This additive should be withdrawn immediately.
- **Sulphites (220-228),** widely used in foods and frequently not labelled or slipping through the 5% loophole. Sulphites have long been known to trigger asthma in susceptible people. Safe alternatives exist. As the prevalence of childhood asthma in Australia is one of the highest in the world, has reached 50% of preschoolers in the latest survey and continues to increase, we agree with independent scientists from the Centre for Science in the Public Interest: the use of sulphites (except in wine) should be banned.

We note that FSANZ's recent Fellows Symposium gave FSANZ the key message that it must establish effective partnerships with key stakeholder groups, and overcome the communication challenges that arise if scientific information is incomplete and/or challenges conventional thinking.

This communication is two-way. We look forward to being engaged with FSANZ to challenge conventional thinking and to provide a consumer viewpoint. We encourage you and your staff to remain current with our complete and active website www.fedupwithfoodadditives.info.

Yours truly

Mrs Sue Dengate Dr Howard Dengate

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Food Intolerance Network

Coordinator: Sue Dengate

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phone +61 8 8981 2099 fax +61 8 8942 3099

email: sdengate@ozemail.com.au

website: www.fedupwithfoodadditives.info

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4 February 2003

Principal Health Inspector

NT Department of Health and Community Services

GPO Box 40596

CASUARINA NT 0811

Dear Sir or Madam

FORMAL COMPLAINT REGARDING COLONIAL FARMS GLUCOSE SYRUP

I wish to lodge a formal complaint regarding misinformation in the labelling of the Colonial Farms Fine Foods glucose syrup sold in the NT, as elsewhere in Australia.

The substance of my complaint is that the label implies that the only ingredient is glucose syrup. However glucose suppliers and manufacturers advise that the product contains sulphur dioxide (additive 220) at up to 450 ppm. This amount is sufficient to cause serious reactions in asthmatics sensitive to sulphites, as many are. This issue has been raised by phone twice with the company over the last two years - they admitted that there

was sulphur dioxide in the product but they were using up old labelling. Two years later there is no change in the labelling.

Enquiries were made because members of Food Intolerance Network have been reporting health, behavioural and learning reactions to this product, which should not be the case if the label was accurate.

A letter from your Minister recently advised that if people react to food additives, then they need only read the label and avoid those foods. However this is only one example of many where people do not know what is in their food unless they ring the manufacturer and the manufacturer is willing to be honest, since regulatory monitoring and surveillance is virtually non-existent.

In the Food Standards Code, it is a criminal offence in Australia to supply food which does not comply with relevant food standards, not a civil offence. Therefore I look forward to you treating this complaint with the vigour that a criminal offence requires. The letter will be posted on my website, as will your replies.

Yours truly

Ms Sue Dengate

cc The General Manager, Colonial Farms Fine Foods, 2 Tarlington Place, Smithfield NSW 2164

cc Managing Director, FSANZ, PO Box 7186, CANBERRA MC ACT 2610

cc Ms Louise Sylvan, Australian Consumers Association, 57 Carrington Rd, MARRICKVILLE NSW 2204

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website: www.fedupwithfoodadditives.info

4 February 2003

Principal Health Inspector

NT Department of Health and Community Services

GPO Box 40596

CASUARINA NT 0811

Dear Sir or Madam

FORMAL COMPLAINT REGARDING LOWAN WHOLE FOODS KIDS BYTES

I wish to lodge a formal complaint regarding misinformation in the labelling of Lowan Whole Foods Kids Bytes Real Apple Fruit Filling with Yoghurt Ribbons sold in the NT, as elsewhere in Australia.

The substance of my complaint is that the label says clearly that, among other ingredients, it contains "natural colour". However enquiries of the company resulted in advice that this "natural colour" is in fact the artificial colour tartrazine (102) AND artifical colour sunset yellow (110).

Enquiries were made because members of the Food Intolerance Network had earlier been reporting health, behavioural and learning reactions to this product, which should not be the case if the label was accurate.

A letter from your Minister recently advised that if people react to food additives, then they need only read the label and avoid those foods. However this is only one example of many where people do not know what is in their food unless they ring the manufacturer and the manufacturer is willing to be honest, since regulatory monitoring and surveillance is virtually non-existent.

In the Food Standards Code, it is a criminal offence in Australia to supply food which does not comply with relevant food standards, not a civil offence. Therefore I look forward to you treating this complaint with the vigour that a criminal offence requires. The letter will be posted on my website, as will your replies.

Yours truly

Ms Sue Dengate

cc The General Manager, Lowan Whole Foods, 11 Bollard Place, PICTON NSW 2571

cc Managing Director, FSANZ, PO Box 7186, CANBERRA MC ACT 2610

cc Ms Louise Sylvan, Australian Consumers Association, 57 Carrington Rd, MARRICKVILLE NSW 2204

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4 February 2003

Principal Health Inspector

NT Department of Health and Community Services

GPO Box 40596

CASUARINA NT 0811

Dear Sir or Madam

FORMAL COMPLAINT REGARDING SANITARIUM SO GOOD SOYMILK

I wish to lodge a formal complaint regarding misinformation in the labelling of Sanitarium So Good Soymilk, sold in the NT, as elsewhere in Australia.

The substance of my complaint is that the label makes no mention of any antioxidants being used in the oil used in formulating the soymilk. However enquiries of the company resulted in advice that the oil has in the past contained antioxidant TBHQ (319) and

currently, following representations from the Food Intolerance Network, is believed to contain a mixture of tocopherols (306-309). The Food Intolerance Network asserts that scientific evidence is that TBHQ should not be used in any food, while it accepts that tocopherols are safe. Enquiries were made because members of the Food Intolerance Network had earlier been reporting health, behavioural and learning reactions to this product, which should not be the case if the label was accurate.

The Food Standards Code 1.2.3 requires declaration of all food additives in a compound ingredient where the food additive is performing a technological function in the final food. The Food Intolerance Network believes that the antioxidant is clearly performing a technological function, otherwise why is it added, and so it should be declared.

A letter from your Minister recently advised that if people react to food additives, then they need only read the label and avoid those foods. However this is only one example of many where people do not know what is in their food unless they ring the manufacturer and the manufacturer is willing to be honest, since regulatory monitoring and surveillance is virtually non-existent.

In the Food Standards Code, it is a criminal offence in Australia to supply food which does not comply with relevant food standards, not a civil offence. Therefore I look forward to you treating this complaint with the vigour that a criminal offence requires. The letter will be posted on my website, as will your replies.

Yours truly

Ms Sue Dengate

cc The General Manager, Sanitarium, 1 Sanitarium Drive, BERKELEY VALE NSW 2261

cc Managing Director, FSANZ, PO Box 7186, CANBERRA MC ACT 2610

cc Ms Louise Sylvan, Australian Consumers Association, 57 Carrington Rd, MARRICKVILLE NSW 2204

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(March 2002)

Food Intolerance Network

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18 March 2002

Dr Ian Lindenmeyer

Managing Director

ANZFA

PO Box 7186

CANBERRA MC ACT 2610

Dear Dr Lindenmayer

FURTHER ADVERSE EXPERIENCES WITH

ADDITIVE 635 (SODIUM 5' RIBONUCLEOTIDES)

In May 2000 the Food Intolerance Network provided you with twelve detailed reports of serious reactions to Food Additive 635. The response from ANZFA was patronizing at best, suggesting that we should provide clinical evidence, which is clearly beyond the resources of this Network. The response left unanswered the serious issues raised, which are that you appear to have no system where adverse experiences can be reported and heard nor any publicly available evidence of safety of this additive.

The situation remains the same today. There are still people being seriously affected every day by this additive. It is being found in an increasing range of foods, including takeaways where it is impossible to obtain information about its presence in the food.

We provide below some more recent reports concerning this additive:

- "I woke up at 3.30am on a Sunday covered with a rash, particularly bad on arms and torso. My face was very swollen and lumpy. The rash was terrible, the facial swelling was quite frightening and I felt as though I was gasping for air at times. My doctor said because it was all over my body, it was likely something I had

eaten. The only thing different I had was a vegie burger from Hungry Jacks that I ate shortly before going to sleep. I went back later and asked about the ingredients. The only thing that I was not sure that I had eaten before was additive 635 (it was the only additive). I've never experienced a reaction like this. In the past, when I have had allergic reactions, the result has been hives, not rash, and always cured quickly by an antihistamine tablet. This time I had to take a course of antihistamines and steroids. I assure you I won't be consuming this 635 again. It has been a most distressing experience for me and caused me to cancel my holiday. It is almost incomprehensible that this additive is allowed (without any sort of warning) if this sort of reaction can occur." (Brisbane)

