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Food Standards Australia New Zealand
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To Whom it May Concern

**SUBMISSION ON P235– REVIEW OF FOOD TYPE DIETARY
SUPPLEMENTS**

The New Zealand Dietetic Association (NZDA) is the professional association of registered dietitians and associated nutrition professionals. With a membership of approximately 500, we represent the largest group of fully trained food and nutrition professionals in New Zealand. This submission is drafted to reflect the comments and opinions of the membership. Given the body of knowledge and expertise we represent, we trust that the comments made in our submission will be given due consideration.

Specific comments as requested in the document are as follows.

2.4.1 Addition of Nutritive Substances.

The concept of adding specific vitamins and minerals to products subject to identified risks to public health and safety at moderate levels is a good basic principle. However, it is generally perceived that the NZ public thinks that vitamins, minerals and other “nutritional products” are safe at any intake level and the more the better! This is clearly not the case. The public needs to be informed how to use these foods as part of their normal daily diet and what effects there excessive use may have on certain physical and physiological conditions eg stages of lifecycle such as childhood and pregnancy and lactation. Addition of vitamins and mineral to foods needs to be limited to a restricted range of foods to ensure that intakes do not become excessive on a population level.

Levels for maximum and minimum levels of fortification for every nutritive substance should be regulated and acceptable foods for addition should be very specific and properly clarified (eg addition of vitamins to children’s sweets and biscuits can be perceived as undesirable and should be tightly regulated). It is noted NZDSR 1985 does not state maximum levels of supplementation for many minerals and vitamins and that Volume 2 has a clearer requirement for both maximum levels of addition and need for positive permission for the addition of other nutritive substances (eg free amino acids). Therefore NZDA recommends that Volume 2 of the Food standards Code be used as the regulatory tool over the NZDSR, with a clear indication of maximum levels for all nutrients.

2.4.2 FTDS as ‘Special Purpose Foods’

It is difficult to clearly separate FTDS from Special Purpose Foods, as inherently there is likely to be some overlap between the two. However, it is noted that the best solution is to view FTDS different from special purpose foods and to suggest a continued development of Chapter 2, Volume 2 to allow for FTDS to be properly controlled under Volume 2 (but not necessarily quarantined from special purpose foods). This way, FTDS can be regulated with properly attention given to targeted consumer groups of the FTDS etc.

2.4.3 Formulated Caffeine Beverages – questions relating to ‘Purpose’ of product.

It is important that FCB and similar ‘anomaly’ products are brought into a regulatory process with the development of P235. While it may be sensible to allow for the regulations to be applied horizontally across all products and not kept separate from special purpose or general-purpose foods, the purpose of the food may require that they be kept separate from general purpose foods under the regulations.

Distinguishing characteristics of food versus medicine should include the following:

- Type of delivery eg food / beverage versus pill etc
- Intended effect eg general enhancement of health versus treatment or prevention of specific condition
- Documented response to administration of the product

2.4.4 Novel Foods

NZDA agrees with the initial assessment of P235 that substances present in FTDS that are considered ‘novel’ may need to undergo a pre-market safety assessment as is the current purpose of the Novel Food Standard.

2.4.5 Botanicals and Natural Toxicants

Both New Zealand and Australia are becoming increasingly ethnically diverse and uses of some “traditional” products which may have toxic and harmful effects when used in “non-traditional” ways must be regulated and assessed for safety. NZDA agrees with the initial assessment of P235, which recommends that these substances may not be able to be presumed safe and therefore will require pre-market safety assessment. Careful assessment is needed in relation to dosage, purity, potency, efficacy and side effects/interactions with prescription drugs. Any claim made will need to be carefully monitored and backed up by reputable scientific evidence.

2.4.6 Food additives and Processing Aids

NZDA agrees with the initial assessment that pre-market approval must be sought for any additive or processing aid, which is not currently already included in Volume 2.

2.4.7 Labelling

The general labelling requirements under Volume 2 seem to have good applicability to FTDS. FTDS should disclose their percentage the same as a general-purpose food.

Instructions for use should contain maximum dosage per day as well as the characterising ingredient expressed as a percentage. It is critical that we provide the consumer with safe daily limits as well as vulnerable life cycle periods where consumption should be reduced or not recommended eg childhood or pregnancy and lactation. Contraindications should apply to anything which has evidence of undesirable effects in the vulnerable life cycle groups eg caffeine, some herbs etc. Allergen labelling should be mandatory on any product including FTDS and genetic modification labelling must be required.

The labelling for FTDS should be an important risk assessment tool and provide consumers with a guide for appropriate use of the product – NZDA agrees with the initial assessment of labelling.

2.5 Regulation

It is absolutely vital that the health and safety of the consumer is protected and that they are provided with sufficient clear and non-confusing information to enable them to make well-informed choices. There is general agreement that FTDS should be regulated under a joint food standard code which is likely to mean the repeal of NZDSR. NZDA would support the adoption of option 2 that provides for the full regulation of provisions within Volume 2 and the cessation of provision for production or importation of FTDS under NZDSR.

It would seem that within Option 2, Option 2b.ii might be the most desirable. This option give a greater regulatory control over FTDS, as well as being able to include those products which are currently seen as anomalies eg FCB's. This option would be likely to give the consumer the greatest protection and information to allow them to make informed choices.



Vice President

New Zealand Dietetic Association