



September 2005

## **Submission from the Dietitians Association of Australia**

### **Proposal P298 – Benzoate and Sulphite Permissions in Food**

The Dietitians Association of Australia (DAA) supports a review of the maximum limit permissions for benzoates and sulphites in certain foods with a view to a lowering of these limits. DAA also supports consideration of alternative preservatives, antioxidants and treatments which would help to reduce exposure to benzoates and sulphites. DAA agrees that public education to encourage a reduction in the consumption of high benzoate and sulphite-containing foods and to promote increased consumption of fresh, unprocessed foods would help to minimise the risk of overconsumption and possible adverse reactions to these preservatives.

DAA is concerned that children aged 2 – 5 years are exceeding the ADI for both sulphites and benzoates. Whilst it is acknowledged that there is a 100 fold safety margin in setting the ADI, the studies were carried out on laboratory animals and do not take into consideration idiosyncratic responses in human population sub-groups such as people suffering from asthma or other conditions such as urticaria (1,2). Sulphites, in particular, are a common food chemical trigger of not only asthma attacks, but also dermatologic and gastrointestinal signs and symptoms(3). With the high prevalence of childhood asthma in Australia, it is of particular concern that in 2 – 5 year old boys, the highest levels of exposure to sulphites are approximately 280% of the ADI.

DAA considers that options 2 and 3 are compatible and, ideally, should be combined because reduced permissions will necessitate replacement with alternative preservatives or consideration of altering the methods of preventing microbial spoilage.

In the interest of public health and safety, option 4 is also important. Consumers should be encouraged to eat a balanced diet, rich in fresh foods and low in foods containing high concentrations of non-nutritive additives which may cause adverse reactions. However, DAA is concerned that a short term public health campaign to reduce consumption of foods with high levels of benzoates and/or sulphites will have a limited effect on long term consumption of these products.

Dietitians currently consulting with patients who have food chemical intolerance provide information on sources of sulphites and benzoates to patients with these sensitivities. If permissions were reduced, there would be a small cost incurred in updating the information but this cost is considered to be negligible. Any benefits to dietitians would

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be indirect, such as patient satisfaction through increased variety of processed foods tolerated.

Increased costs to consumers could occur if alternative preservatives, antioxidants or treatments are more expensive than benzoates or sulphites and result in a higher priced product. Benefits to consumers would be reduced exposure to chemicals that may exacerbate or trigger certain conditions such as asthma or urticaria. Whilst it is a small percentage of the population who may benefit from these changes, it is unlikely that any harm will result to the remaining population if permissions were reduced. The DAA considers that the benefits outweigh the costs to consumers, particularly since the products responsible for high intakes of benzoates and sulphites are non-essential foods.

DAA therefore supports a combination of options 2 and 3. Whilst option 4 would be useful in conjunction with options 2 and 3 it is felt that the effect would be short term and long term benefit is more likely to be achieved by options 2 and 3.

## References

1. Nettis E, Colanardi MC, Ferrannini A, Tursi A. Sodium Benzoate-induced repeated episodes of acute urticaria/angioedema: randomized controlled trial. *Br. J Dermatol.* 2004;151(4):898-902
2. Belchi-Hernandez J, et.al. Sulfite-induced urticaria. *Ann Allergy.* 1993;71(3):230-2
3. Lester MR. Sulfite sensitivity: significance in human health. *J Am Coll Nutr.* 1995;14(3):229-32