- "My 16yr old son had a bout of hives last year. Covered his arms, legs and body in large swollen itchy welts. Telfast 180mg stopped the itching and reduced the swelling, but we could still see the red welts. For almost a week he woke each morning with the welts raised and itching again. We couldn't identify anything different in his diet or environment. Two weeks later he had another outbreak, similar in intensity. But this time I realised that both times it happened after he had worked an 8hr shift at a charcoal chicken shop. He has worked at this shop for over a year, and eaten there with no problems. However, it was unusual for him to eat both lunch and dinner at work, and for him to choose chicken and chips, smothered in gravy, for both meals in one day. He read through the ingredients of everything used in the shop, and found that the 'chicken flavouring' added to the stuffing includes E635. This same chicken flavouring is mixed with salt and sprinkled on the chips. The gravy mix used also has E635, and the chicken flavouring is added to the gravy, so there's a double dose there. He has since avoided eating large quantities of E635, ie. he doesn't eat the gravy, he leaves the 'chicken salt' off his own chips, and he's careful to monitor the quantity of 'chicken flavour' added to the stuffing mix. He's had no hives at all since those two episodes. I'm very concerned that the shop owner had no idea that E635 could cause reactions, and that there is no real control over the amount of E635 in any one meal. E635 is in the 'chicken flavour' added to gravy, stuffing and salt. The 'chicken salt' is liberally sprinkled on chicken and chips. How much my son ate that day depends on who made up the gravy and stuffing, and who salted the chips, because there are no exact measurements." (Kiera)
- A mother from Melbourne who reacts with a quick, dramatic skin rash (excellent photos are available) to flavour enhancer 635…in Doritos, CCs and a particular flavour of rice crackers. Her 9-year-okd daughter also reacts to this additive (after eating only two CCs), with "crabbiness, itchy eyes and black circles under her eyes, like someone has punched her in the face." (Food Intolerance Network letter in response to query from TV producer).
- "One of my friends had a frightening experience on Christmas Eve, which we thought may have been caused by 635 in corn chips. She has never had a reaction like it before, but had eaten quite a few corn chips (and not much else) at a family outing..here is part of what she wrote: - there was one bottle of mineral water, one bottle of wine, 2 packets of corn chips and a salad consisting of lettuce, tomato and cucumber!! Not only that but halfway thru the nite I started to get these itching lumps on my neck and legs. Felt ordinary for the rest of the nite and next

morning I noticed more lumps and my ears were red hot and swollen. Managed to get thru the day okay but I didn't feel much like eating and was tired. Next morning…I woke absolutely burning and covered in lumps (or hives as you have probably figured out). I tried to get up and shower but I fainted…my lips swelled up and (my husband) was in a panic. The doctor came and gave me an anti-histamine and within an hour I was better but my blood pressure remained low and I had to stay in bed til my body battled whatever I ate that I was allergic to. Today I am better..the hives are beginning to go and no new ones are appearing. I can walk but I have to tell you I am scared. I don't know what I ate..I think maybe the cornchips..they were flavoured." (Melbourne)

- "I had an itchy rash a few weeks back that kept me up all night. I thought it might have been a reaction to a new soap, but then I remembered the 635 in CCs…I had dug into a larger packet than usual. I hadn't had any other processed food. I haven't had CCs or the rash since then." (Sydney)
- "I realise that Jake is very sensitive more than most and only lives on his basic four items, but he also had a very severe reaction to 635…He broke out in a hive/welt rash and also had swelling in the throat and breathing difficulties, he was given a needle from the Doctor which helped, but the redness was there for days along with headaches. And I also react…I also get the welts, the size of plates on me and severe headaches for days where I can't move." (Blacktown)

Above we have provided more evidence of serious reactions to an additive that ANZFA has officially approved for everyday use in Australian and New Zealand food. We seek your answers to the following questions:

1. What action will ANZFA take in response to our letter?
2. Why is there no formal public system for the reporting of adverse experiences? If the National Registration Authority can run such a system for agricultural and veterinary chemicals, why is it beyond your ability and responsibility for foods eaten every day by the Australian public?
3. Specifically for Additive 635, where is your scientific evidence that this additive is safe? The absence of evidence is not evidence of absence of harm, so where is the properly conducted study and public report such as that routinely provided for agricultural and veterinary chemicals (see example attached)?

We believe that some Australians and New Zealanders have probably already died from the effects of Additive 635. They would be recorded as death from asthma or anaphylactic shock, but nobody is looking for the cause in the increasing use of a dangerous food additive. It is time ANZFA took it seriously.

Yours truly

Mrs Sue Dengate **Dr Howard Dengate**

cc Ms Louise Sylvan, Australian Consumers' Association.

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(May 2000)

Food Intolerance Network of Australia (FINA)

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21 May 2000

Project Manager, Draft Joint Code

Australia New Zealand Food Authority

PO Box 7186

Canberra Mail Centre ACT 2610

AUSTRALIA

SUBMISSION ON THE DRAFT

JOINT AUSTRALIA NEW ZEALAND FOOD STANDARDS CODE

This submission is made by the above national body representing those one to two million people in Australia and New Zealand who are, knowingly or not, affected on a

daily basis by food intolerance. It is provided after the official closing date for submissions of 17 May because consultation in Darwin occurred on 16 May and the ANZFA official present agreed to a late submission for that reason.

FINA continues to object to the wider use of 50 additives and will continue to campaign for their presence to be reduced or eliminated. However, addressing the Draft Food Standards Code as a whole and its overall effectiveness and clarity, as amended for issues in the addendum provided, FINA supports the draft except for two issues upon which we request serious consideration from ANZFA.

First, we seek specific notice within the Food Standards Code for food manufacturers and consumers of those 50 additives that are recognised as causing problems for the food intolerant people in Australia and New Zealand. The Food and Grocery Council of Australia now recognise in their publications that 5-10% of the population is food intolerant. Your advisers at the Royal Prince Alfred Hospital can confirm that, out of the myriad of food additives, only 50 are known to contribute to food intolerance reactions at present levels of use.

It would be clearly in the interests of both food manufacturers and consumers if the peak food regulatory body provided sound information and guidance as to which additives cause problems and which are of no concern. This is essentially an education task, with several food manufacturers already approached by FINA expressing gratitude for the guidance that this information could provide. As was evident at the briefing in Darwin, food manufacturers don't yet understand which additives cause problems and which don't. At present, consumers too are bewildered by the myriad names and numbers of additives and may well be avoiding foods that present no risk to anyone. At the same time, there are various public lists of "harmful" additives with no references or rational basis that either exaggerate or confuse consumers.

We understand that alteration of Schedule 1 of Standard 1.3.1 provides a difficulty in that this Schedule is the only part that has presently been through the entire Ministerial process. If this is correct, the suggested notice will either have to be put through the whole process again, or it might better be included in Standard 1.3.1 as a new **Clause 13. Additives which may affect food intolerant people.** We attach a list that could then form the basis for a Table to Clause 13.

We believe that the proposal given above would take considerable heat from the present debate, would be welcomed by food manufacturers and consumers alike, and would be taken as evidence of leadership by both ANZFA and Health Ministers if it were implemented within the new Food Standards Code.

Second, we have strong concerns that, according to the Draft, there will be additives in compound foods that will not have to be declared on labels if a manufacturer, without having to provide evidence, decides that they are not performing a technological function. Since you already require that ALL food additives must perform a technological function **(Standard 1.3.1 Food Additives** says under Purpose that "A food additive may only be

added to food where expressly permitted in this standard. Additives can only be added to food in order to achieve an identified technological function according to Good Manufacturing Practice."), surely this restriction is superfluous.

As consumers, we want to know what additives are in the food, not whether they continue to perform a technological function. Even small amounts affect some people, and the effects of additives are both dose-related and cumulative, facts that your approvals process has yet to digest.

We do understand that additive levels will be low in the compound ingredient and appreciate that the new standard is a considerable improvement on the old 25% compound ingredient level. But we don't understand why it is still necessary to insist on the additive being declared ONLY if there remains a technological function in the final food. Why not simplify Clause 7 in 1.2.4 by deleting the superfluous reference to technological function, vis:

1.2.4 Labelling of Ingredients allows that:

> **7 Declaration of compound ingredients**…(at less than 5% by weight)…"subject to clause 4 of Standard 1.2.2, all food additives in the compound ingredient."

And then you can also drop the long and tortuous Editorial Note following, which is akin to determining how many angels can dance on a pin and leaves consumers suspicious of food manufacturers' motives in failing to declare additives that are known to be present.

This change would also ensure the complete accuracy of Clause 4 of **Standard 1.2.2 Mandatory Information Requirements,** which states that:

> 4 (1) The label on a package of food must include a declaration of the presence in the food of the substances listed in the Table to this clause, when present as -
>
> (a) an ingredient;
>
> (b) an ingredient of a compound ingredient;
>
> (c) a food additive or component of a food additive; or
>
> (d) a processing aid or component of a processing aid.

Otherwise, if we understand the complexities of the drafting, the above clause will need to be modified to add to 4(1) (c) "…except in the case of compound ingredients.", which is untidy.

Thank you for the opportunity to comment. We trust that the above can be considered constructively and stand ready to support ANZFA publicly over the above changes.

