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15 January 2002.

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Canberra MC  
ACT 2610.

**ACKNOWLEDGED**

[REDACTED]  
Thank-you for your explanations on the telephone today.

Enclosed is my submission re Proposal 236. I am proprietor of the above Health food store, situated in Melbourne City, and a pharmacist.

I hope this helps towards the formulation of a workable proposal and I am willing to assist in any way or answer any questions that you require.

Thanking you,

Yours sincerely,

[REDACTED]



[REDACTED]

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3 January 2002

## SUBMISSION TO ANZFA re PROPOSAL P236

The need for regulation of Sports Foods is necessary; the need for over regulation is not.

"Minimum effective regulation" (3.1(2)) is indeed the agreed aim.

As 3.2 states "inappropriate use of some products by non-sports people and children" is seen as a major reason for introduction of these regulations. Is this necessarily correct?

"ANZFA's highest priority was to protect the public health and safety of consumers" is a correct ideal.

This can be approached by children under 16 years (not 15), being discouraged from using Sports Supplement products, unless deemed necessary by a medical practitioner.

To state that non-sports people should not use some of these products may be incorrect.

As a pharmacist, I spent many years treating and assisting people with degenerative diseases.

Problems such as high blood pressure, high cholesterol, plaque in coronary and carotid blood vessels; poor vascular systems in general; liver disease, lung disease and diabetes are so often caused by poor choice in food and lack of exercise. The rapid increase in obesity in our society is approaching plague proportions – yet foods high in saturated fats, sugars and alcoholic beverages are tolerated, nay, almost encouraged without a word from organisations such as ANZFA.

These products are the real bogeymen of our society.

*Sports Foods* [I believe Sports Nutrition is a better term] offer the most encouragement to help reduce the enormous cost to our society of the above mentioned illnesses. The rapidly increasing Pharmaceutical Benefits Scheme cost, the escalating cost of Medicare, the number of bed days taken in our hospitals and the loss of work time due to all these illnesses; are related to TREATMENT of illness.

Sports Foods offer PREVENTION of illness – surely a better way for us to proceed.

So much of my day is taken up counselling people, on how to commence a program to become healthy and delay the onset of aging and disease.

The first part of the session is devoted to food intake, to reduce the amount of junk and "comfort" foods people eat. To make people understand that there are substitutes for chocolate biscuits and pastries at 10.00am and 3.00pm when people are tired and hungry and hence vulnerable.

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To show people that they have time for an exercise program – the benefits are many; feeling better, losing weight (fat), ability to work and concentrate at a higher level and feel more energetic to enable them to spend more effective time with their families and social contacts.

These are the “non-sports” people that you talk about, men and women who are stressed by modern life, functioning far below their capabilities and slowly becoming depressed.

I have seen dramatic improvements in people – “Sports Foods” have changed their lives!

For the more advanced athlete (yes include the weekend athlete here, as well as those that train up to 3 times a week); these Sports Foods bring about increased performances and encouragement which makes people participate longer in their sports, rather than giving it away when in their early thirties, because they are a bit tired or have developed a few nagging injuries. Sports Foods enable these people to continue.

Many elite athletes, of course, use Sports Foods. I have worked with Olympic athletes, Winter Olympic athletes, AFL footballers, triathletes and Master athletes. These people have in many cases a higher understanding of what is required and would not continue with the products if they were not achieving noticeable results!

The abuse of poor food, alcohol, cigarettes, and high caffeine containing drinks is greater than any abuse of Sports Foods.

To enact legislation to protect a so-called minority, that will impact the majority, is poor planning.

***Another issue to be more carefully considered is the term “meal replacements”.***

I believe that meal replacements is the incorrect term, conveying an incorrect message – it should be “meal supplements”. No product should replace the basic three meals a day.

The best “diets” to reduce weight are those that state 5 to 6 meals a day is to be taken – this stops hunger and reduces the need for junk food. Some sports supplements can be used as the fourth and fifth meals during the day – between meals, encouraging a more even insulin level. In this case protein drinks come to the fore.