Yours truly

Mrs Sue Dengate Dr Howard Dengate

FOOD ADDITIVES WHICH MAY CAUSE PROBLEMS

FOR FOOD INTOLERANT PEOPLE

COLOURS

Artificial colours	102 Tartrazine 107 Yellow 2G 110 Sunset yellow FCF 122 Azorubine 123 Amaranth 124 Ponceau 4R 127 Erythrosine 129 Allura red AC 133 Brilliant Blue FCF 142 Green S 151 Brilliant Black BN 155 Brown HT	**Natural colour**	Annatto natural colour 160b

PRESERVATIVES

Sorbic acids	200 Sorbic acid 201 Sodium sorbate 202 Potassium sorbate 203 Calcium sorbate	**Benzoic acids**	210 Benzoic acid 211 Sodium benzoate 212 Potassium benzoate 213 Calcium benzoate
Sulphites	220 Sulphur dioxide 221 Sodium sulphite 222 Sodium bisulphite 223 Sodium metabisulphite 224 Potassium metabisulphite 225 Potassium sulphite 228 Potassium bisulphite	**Antioxidants**	310 Propyl gallate 311 Octyl gallate 317 Erythorbic acid 318 Sodium erythorbate 319 *tert*-Butylhydroquinone 320 Butylated hydoxyanisole (BHA) 321 Butylated hydroxytoluen (BHT) 312 Dodecyl gallate
Propionic acids	280 Propionic acid 281 Sodium propionate 282 Calcium propionate 283 Potassium propionate	**Nitrates & nitrites**	249 Potassium nitrite 250 Sodium nitrite 251 Sodium nitrate 252 Potassium nitrate

FLAVOUR ENHANCERS AND ADDED FLAVOURS

Glutamates	620 L-Glutamic acid 621 Monosodium glutamate (MSG)	**Added flavours**	many

	622 Monopotassium glutamate 623 Calcium dihydrogen diLglutamate 624 Monoammonium L-glutamate 625 Magnesium di-L-glutamate 627 Disodium guanylate* 631 Disodium inosinate* 635 Sodium 5' ribonucleotide*		

from Clarke, L and others, Dietitians Association of Australia review paper: 'The dietary management of allergy and food intolerance in adults and children', Aust J Nutr & Diet (1996) 53:3; Royal Prince Alfred Hospital Allergy Unit, 'The Simplified Elimination Diet', available from dietitians; Dengate, S 'Fed Up', Random House, 1998; and Swain A and others, 'Friendly Food', Murdoch Books, 1991 *Not yet proven.

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(May 2000)

Food Intolerance Network of Australia (FINA)

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1 May 2000

Dr Ian Lindenmeyer

Managing Director

ANZFA

PO Box 7186

CANBERRA MC ACT 2610

Dear Dr Lindenmeyer

FORMAL REQUEST FOR INVESTIGATION OF ADDITIVE 635

FINA has received numerous complaints concerning the food additive 635 (sodium 5' ribonucleotide), which is found in tasty snack foods - pies, party pies, flavoured chips, flavoured noodles, dried soups. The effects reported are serious and in one case to date were life threatening.

Here is a typical response:

> "I ate just a few CC's at a staff function. Within an hour I had a red rash and itch like that from a caterpillar inside my right elbow. By the time I went to bed I was scratching myself all over the armpit and upper body. Having a shower really made it go, across my chest and up my neck on the right. The next morning at an aerobics class I had a red rash over my entire right body from the waist up to my neck, where it formed an unsightly and extremely itchy vivid red high-water mark around my neck.
>
> "Three days later I still have lumps and itches in my right armpit and up to my face. I seem to have become hyper-sensitised to other allergens that rarely affect me, sneezing, scratching and itching. If I hadn't seen this all happen to my son I wouldn't believe that it was caused by such a small amount of an additive. And I know that it will last a week, based on his experience.

And here's one that appears to be anaphylactoid:

> "I have a story regarding flavour enhancer 635 from the eight-year old boy next door.
>
> "Last year he ate a pie bought from a bakery shop near his mother's workplace. Not only did he get the skin reaction he also suffered a life-threatening anaphylactic-type reaction with swelling of mouth, tongue and throat. The doctor (fortunately a doctor's surgery was just around the corner) who treated him said that he was probably a matter of minutes away from death. He remained on antihistamines for weeks and missed a lot of school. For days his lips protruded four inches or so! The family was unable to find out what was in the pie and so the cause of the reaction remained a mystery.
>
> "A little over a month ago this child was given two or three CC's by a friend at school. Within a short time his arms were itching and his chest was covered in red and white wheals. This reaction

was not as severe as the pie incident (the dose was no doubt much lower). I think that reaction took a week to subside.

"His mother has commented that this boy has had no problems of this kind until last year, although he does have a history of mild asthma.

"It wasn't until I was looking through your web site that I found the more-than-likely culprit. The family is very grateful. Once again

"THANK YOU! Surely 635 cannot go on being legal - if it was a drug it would be taken off the market or used, if deemed necessary, with extreme caution under hospital conditions, I'm sure!

These detailed anecdotes are backed up by e-mails to FINA from all over Australia and New Zealand about the effects of this additive. There appears to be nothing in the scientific literature about these effects of this additive.

- Soon after its introduction an NT pediatrician asked us which ingredient in Maggi two minute noodles could cause 'a dramatic skin eruption' in a four year old boy
- nearly 6 year old girl from NT developed an intensely itchy skin rash 24 hours after a class party with party pies, pediatrician at hospital prescribed Phenergan, 3 others in class with milder rashes
- 55 year old woman from SA, developed a dramatic rash that lasted two weeks after eating Gibbs party pies, antihistamines were not very effective
- 13 yo boy from NT developed an intensely itchy skin rash from the soles of his feet to the top of his head after eating a pie at a friend's place, the contents of the pie could not be determined
- 11 yo boy from NT developed an intensely itchy skin rash from 30 hours after eating party pies at a class party, the rash spread from chest to feet, then from chest to top of head, reappearing for 10 days. Missed one week of school. One other in class with milder rash.
- 2 yo girl from Victoria, developed a dramatic all-over itchy skin rash after eating Maggi instant noodles for dinner. Rushed to emergency room at midnight, needed antihistamines for two weeks. The family's regular brand of noodles (all the same ingredients except for 635) do not affect her.
- 50ish woman from NT, developed a mild but persistent skin rash after changing brand of frozen pie eaten once a week. New brand contains 635.
- 40ish man from Qld, developed constant itchy rash over the last two years, eats CC's corn chips (containing 635) every day
- 50ish man from NT developed a dramatic itchy rash within hours of eating "a few" CCs corn chips.
- 8 yo boy from NT, ate one packet of Lays Country Style Sour cream and Onion chips on Easter Saturday (wanting the Pokemon card inside). The next day he ate another half a packet and developed a "head to toe itchy rash like a map of Australia, huge and bumpy" according to pharmacy assistant. Eyelids started to swell. He presented to a pharmacy with the chip packets and his parents saying, "we think it was these". Contents included 635.

As a result of the above reports, FINA formally requests that ANZFA investigate additive 635 for its health effects and requests to be informed in detail of the process that ANZFA will follow in investigating this adverse experience report.

Yours truly,

Sue Dengate

cc Dr Heather Yeatman, ANZFA Board

cc Nicola Ballenden, Australian Consumers' Association

cc Dr Dick Copeman, Consumer Food Network

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Food Intolerance Network

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18 March 2002

Dr Ian Lindenmeyer

Managing Director ANZFA

PO Box 7186

CANBERRA MC ACT 2610

Dear Dr Lindenmayer

FURTHER ADVERSE EXPERIENCES WITH

ADDITIVE 635 (SODIUM 5' RIBONUCLEOTIDES)

In May 2000 the Food Intolerance Network provided you with twelve detailed reports of serious reactions to Food Additive 635. The response from ANZFA was patronizing at best, suggesting that we should provide clinical evidence, which is clearly beyond the resources of this Network. The response left

unanswered the serious issues raised, which are that you appear to have no system where adverse experiences can be reported and heard nor any publicly available evidence of safety of this additive.

The situation remains the same today. There are still people being seriously affected every day by this additive. It is being found in an increasing range of foods, including takeaways where it is impossible to obtain information about its presence in the food.

We provide below some more recent reports concerning this additive:

- "I woke up at 3.30am on a Sunday covered with a rash, particularly bad on arms and torso. My face was very swollen and lumpy. The rash was terrible, the facial swelling was quite frightening and I felt as though I was gasping for air at times. My doctor said because it was all over my body, it was likely something I had eaten. The only thing different I had was a vegie burger from Hungry Jacks that I ate shortly before going to sleep. I went back later and asked about the ingredients. The only thing that I was not sure that I had eaten before was additive 635 (it was the only additive). I've never experienced a reaction like this. In the past, when I have had allergic reactions, the result has been hives, not rash, and always cured quickly by an antihistamine tablet. This time I had to take a course of antihistamines and steroids. I assure you I won't be consuming this 635 again. It has been a most distressing experience for me and caused me to cancel my holiday. It is almost incomprehensible that this additive is allowed (without any sort of warning) if this sort of reaction can occur." (Brisbane)
- "My 16yr old son had a bout of hives last year. Covered his arms, legs and body in large swollen itchy welts. Telfast 180mg stopped the itching and reduced the swelling, but we could still see the red welts. For almost a week he woke each morning with the welts raised and itching again. We couldn't identify anything different in his diet or environment. Two weeks later he had another outbreak, similar in intensity. But this time I realised that both times it happened after he had worked an 8hr shift at a charcoal chicken shop. He has worked at this shop for over a year, and eaten there with no problems. However, it was unusual for him to eat both lunch and dinner at work, and for him to choose chicken and chips, smothered in gravy, for both meals in one day. He read through the ingredients of everything used in the shop, and found that the 'chicken flavouring' added to the stuffing includes E635. This same chicken flavouring is mixed with salt and sprinkled on the chips. The gravy mix used also has E635, and the chicken flavouring is added to the gravy, so there's a double dose there. He has since avoided eating large quantities of E635, ie. he doesn't eat the gravy, he leaves the 'chicken salt' off his own chips, and he's careful to monitor the quantity of 'chicken flavour' added to the stuffing mix. He's had no hives at all since those two episodes. I'm very concerned that the shop owner had no idea that E635 could cause reactions, and that there is no real control over the amount of E635 in any one meal. E635 is in the 'chicken flavour' added to gravy, stuffing and salt. The 'chicken salt' is liberally sprinkled on chicken and chips. How much my son ate that day depends on who made up the gravy and stuffing, and who salted the chips, because there are no exact measurements." (Kiera)
- A mother from Melbourne who reacts with a quick, dramatic skin rash (excellent photos are available) to flavour enhancer 635…in Doritos, CCs and a particular flavour of rice crackers. Her 9-year-okd daughter also reacts to this additive (after eating only two CCs), with "crabbiness, itchy eyes and black circles under her eyes, like someone has punched her in the face." (Food Intolerance Network letter in response to query from TV producer).
- "One of my friends had a frightening experience on Christmas Eve, which we thought may have been caused by 635 in corn chips. She has never had a reaction like it before, but had eaten quite a few corn chips (and not much else) at a family outing..here is part of what she wrote: - there was one bottle of mineral water, one bottle of wine, 2 packets of corn chips and a salad consisting of lettuce, tomato and cucumber!! Not only that but halfway thru the nite I started to get these itching lumps on my neck and legs. Felt ordinary for the rest of the nite and next morning I noticed more lumps and my ears were red hot and swollen. Managed to get thru the day okay but I didn't feel much like eating and was tired. Next morning…I woke absolutely burning and covered in lumps (or hives as you have probably figured out). I tried to get up and shower but I fainted…my lips swelled up and (my husband) was in a panic. The doctor came and gave me an anti-histamine and

within an hour I was better but my blood pressure remained low and I had to stay in bed til my body battled whatever I ate that I was allergic to. Today I am better..the hives are beginning to go and no new ones are appearing. I can walk but I have to tell you I am scared. I don't know what I ate..I think maybe the cornchips..they were flavoured." (Melbourne)

- "I had an itchy rash a few weeks back that kept me up all night. I thought it might have been a reaction to a new soap, but then I remembered the 635 in CCs…I had dug into a larger packet than usual. I hadn't had any other processed food. I haven't had CCs or the rash since then." (Sydney)
- "I realise that Jake is very sensitive more than most and only lives on his basic four items, but he also had a very severe reaction to 635…He broke out in a hive/welt rash and also had swelling in the throat and breathing difficulties, he was given a needle from the Doctor which helped, but the redness was there for days along with headaches. And I also react…I also get the welts, the size of plates on me and severe headaches for days where I can't move." (Blacktown)

Above we have provided more evidence of serious reactions to an additive that ANZFA has officially approved for everyday use in Australian and New Zealand food. We seek your answers to the following questions:

1. What action will ANZFA take in response to our letter?
2. Why is there no formal public system for the reporting of adverse experiences? If the National Registration Authority can run such a system for agricultural and veterinary chemicals, why is it beyond your ability and responsibility for foods eaten every day by the Australian public?
3. Specifically for Additive 635, where is your scientific evidence that this additive is safe? The absence of evidence is not evidence of absence of harm, so where is the properly conducted study and public report such as that routinely provided for agricultural and veterinary chemicals (see example attached)?

We believe that some Australians and New Zealanders have probably already died from the effects of Additive 635. They would be recorded as death from asthma or anaphylactic shock, but nobody is looking for the cause in the increasing use of a dangerous food additive. It is time ANZFA took it seriously.

Yours truly

Mrs Sue Dengate **Dr Howard Dengate**

cc Ms Louise Sylvan, Australian Consumers' Association.

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ANZ
Australia New
Food Auth
TE MANA WHAKARITE KAI MŌ ĀHITEREIRIA

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Barton ACT 2600
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Ph: 61 2 6271 2222
www.anzfa.gov.au

Ms Sue Dengate
Coordinator – Food Intolerance
Network of Australia
Po Box 85 PARAP NT 0804

Dear Ms Dengate

Thank you for your letter of 18 March 2002 concerning the need for a reporting system for adverse reactions to foods and the safety of food additive number 635, disodium ribonucleotides, 5'-. I apologise for the delay in replying to your letter.

I regret that you found the last response patronizing, but the *ANZFA Act* 1991 requires ANZFA to conduct scientific, risk analysis-based assessments of any regulatory measures. ANZFA therefore requires clinical evidence to prove the safety or otherwise of permitted food additives to make any changes to the regulations.

I reiterate that ANZFA will seriously consider any new evidence that concerns the safety of food additives. The recent reports that you have provided indicate that there is some cause for concern with the use of additive 635. The use of additive 635 as a flavour enhancer may be increasing due to concerns, real or perceived about additive 621, monosodium glutamate.

ANZFA is investigating the current situation concerning adverse reactions to additive 635 with the experts in the field. ANZFA has also considered the need for establishment of an adverse food reactions register and discussed the possibility of a government agency establishing such a facility. To this point, resources for such a register have not been made available. We cannot anticipate whether this initiative will proceed.

Please call Jim Gruber on 02 6271 2226 if you wish to discuss these matters further.

Yours sincerely

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Government regulator's reponse on 6 July 2000 (FSANZ6351a.pdf, FSANZ6351b.pdf, Guidelines2.pdf)

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Ms Sue Dengate
Coordinator
Food Intolerance Network of Australia
PO Box 85
Parap NT 0804

Dear Ms Dengate,

Thank you for your two letters that I received on 5 May 2000, concerning your v
the potential risk to health of food additives permitted for use in Australia and y
request for an investigation of additive 635. In addition, thank you for your subm
on the draft joint Australia New Zealand Food Standards Code, which also addr
these issues.

ANZFA approves the use of food additives at levels that are considered safe for
general community. A risk assessment procedure is carried out prior to approva
assessment measures the potential for the additive to have toxic effects and inclu
extensive dietary modelling. Restrictions on the amount of additives used are in
where considered necessary to protect public health and safety.

These assessments do not take into consideration the potential for food additives
cause allergic reactions or food intolerances if such scientific evidence is not avai
proven to cause serious reactions – such as in the case of sulphur dioxide, restric
levels may be placed on the additive and labelling regulations strengthened to e
consumers have adequate information to make an informed choice.

In order to determine if there is a need to restrict a food or food additive, ANZF
peer reviewed, published, scientific evidence proving that the food or food addi
causes an ill effect. I understand that you are legitimately concerned about the p
for food additives to cause food intolerance reactions. However, to date you hav
provided ANZFA with individual case reports of intolerance reactions to foods
may be caused by food additives. Case reports are only the beginning of such ev

Appendix A of the Guidelines for Development and Implementation of Clinical

consumption of a food. This would fall into the category of Evidence Rating num
- "Opinions of respected authorities, based on clinical experience, descriptive stu
reports of expert committees'.

In order for ANZFA to place restrictions on food additives there must be eviden
beyond a shadow of a doubt that the food additive is causing an ill effect. In the
evidence-rating list such evidence would be:

I: 'Evidence obtained from a systematic review of all randomised controlled trial
Ii 'Evidence obtained from at least one properly designed randomised controlle

I recognise that in most cases, trials to determine if the additives you have identi
may cause food intolerance reactions have not been carried out in Australia or
internationally. ANZFA does not have the resources or the expertise to carry ou
trials and must rely on the available data.

You may wish to speak with experts in the field of food intolerance such as those
Royal Prince Alfred Hospital, Allergy Centre in Sydney, to determine if it is poss
conduct such trials in Australia or internationally.

In the mean time all additives are labelled on food products. Therefore, individu
with intolerance have a means of identifying the presence of a food additive and
avoiding the food additive if desired. This is also the case with allergens such as
or peanuts, where labelling provides the mechanism for avoidance by those in th
community who suffer from severe reactions to these foods.

Yours sincerely

Claire Pontin

CLAIRE PONTIN
A/G MANAGING DIRECTOR
6 July 2000

Appendix A

Quality of evidence rat

I: Evidence obtained from a
randomised controlled tria

II: Evidence obtained from at
randomised controlled tria

III-1: Evidence obtained from w
without randomisation.

III-2: Evidence obtained from w
analytic studies preferably
research group.

III-3: Evidence obtained from m
the intervention. Dramati
experiments (such as the r
penicillin treatment in the
this type of evidence.

IV: Opinons of respected auth
descriptive studies, or repo

These ratings have been adapted from US
(1989). *Guide to clinical preventive services*
169 interventions, (ed M Fisher). Williams
Appendix A, p388

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(May 2000)

Food Intolerance Network of Australia (FINA)

Coordinator: Sue Dengate

PO Box 85 Parap NT 0804

phone 08 8981 2099 fax 08 8942 3099

email: sdengate@ozemail.com.au

website: www.ozemail.com.au/~sdengate

1 May 2000

Dr Ian Lindenmeyer

Managing Director

ANZFA

PO Box 7186

CANBERRA MC ACT 2610

Dear Dr Lindenmeyer

I thank your Acting Managing Director, Peter Liehne, for his rapid response on 31 March to my Network's letter of 21 March 2000. It is a pity, however, that the response did not actually engage the issues which I raised but instead reiterated process-driven views that characterise ANZFA's opinions of consumers.

At the risk of appearing repetitious, the issues I raised were, in order:

- ***Consumers' views were dismissed in ANZFA's progress report on P150 while nearly all the requests of the Australian Food and Grocery Council were accepted.***

  ANZFA's responses:

  "…ANZFA…generated considerable confusion for [its] stakeholders during the review process…[and so will]…generate more user friendly reports in the future." Friendly towards whom, your clients the food industry? My Network is not looking for user-friendly **reports** but consumer-friendly action!

  "..the review resulted in more general permissions for a large number of food additives…[and]…is expected to lead to decreased levels of usage in many foods." The expectations and experience of my group about levels of usage is exactly the opposite - you may recall a claim in my last letter that it has become virtually impossible to buy bread without propionate 282 just in the last five years. Every day there are less foods available without the Big 50 Additives, as FINA attests on a daily basis. Unless you can provide some evidence of reduced additive usage, this statement from ANZFA is wishful rubbish - do you have evidence that I can peruse?