***In standard 2.9.4 Formulated Supplementary Sports Foods 2 (b),*** there is a list of amino acids and their maximum added doses permitted. These amounts appear particularly low. eg. Taurine 60mg. Taurine is manufactured in the liver, but studies are showing that Taurine is particularly important to reduce cholesterol in the blood – reducing the amount of plaque in coronary vessels. Studies show that 2000mg per day is far from excessive. In fact it does not appear to work effectively until doses of 1,500mg are reached.

The studies showing the number of depressed people and athletes in society never ceases to amaze.

Yet Tyrosine, which is so important in brain function – with doses of 2,000 to 6,000mg per day being recommended – is only allowed a maximum of 400mg.

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The studies on L-Carnitine have shown that below 2,000mg per day, L-Carnitine basically does not work – yet Paragraph 2(c) advocates 100mg per day.

**The danger** here is that if the Amino Acid doses are reduced to such a low level, they become ineffective, usage will fall away.

**Most people simply do not eat enough protein in their diet to achieve levels that are effective.**

Nearly every day I am talking a young person out of obtaining some illegal steroids; that always seem to be available to them; to encourage fast muscle growth. We explain that with high quality protein powders, they will experience good muscle growth in 6 to 12 weeks. If protein powders are diluted to a low level, people will not put on muscle and will eventually turn to illegal substances. This is a far greater cost to the community.

Another aspect of protein doses is that **today many people are vegetarians**, as they are scared of the fat content of red meat and processed meats, as well as the antibiotics and hormones that are artificially added to animals, eggs, and chicken. These vegetarians show symptoms of protein deficiency by being tired, unable to concentrate, losing weight and having a dry skin. The addition of a protein powder such as Soy, Whey or Albumen eliminates these symptoms rapidly.

**A very important area** for the use of protein powders is in Geriatrics. Many studies from the U.S.A. have shown the positive strengthening of the elderly, whose diet is supplemented with Protein Powders. In geriatrics, the patient often has trouble digesting protein in the form of meat (most likely due to a decrease in digestive enzymes) yet can digest protein in liquid form.

**An overall possibility may be to break the sale of Protein Powders into three areas.**

1. Sports Supplements -(containing higher dose Amino Acids),
2. Geriatric and Diet supplements- (lower dose Amino Acids as per 2(b))
3. Specific Medical Use and Children.

Each manufacturer and importer can choose the area that he is catering for.

Labelling and claims is an area that can be looked at separately, to ensure it falls within a set of formulated guidelines.

At the end of paragraph 6.1 five questions are asked, which are very important to this whole issue.

- Is the purpose of a Sports Food standard appropriately encompassed by the opening paragraphs of Standard 2.9.4?

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The answer is yes, but understanding that today, not only do sports people want toned, muscular bodies, with lower ratios of fat; to varying degrees so does the average person in the street.

The paragraph must now include "..... specially formulated to assist sports *and interested* people in achieving....."

- Should sports foods be formulated for reasons beyond physiological demand? If so what other needs or wants should be considered?

This has been answered above, mental demands, and changing community standards.

- Should a sports food standard focus solely on the needs of sports people or consider possible consumption by other groups?

This has also been answered above by separating children, the elderly and specific medical need people from sports supplements.

- What other key features may need to be addressed

The convenient weight loss products – which as mentioned are the wrong approach, but however will fit into the second category of Geriatric and Diet supplements.

- Should a sports food standard control the representation of sports foods that might inappropriately make them appeal to children? How could this be achieved?

As written above in category 3 Specific Medical and Children.

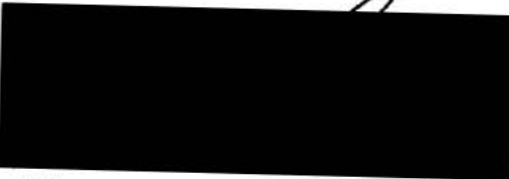
The same group should control these standards.

Thank-you for your time and the opportunity to express my views.

I have not tried to answer every part of the proposal, but address some of the issues.

I am available for questioning at any time that suits.

Yours sincerely,

A large black rectangular box redacting the signature of the Director.

(Director)