"ANZFA has reduced levels of permissions in some cases." Thank you for the two additives where this has occurred. On the other hand, the majority of additives have now been permitted to be used in a wider variety of foods, so that the total dose will increase. As Dr Weiss has shown, in references earlier supplied to you, it is the total dose that is important in affecting food intolerant people. Where is the scientific evidence of safety on total additive dose?

Positive suggestion: FINA suggests that you improve your understanding of consumers' views and knowledge through improved consultative processes and will be pleased to contribute to that end.

- ***About 50 widely used food additives affect health, learning and behaviour on a daily basis.***

ANZFA's responses:

"…safety assessment…is based on exhaustive laboratory testing…" There are two matters to criticise here. On is that, despite the excellent nutritionists which you employ, there is no testing for safety of total additive load, for mixed additives or for interactions between them. Second, and more seriously, the basis of risk assessment is never the so-called minor health problems, learning or behaviour. Working from the medical model, ANZFA uses classical laboratory-based toxicology and has yet to recognise the wider social implications of the use of these chemicals.

Where is the assessment in health terms of itchy skin rash, irritable bowel, asthma, tinnitus, 'restless legs', headache, migraine, lethargy, irritability, restlessness, sleep disturbance, anxiety, depression, impairment of memory and concentration and hyperactivity?

"additives …are considered to be safe for the vast majority of the population…there may be a small number of individuals who are particularly sensitive to some food additives.."

ANZFA remains unwilling, probably for legal rather than scientific reasons, to publicly acknowledge the fact that the Big 50 food additives daily affect 1-2 million Australians and New Zealanders. Scientifically, "the prevalence of pharmacological food intolerance is unknown but it is estimated to occur in 10% of the population. It occurs much more commonly than food allergy" (Australian Journal of Nutrition and Dietetics,1996 53:3 p91). Even the Australian Food and Grocery Council, in their "Facts on Foods" information sheet provided by Mr Liehne, explicitly recognise food intolerance as affecting 5-10% of the population - in my view, 10% is a vast minority which ANZFA is failing badly and they are belittled by your statement.

> **Positive suggestion:** I suggest that you acknowledge that a significant part of your constituency is affected by food additives and work towards including broader health, behaviour and learning parameters in your testing of additives so as to obtain better outcomes for consumers.

- ***The use of these additives is increasing, both in range of foods in which they are found and in the total daily intake***

ANZFA's response:

"..avoid eating these substances…food additives are generally required to be identified when used in foods." For some reason, it is that word 'generally' that strikes fear into my heart. There are two issues here. One is labelling. FINA is pleased that there has been an extension of *"mandatory labelling requirements for all food additives"* and in particular that the pernicious practice of allowing 25% of a food ingredient to contain undeclared additives will be reduced to 5% over the next 18 months. The reality for FINA members is that labelling is often wrong and that there are no effective sanctions for mislabelling or exceeding regulatory limits. The shift to Good Manufacturing Practice will exacerbate this situation.

The second issue is that ANZFA claim to require *"more informative labelling of substances that may cause adverse reactions in foods"* but in fact there will be no warning that the Big 50 cause adverse reactions. Their presence will be shown, but not their possible effects on 1-2 million Australians and New Zealanders.

FINA receives hundred of e-mails a week now about these two issues, but hard data is lacking.

Positive suggestion: ANZFA undertake market research into changes in the range of foods and the total daily intake of food additives following implementation of P150 and reveal the results publicly.

- ***Therefore there is already evident an increase in health, behaviour and learning difficulties in the Australian population that is requiring increased public funding to manage***

Royal Prince Alfred Hospital researchers lead the world in this area of research and it is a great pity that their 20 years of publicly funded research has not been written up in a form that would allow their contribution to be publicly recognised and so affect public policy.

Positive suggestion: ANZFA could fund the writing up of the important research performed by the Royal Prince Alfred Hospital.

Finally, I take certain pleasure in attaching a bread wrapper from a Goodman Fielder "Vogel" loaf showing propionate 282 as an ingredient, contrary to their advice to you. Take a look on the bread shelves when next you're shopping - five years ago there was virtually no propionate used, today you can scarcely buy one without it.

Please spend some ten minutes personally browsing my website at *http://www.ozemail.com.au/~sdengate* and you will see that the effects of these additives is an issue of growing political importance that will not go away.

Yours truly,

Sue Dengate

cc Dr Heather Yeatman, ANZFA Board

cc Nicola Ballenden, Australian Consumers' Association

cc Dr Dick Copeman, Consumer Food Network

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(April 2000)

Food Intolerance Network of Australia (FINA)

Coordinator: Sue Dengate

PO Box 85 Parap NT 0804

phone 08 8981 2099

email: sdengate@ozemail.com.au

The Hon Dr Michael Wooldridge

Minister for Health & Aged Care

Suite MG48

Parliament House

CANBERRA ACT 2600

Dear Minister

Thank you for your response to my earlier letter raising concerns about food additives and food labelling and their effects on the probably 1.8 million Australians who are affected on a daily basis by food intolerance.

I understand that Health Ministers are shortly to vote on Proposal P150 which, if passed, will considerably increase the range of foods in which food additives known to have ill-effects will be found.

If you intend to vote in favour of the this proposal, you may wish to consider not just the daily human cost and difficulty your decision will inflict on many people, but also the real political difficulty you will face in reversing this decision when the time to restrict many food additives inevitably arrives. The scientific evidence is clear and has been presented several times to ANZFA, but their response is bureaucratic and process-driven, as you will see from their latest letter (attached).ANZFA1.pdf

I attach for you a poster that is being distributed to schools, dieticians, support groups and the media throughout Australia.

This issue has also been recently filmed by A Current Affair (Channel 9) and will be screened in the next two weeks.

The increasing daily number of visitors to my website (http://www.ozemail.com.au/~sdengate) is also evidence of a growing body of concern that will inevitably involve you politically. Please take a look at the human stories there.

My Network hopes that you will closely question the officials who are recommending this course of action in P150 and arrive at a precautionary scientific approach.

Yours truly,

Mrs Sue Dengate 16 April 2000

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(March 2000)

Food Intolerance Network of Australia (FINA)

Coordinator: Sue Dengate

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email: sdengate@ozemail.com.au

21 March 2000

Dr Ian Lindenmeyer

Managing Director ANZFA

PO Box 7186 CANBERRA MC ACT 2610

Dear Dr Lindenmeyer

I really must take exception to your statement in the most recent ANZFA News No17 where you claim that "we take these consultations very seriously and often change proposed regulatory measures in response to external comment."

This statement is totally at odds with the actual practice that I have observed in dealing with ANZFA over the last three years. The most recent was ANZFA's progress report on Proposal P150 "A Joint General Standard for Food Additives".

The detailed concerns of my Network, backed up by considerable scientific references, and those of a further 30 groups and individuals who made similar submissions, were uniformly dismissed in one easy sentence: "all issues have been dealt with previously either in the Policy paper or in the full assessment report of P150".

In contrast, the action taken by ANZFA with respect to, for instance, the Australian Food and Grocery Council, was almost uniformly to roll over and say "changes made". Reading through the changes resulting from the inquiry, the columns are full of extensions of uses of additives. Any restrictions are trivial and requested by food manufacturers. The changes requested by manufacturers and approved by ANZFA will considerably extend the use of food additives in the food of Australians and New Zealanders, to the daily detriment of those people who react to additives.

Why can't ANZFA follow the logic of the following statements and respond to them in a responsible manner?

1. **About 50 widely-used food additives affect health, learning and behaviour on a daily basis.** (irrefutable evidence based on over 20,000 patients can be provided by Dr Loblay's team at Royal Prince Alfred Hospital and is detailed in my best-selling books "Different Kids" and "Fed Up" published by Random House).
2. **The use of these additives is increasing, both in range of foods in which they are found and in the total daily intake** (as a direct result of implementation of ANFA's changes to P150 and other regulations and an increased willingness of manufacturers, in the absence of guidance from ANZFA, to put these in their foods. Just in case they may want to use them, in a bizarre reverse manifestation of the precautionary principle!)
3. **Therefore there is already evident an increase in health, behaviour and learning difficulties in the Australian population that is requiring increased public funding to manage** (because effects are dose-related as Professor Weiss has proven. What we are seeing are food manufacturers reaping the financial benefits of using food additives (private gain) and socialising their losses (public cost).)

While Royal Prince Alfred Hospital researchers estimate that about 10% of the population are especially vulnerable to the effects of these additives, research shows that effects are dose-related and that almost everyone will react if the quantities ingested are high enough. Children, women and those who consume the greatest quantities are likely to be the most affected. Several overseas studies suggest that nearly all children will do better in performance and behaviour if they eat an additive-free diet.

My family and I recently drove 10,000km return from Darwin to Sydney. Four years ago on the same journey we could buy bread in most places en-route without preservatives, as bread has been made for the last 1000 years. This time, it was not possible, **in any place in 10,000km**, to buy bread without the preservative to which my daughter reacts. Can you even begin to imagine the difficulties and frustration this causes, particularly when I

know that the preservative is added not to preserve the bread but to allow manufacturers to run their factories at lower levels of hygiene?

By the way, please don't try to tell me that this bread preservative is safe. I know you don't have any scientific evidence of its safety on health, behaviour and learning, because I have asked for it from your Minister before without ever receiving a response. Dr Loblay, of course, can confirm that preservative 282 calcium propionate is a known problem for many people. My own research, to be published this year, will place the matter on the scientific record.

I think that it is time that ANZFA took seriously the evidence of the effects of the fifty food additives listed in the attachment and applies the precautionary principle in more than rhetoric. Please spend some ten minutes browsing my website at *http://www.ozemail.com.au/~sdengate* and you might see that the effects of these additives is an issue of considerable and direct importance that will not go away.

Yours truly,

Sue Dengate

cc Dr Heather Yeatman, ANZFA Board, cc Nicola Ballenden, Australian Consumers' Association cc Dr Dick Copeman, Consumer Food Network

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(November 1999) A letter to health ministers

Sydney, 8 November 1999

Dear Minister,

We want to express our sheer anger against the Australian New Zealand Food Authority proposal " P150: A Joint General Standard for Food Additives " allowing food additives in higher doses in already contaminated food and increasingly in others, which previously escaped manipulation.

Daily we try to keep my son away from drinks and sweets rigged with artificial colours, humble breads full of 282 preservative, sausages filled with sulfites to look falsely fresh and jumpy, vanilla ice creams with colour !!! 160(b) etc. The list is long and we don't want it to be longer.

After my son has a soft drink, few sweets or goes to certain food outlets, we know that shortly we will be unwillingly cast in that horror movie with Linda Blair " The Exorcist ".

We see these foods with additives affect the health and behaviour of our family. Reactions to food additives are definitely dose related and cumulative. We know from other parents of their behaviour related family problems. What about the increased proportion of hyperactivity in our children? Do you think it is just a myth or a trendy fad? Can you explain the road rage incidents, especially those involving young woman? (Apparently, woman are twice as likely to be affected as men are). Can you explain that when we buy Italian wafers, the content information states "flavours added for Australia, USA and Canada"? You create a monster wanting more and more, throwing many on the already over stretched Medicare system.

In our opinion this is institutionalised crime of Federal and State Governments and big business slowly poisoning the public, and most importantly, our children and our family.

What are we going to do about that? We are going to ignore food with harmful additives and we are going to be vocal about it. When P 150 is passed, we shall be more vocal and act within our community to bring awareness of yours and big business actions.

Take firm path now and prevent the long, bumpy road ahead by refusing the Food Industry their additives.

Yours sincerely

Jane and Richard van Hagen

NSW

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(August 1999)

Food Intolerance Network of Australia (FINA)

MEDIA RELEASE - 23rd August 1999

"The use of food additives known to affect health, behaviour and learning is about to be considerably extended with the approval of the Australian New Zealand Food Authority ANZFA, the body that is meant to protect consumers" claims Sue Dengate, popular author and coordinator for the Food Intolerance Network of Australia FINA.

Over the last year there has been a review of Australian Standards for Food Additives, run by ANZFA. Their recent report considerably widens the range of foods in which Australians will consume additives.

"Of over 300 permitted additives, there are nearly 60 which are known to have effects on people on a daily basis, especially on children. These include some natural and artificial colours, a range of preservatives like benzoates, sorbates and propionates, some antioxidants and flavour enhancers. Safe alternatives exist for most of them, either in the form of other additives or improved technology."

"Most people don't realise they are affected by food additives. If you eat them every day, how can you notice the difference? The main effect is a short fuse, like over-reacting when things go wrong, and restlessness, as when children go to bed like jack-in-boxes. Other daily symptoms that can affect the 5-10% of the population who are food intolerant include itchy skin rash, irritable bowel, asthma, tinnitus, 'restless legs', headache, migraine, lethargy, irritability, restlessness, sleep disturbance, anxiety, depression, impairment of memory and concentration, and hyperactivity " warns Sue Dengate.

A key example is the additive number 282, calcium propionate, which is now used widely as a mould inhibitor in bread. Its known effects on children's learning and behaviour are not obvious because it is eaten every day by nearly everybody. Now ANZFA is proposing to allow it to be used in "preparation of food additives, cheese and cheese products, fat emulsions (>80% oil), dried fruits and vegetables, fruit and vegetable spreads including jams, chutneys and related products, fruit and vegetable preparations including pulp, fruit and vegetable juices and fruit and vegetable products, water based flavoured drinks, alcoholic beverages (including low and no alcohol), mixed alcoholic drinks not elsewhere standardised, and mixed foods".

"Genetically engineered foods might someday possibly affect people, but these additives are seriously affecting many people now. Tell your Health Minister that you don't want any extension of the use of harmful food additives," urges Sue Dengate.

Further information from Sue Dengate, Food Intolerance Network of Australia. Phone 08.89812099 Email sdengate@ozemail.com.au **Website** www.ozemail.com.au/~sdengate

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(September 1999)

18th September 1999

Food Intolerance Network of Australia (FINA)

Coordinator: Sue Dengate

PO Box 85 Parap NT 0804

email: sdengate@ozemail.com.au

15th August 1999

Dear Minister

Thank you for your response to my earlier letter raising concerns about food additives and food labelling and their effects on the probably 1.8 million Australians who are affected on a daily basis by food intolerance (Your reference).

The fear that I expressed to you at the time was that the Australia and New Zealand Food Authority (ANZFA) would continue their policy of polite non-engagement on this issue so critical for the health, behaviour and learning of so many people. And this is indeed what has happened. This week I received from ANZFA a progress report on Proposal P150 "A Joint General Standard for Food Additives".

The detailed concerns of my Network, backed up by considerable scientific references, and those of a further 30 groups and individuals who made similar submissions, were uniformly dismissed in one easy sentence: "all issues have been dealt with previously either in the Policy paper or in the full assessment report of P150".

In contrast, the action taken by ANZFA with respect to, for instance, the Australian Food and Grocery Council, was almost uniformly to roll over and say "changes made". Reading through the changes resulting from the inquiry, the columns are full of extensions of uses of additives. Any restrictions are trivial and requested by food manufacturers. The changes requested by manufacturers and approved by ANZFA will considerably extend the use of food additives in the food of Australians and New Zealanders, to the daily detriment of those people who react to additives.

Let me give just two examples. The additive number 282 calcium propionate is now used widely in bread as a mould inhibitor and is particularly iniquitous because it is eaten every day by nearly everybody, meaning that its known effects on children's learning and behaviour are not obvious since people are rarely free of its effects. If you want a second

opinion on this effect, it can be provided by the Royal Prince Alfred Hospital Allergy Clinic in Sydney, whose researchers lead the world in this area and who have treated over 15,000 people over the past years.

Calcium propionate is now to be used in "preparation of food additives, cheese and cheese products, fat emulsions (>80% oil), dried fruits and vegetables, fruit and vegetable spreads including jams, chutneys and related products, fruit and vegetable preparations including pulp, fruit and vegetable juices and fruit and vegetable products, water based flavoured drinks, alcoholic beverages (including low and no alcohol), mixed alcoholic drinks not elsewhere standardised, mixed foods".

Please ask your scientists to provide you with a published paper that shows that calcium propionate is safe. Please don't just ask your bureaucrats to provide a suitably anodyne response: ask for specific evidence that this additive has been tested for its affects on health, behaviour and learning, particularly in small children. I venture to suggest that there is no positive evidence, since my searches have found none. There are papers that talk about acute toxicology in rats, but here we have a massive experiment on Australians, a dramatic extension of use of just one additive that is known to cause problems. I have provided to you before, and now attach again (ATTACHMENT A), my core group of scientific references that prove that food additives affect people at levels currently used: where are the counter-arguments?

By the way, lest you be persuaded that 282 calcium propionate is essential for supplying bread to Australians and New Zealanders, please be advised that it is not in fact used to stop moulds from the air growing on bread, whose surfaces are free of mould on exiting the ovens. It is added because it is easier for manufacturers of use an additive than to keep their factories clean. If their bread slicers and machines were wiped over probably once a week with vinegar, there would be no need for the additive. Poor hygiene and a cheap technological fix are behind this additive, which is rarely used in many countries but which is now almost ubiquitous in Australia and about to be extended to many other everyday foods. To date it's use has been very restricted in New Zealand, but with these changes it will soon be unnecessarily everywhere there too.

The second example is that of 321 butylated hydroxy toluene (BHT) and its cousin 320 butylated hydroxy anisole (BHA), used as antioxidants. The respected "Additive Code Breaker" (Lothian Books, Melbourne 1996) has this to say: "BHA is not permitted in foods intended specifically for infants and young children…. there is a mass of evidence to support the safety of BHA…there are also many scientific reports which cast doubt on its safety. At high levels there are frequent reports of toxicity…children who eat foods containing BHA are particularly likely to consume more than average…Some people are allergic to BHA…". And of BHT: "Some people are sensitive to the presence of BHT and develop rashes…there is a recent report in the *Lancet* of BHT causing a violent skin rash in a young French woman…".

ANZFA's action on BHT? Edible oils & oil emulsions - P150 level: NOT PERMITTED Now: 100mg/kg. Yet this is an additive where a safe alternative exists (306-309

tocopherols) and where modern packaging renders the necessity unlikely. Did you know that it is not possible to buy refined vegetable oil in cold New Zealand that doesn't contain added antioxidant, yet even in tropical Darwin we can buy many oils without any antioxidant. Why is it being added? Shouldn't manufacturers have to provide evidence of need, rather than simply be granted permission for the asking?

Please note that my Network is **NOT asking for all additives to be banned.** Many are useful or at least harmless. But the 60 additives listed in ATTACHMENT B are known to affect people from scientific literature. Safe alternatives exist for most of them, either in the form of other additives or improved technology.

I went to the trouble of obtaining a copy of the Policy referred to, entitled "Framework for the assessment and management of food-related health risks (September 1996)." This document identifies in some 30 pages assessment and management for chemical risks, microbiological risks and nutritional risks, yet suffers from a glaring deficiency which is that nowhere is there definition of what is meant by "adverse effects" or "health risks". There are rather circular statements: "probability of an adverse health outcome" (page 1) and "those aspects of the diet which could adversely affect human health either in the short or long term" (page 3). For most people, it would be regarded as an adverse outcome if a food that one ate every day contributed towards the following symptoms, as they do in 10% of the population:

- "Skin manifestations include urticaria, angioedema and eczema.
- Common GIT symptoms include nausea, vomiting, recurrent abdominal pain, flatulence, diarrhoea and aphthous ulceration.
- Respiratory symptoms generally involve the upper respiratory tract, with nasal congestion, excess mucus production, recurrent pharyngitis or sinusitis. Food components may also precipitate asthma in patients with bronchial hyperreactivity.
- Common neurological symptoms are headaches (often migrainous), generalised lethargy and myalgia. Other symptoms include impairment of memory and concentration, mental agitation or depression, visual disturbances, tinnitus, dizziness, paraesthesia and neuralgia and hyperactivity.
- Anaphylactoid reactions.

  A family history of related symptoms is very common, and women are affected about twice as frequently as men. In some allergic individuals with eczema, asthma or rhinitis, food chemicals many aggravate their pre-existing symptoms."

(Australian Journal of Nutrition and Dietetics (1996 53:3 p91))

Let me put these into layman's terms as daily symptoms: itchy skin rash, irritable bowel, asthma, tinnitus, 'restless legs', headache, migraine, lethargy, irritability, restlessness,

sleep disturbance, anxiety, depression, impairment of memory and concentration and hyperactivity.

But, please note: there is no assessment of food additives for effects on health in these terms, or on behaviour or learning, particularly with children. Again, please ask your scientists this direct question. I hope that the answer will surprise you.

The Policy does admit that there are other dimensions to risk, including "psychological, social, ethical and economic", then admits that they will not be explored. Too hard. It also claims, without providing evidence and against known evidence given above, that "food intolerance is restricted to small sub-populations or individuals". Ten percent is a small sub-population, of sub-humans perhaps?

The Policy says, "For food additives…the Authority has the responsibility to establish and maintain food standards where necessary to protect public health and safety" (page 4). Nobody reading the detail of the Inquiry Report on P150 would believe for a minute that it was done for the public, when all members of the public were so blatantly fobbed off and industry so clearly favoured. This objective for ANZFA cannot be met until they address the mounting evidence that:

- food additives can cause chronic health problems, sometimes at a low level,
- significant reactions to food additives occur in the areas of learning and behaviour, which are not presently assessed,
- reactions to food additives are frequently delayed well beyond the reaction times presently assessed,
- reactions to food additives are cumulative and dose-related, and
- multiple additives, which are common in foods, act in different ways from those tested singly yet are not tested in this way.

Therefore the methodology used to assess intake and safety is seriously flawed and requires change. If adequate and appropriate methodology were applied, then what would appear in the approved Standard would be very different from that which is presently proposed.

You should also be shaken by the statement in the Policy, to which you have presumably acceded, that "In general, food allergenicity and intolerance reactions cannot be predicted from present animal models." Then how are they detected or predicted? There is no adverse reaction reporting mechanism coordinated at the Commonwealth level, and my members report State/Territory post-approval monitoring as non-existent. As an example of adverse reactions known to the public, here are two specific additives upon which I have received many reports of problems. These are the propionates (280-283) now widely used in bread and eaten every day, causing irritability, aggression, headaches, stomach aches, lethargy, bedwetting and urinary urgency. I am presently writing up results of research into the effects of 282 on children. The second is the flavour enhancer 635 approved in 1994, which from many reports to me may be associated with itchy skin rashes up to 30 hours after ingestion. Rashes may vary from mild to dramatic. Reports

include school children suffering itchy rashes after eating chips and party pies at class parties, some children requiring emergency treatment in the middle of the night and up to two weeks of antihistamine treatment after eating foods containing additive 635. Others develop a chronic mild rash. Typical foods include flavoured chips, instant noodles and party pies. The reaction is dose-related and cumulative. Some individuals are more sensitive than others are. Adults may be affected too.

It appears that, in the absence of "animal models", ANZFA with the food industry is carrying out a massive uncontrolled experiment on the Australian population. Or is there something that I've missed?

In summary, my Network does not accept that the concerns, which I have raised repeatedly, have been addressed in the Policy or in the full assessment report of P150, as alleged. We have been fobbed off again.

- it is the responsibility of Ministers to re-examine the Policy "Framework for the assessment and management of food-related health risks" to define and broaden the "adverse effects" to include health, behaviour and learning and to recognise the true extent of food intolerance.

I also reiterate that what I seek from you, on behalf of the Food Intolerance Network of Australia is clear public assurance that:

- all food in Australia and New Zealand which contains additives will be clearly labelled with the names **and** numbers of all additives in that food, no matter what the source, with adequate policing and penalties for infringement; and,
- to encourage food manufacturers to use the alternatives that are available, all foods in Australia and New Zealand which contain the attached 60 additives known to cause food intolerance reactions must carry, in addition, an Advisory Statement along the lines "This food contains additives X, Y & Z which may cause reactions in food intolerant people".

While the recent public debate about genetically modified foods has largely been about future and potential risks, the effects of food additives are present and real. The effects are felt every day by the many people who lead twilight lives of chronic ill health, poor school performance and poor social behaviour. I have appreciated your leadership on the genetically modified food issue and look forward to similar leadership on the issue of food intolerance and additives.

In conclusion, I attach a thoughtful excerpt from "Living Downstream" by the ecologist Sandra Steingraber, who is our modern Rachel Carson of "Silent Spring" fame. It presents policy principles that need to be adopted for food in Australia: the precautionary principle, the principle of reverse onus, and the principle of least toxic alternative. I commend them to you.

Yours truly,

Mrs Sue Dengate

ATTACHMENT A: KEY REFERENCES

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ATTACHMENT B:

FOOD ADDITIVES WHICH MAY CAUSE PROBLEMS

COLOURS	
Artificial colours	102, 107, 110, 122-129, 133, 142, 151, 155
Natural colour	160(b) annatto natural colour
PRESERVATIVES	
Sorbic acids	201-203 -widely used
Benzoic acids	210-213 - in soft drinks, cordials, juice drinks
Sulphites	220-228 - widely used
Nitrates & nitrites	249-252 - in processed meats like ham and devon
Propionic acids	280-283 - in bread, crumpets, hamburger buns
Antioxidants	310-321 - in oils, margarines, chips, french fries
FLAVOUR ENHANCERS	
Glutamates	621-625, 627, 631, 635 - in tasty foods

ADDED FLAVOURS	- in many processed foods

from Clarke, L and others, Dietitians Association of Australia review paper: 'The dietary management of allergy and food intolerance in adults and children', Aust J Nutr & Diet (1996) 53:3;

Royal Prince Alfred Hospital Allergy Unit, 'The Simplified Elimination Diet', available from dietitians;

Dengate, S 'Fed Up', Random House, 1998; and

Swain A and others, 'Friendly Food', Murdoch Books, 1991

ATTACHMENT C:

excerpt from "Living Downstream" by the ecologist Sandra Steingraber (Virago Press 1998) page 270:

Three key principles can assist us in this effort.

One is the idea that public and private interests should act to prevent harm before it occurs. This is known as the ***precautionary principle***, and it dictates that indication of harm, rather than proof of harm, should be the trigger for action - especially if delay may cause irreparable damage. Central to the precautionary principle is the recognition that we have an obligation to protect human life. Our current methods of regulation, by contrast, appear governed by what some frustrated policy-makers have called the dead body approach: wait until damage is proven before action is taken. It is a system tantamount to running an uncontrolled experiment using human subjects.

Closely related to the precautionary principle is the ***principle of reverse onus***. According to this edict, it is safety, rather than harm, that should necessitate demonstration. This reversal essentially shifts the burden of proof off the shoulders of the public and onto those who produce, import, or use the substance in question. The principle of reverse onus requires that those who seek to introduce chemicals into our environment first show that what they propose to do is almost certainly *not* going to hurt anyone. This is already the standard we uphold for pharmaceuticals, and yet for most industrial chemicals, no firm requirement for advance demonstration of safety exists. But chemicals are not citizens. They should not be presumed innocent unless proven guilty, especially when a verdict of guilt requires some of us to sicken and die in order to demonstrate the necessary evidence.

Finally, all activities with potential public health consequences should be guided by the ***principle of the least toxic alternative***, which presumes that toxic substances will not be used as long as there is another way of accomplishing the task. This means choosing the

least harmful way of solving problems - whether it be ridding fields of weeds, school cafeterias of cockroaches, dogs of fleas, woollens of stains or drinking water of pathogens. Biologist Mary O'Brien advocates a system of alternatives assessment in which facilities regularly evaluate the availability of alternatives to the use and release of toxic chemicals. Any departure from zero should be preceded by a finding of necessity. These efforts, in turn, should be coordinated with active attempts to develop and make available affordable, non-toxic alternatives for currently toxic processes and with systems of support for those making the transition…

The principle of the least toxic alternative would move us away from protracted, unwinnable debates over how to quantify the cancer risks from each individual carcinogen released into the environment and where to set legal maximum limits for their presence in air, food, water, workplace, and consumer goods. As O'Brien observed, "Our society proceeds on the assumption that toxic substances *will* be used and the only question is how much. Under the current system, toxic chemicals are used, discharged, incinerated, and buried without ever requiring a finding that these activities are necessary."

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(March 1999)

3rd March 1999

Food Intolerance Network of Australia (FINA)

Coordinator: Sue Dengate

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phone 08 8981 2099

email: sdengate@ozemail.com.au

Dear Minister

I am the founder and coordinator of the Food Intolerance Network of Australia (FINA), which seeks to represent the views of the probably 1.8 million Australians who are affected on a daily basis in health, behaviour and learning by reactions to food. Mine is a fulltime voluntary task undertaken because of my family's problems and because I am able to help so many people. My days are filled with emails and phone calls from all over Australia from desperate people who are at their wit's end with trying to buy safe food in world where labelling has become a lawyers' game rather than a means of informing people what they are eating. I am glad to say that I also receive many thanks from grateful people who can report that, with a modified diet, their children "have turned into angels for the first time in their lives." To carry out my task, I edit a national newsletter called "Failsafe", maintain a webpage (www.ozemail.com.au/~sdengate), speak at conferences and provide telephone and email support nationally.

Over the past year I have made two major submissions to the Australia and New Zealand Food Authority as it reviews the Food Standards Code and have received polite letters of non-engagement back from them. Therefore I have decided to write to you and to your colleagues to alert you to the serious issue of food intolerance that leads many people to lead twilight lives of chronic ill health, poor school performance and poor social behaviour. If you wonder where road rage is coming from, and increasing asthma, and poor school behaviour, and the epidemic of attention deficit disorder diagnosis, and many other social ills, you should look at the effects of our modern food.

The particular matter which has triggered this letter is that two sections of the latest ANZFA Proposal P161 make an absolute mockery of labelling and will make it impossible for those affected by food intolerance to control what they eat.

The first of these two sections says:

> *"The Authority considers that there is no need for an advisory statement about various food additives, other than sulphur dioxide, that may cause* ***minor food intolerance reactions****.* ***The symptoms that these food additives are reported to produce cannot always be reliably linked to these additives. An advisory statement would not provide useful information to consumers and may cause unnecessary avoidance of products. Such a statement would be so widespread on food products that its intent may become meaningless.*** *It would also incur a significant labelling cost on manufacturers, which is not warranted on public health and safety grounds. A requirement for such a statement would also set up a trade barrier that cannot be justified under the WTO."*
>
> *"****People who have food intolerances should be educated by their medical or dietetic practitioner as to a suitable diet****" (ANZFA P161 p6 16. Other foods - emphasis added)."*

Let's take these statements in order. First, ***minor food intolerance reactions.*** This is very reassuring, but what is the reality of food intolerance? Here's a quote concerning

"reactions" from a review in the Australian Journal of Nutrition and Dietetics (1996 53:3 p91):

> **"Prevalence**
>
> The prevalence of pharmacological food intolerance is unknown but it is estimated to occur in 10% of the population. It occurs much more commonly than food allergy.
>
> **Symptomatology**
>
> Symptoms can involve the skin, gastrointestinal tract (GIT), respiratory tract or central nervous system: either individually or in combination.
>
> - Skin manifestations include urticaria, angioedema and eczema.
> - Common GIT symptoms include nausea, vomiting, recurrent abdominal pain, flatulence, diarrhoea and aphthous ulceration.
> - Respiratory symptoms generally involve the upper respiratory tract, with nasal congestion, excess mucus production, recurrent pharyngitis or sinusitis. Food components may also precipitate asthma in patients with bronchial hyperreactivity.
> - Common neurological symptoms are headaches (often migrainous), generalised lethargy and myalgia. Other symptoms include impairment of memory and concentration, mental agitation or depression, visual disturbances, tinnitus, dizziness, paraesthesia and neuralgia and hyperactivity.
> - Anaphylactoid reactions.
>
> A family history of related symptoms is very common, and woman are affected about twice as frequently as men. In some allergic individuals with eczema, asthma or rhinitis, food chemicals many aggravate their pre-existing symptoms."

In other words, food intolerance affects about 1.8 million Australians with a wide range of very distressing symptoms. They are **not** "minor reactions" and this is not a minor issue.

Next: ***The symptoms that these food additives are reported to produce cannot always be reliably linked to these additives.*** I provide attached a set of key references from peer-reviewed journals that show conclusively that this statement is wrong. Where is the evidence upon which ANZFA's statement is based? Where, indeed, is the forum where this debate can be held, given that consumers are not empowered or funded, unlike the various food industry associations and lobby groups? Let me make it clear to you that there are only 60 additives that are known to cause problems out of the more than 300 permitted. A list of those known to cause problems is attached. Not all additives are

harmful. But those which cause problems for food intolerant people should be labelled as such.

I must also say that the burden of proof as to which additives cause reactions should not be upon volunteers such as myself, but upon the scientists who advise you. Ask them for positive scientific evidence that, for instance, calcium propionate used in bread is safe or that butylated hydroxy anisole (BHA) used as an antioxidant in oil is safe. I think you will find that there is no such evidence beyond testing for carcinogenicity and that there is no testing for effects on health, behaviour and learning. In particular, there is no testing for such effects on children, who are much more reactive and vulnerable.

Please go ahead and ask your scientists. If you want a second opinion on this critical issue, please approach the Royal Prince Alfred Hospital Allergy Clinic in Sydney, whose researchers lead the world in this area and who have treated over 15,000 people over the past years.

An advisory statement would not provide useful information to consumers and may cause unnecessary avoidance of products. This statement is the height of patronising arrogance. It **would** provide **essential** information to tens of thousands of Australians who are knowingly affected by food intolerance reactions and alert many others to a presently unknown cause for their problems. It would lead to **necessary** avoidance of products.

Such a statement would be so widespread on food products that its intent may become meaningless. Another way of phrasing this is to say: "food additives known to cause problems are now so widespread that it's not worth warning people about them." Is this really a statement that Health Ministers want to make? I believe that it would be possible to provide appropriate warnings concerning the 60 additives known to cause problems without bringing the food industry undone. The WTO reference is an unrealistic but trendy catch-all, which is being used to justify all sorts of lowest common denominator behaviour by food companies at present. It should not cloud sensible thinking.

And last, the bit that makes you laugh till you cry: ***people who have food intolerances should be educated by their medical or dietetic practitioner as to a suitable diet.*** If one cannot know what is in the food, or whether it can provoke symptoms, all the "education" in the world won't help. If a person affected by food intolerance can't buy food without those additives, which is an increasing real problem, no practitioner can help. And ANZFA is talking about 10% of the population of Australia and New Zealand. Again, this ANZFA comment is insufferably ignorant and patronising.

The second section in P161 which makes my blood boil is about the intended requirement **not** to show on the label some additives that arrive in the final food as part of a compound ingredient. This has been a favourite way for food manufacturers to avoid showing additives on labels and must be addressed in these revisions to the Food

Standard Code. Here is the innocuous and bureaucratic text (ANZFA P161 p17 Standard 1.2.4 Labelling of Ingredients, Table to subclause 6(2) - emphasis added):

Amount of compound ingredient in the food	***Ingredients of the compound ingredient to be included in the statement of ingredients***
250g/kg or more	*All ingredients*
Less than 250g/kg	*Subject to clause 4 of Standard 1.2.2, all food additives in the compound ingredient* ***where the food additive is performing a technological function in the final food***

And in the Editorial Note following "…Some food additives, added as part of the compound ingredients, may not be performing a technological function in the final food because of some processing. ***For example, a preservative in apple pulp or antioxidant in vegetable oil will not necessarily be performing a technological function once apple pulp has been added to pie and then backed (sic) or once the vegetable oil has been added to mayonnaise.*** *Manufacturers need to consider this when designing labels.…".*

What is being intended to be allowed here is that up to 25% of the ingredients of the food on your table may contain additives that are not on the label!

The practical effects of this are already obvious in my daily work. The only way to find out whether a particular compound food contains additives not on the label is to ring the manufacturers and beg them to tell the truth about their product. Is this what is intended by Health Ministers?

There is no requirement for manufacturers to inform me. Sometimes I obtain leaked information from scandalised employees. Members of FINA and the Royal Prince Alfred Hospital share information about what food is safe and what is not. Is this the situation that Health Ministers want? There is a food blacklist that grows as rapidly as my phone bill from Darwin and my overall feeling is one of outrage and complete lack of trust in regulatory mechanisms.

I hope that I have convinced you that food intolerance is a real problem that requires a more responsive and effective system of food regulation. If you want to know more about this topic, Random House has recently published my second book "Fed Up", which has

sold over 10,000 copies in six months. What I now seek from you, on behalf of the Food Intolerance Network of Australia is clear public assurance that:

- all food in Australia and New Zealand which contains additives will be clearly labelled with the names and numbers of all additives in that food, no matter what the source, with adequate policing and penalties for infringement; and
- all foods in Australia and New Zealand which contain the 60 additives known to cause food intolerance reactions must carry, in addition, an Advisory Statement along the lines "This food contains additives X, Y & Z which may cause reactions in food intolerant people".

Yours truly

Sue Dengate

KEY REFERENCES

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Propionic acids	280-283 - in bread, crumpets, hamburger buns
Antioxidants	310-321 - in oils, margarines, chips, french fries
FLAVOUR ENHANCERS	
Glutamates	621-625, 627, 631, 635 - in tasty foods
ADDED FLAVOURS	- in many processed foods

from

Clarke, L and others, Dietitians Association of Australia review paper: 'The dietary management of allergy and food intolerance in adults and children', Aust J Nutr & Diet (1996) 53:3;

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