

# Urgent Proposal P1054: Pure and highly concentrated caffeine products - Assessment of the Approved Variation

**September 2020**

Dietitians Australia is the national association of the dietetic profession with over 7500 members, and branches in each state and territory. Dietitians Australia is the leading voice in nutrition and dietetics and advocates for food and nutrition for healthier people and healthier communities. DA appreciates the opportunity to provide feedback to FSANZ regarding the Assessment of the Approved Variation for Urgent Proposal P1054 Pure and highly concentrated caffeine products.

Contact Person: [REDACTED]  
Position: Policy Officer  
Organisation: Dietitians Australia  
Address: 1/8 Phipps Close, Deakin ACT 2600  
Telephone: [REDACTED]  
Email: [REDACTED]

**A** 1/8 Phipps Close, Deakin ACT 2600 | **T** 02 6189 1200

**E** [info@dietitiansaustralia.org.au](mailto:info@dietitiansaustralia.org.au)

**W** [dietitiansaustralia.org.au](http://dietitiansaustralia.org.au) | **ABN** 34 008 521 480

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## DIETITIANS AUSTRALIA INTEREST IN THIS CONSULTATION

As the leading organisation of nutrition and dietetic professionals in Australia, Dietitians Australia (DA) supports reforms to the availability of pure and highly concentrated caffeine in the Australian food supply.

The Accredited Practising Dietitian (APD) program provides an assurance of safety and quality and is the foundation of self-regulation of the dietetic profession in Australia. Accredited Practising Dietitians have an important role to play in educating consumers on safe consumption of caffeine at different stages of life, including in pregnancy and lactation, and use of caffeine for performance enhancement.

## DISCUSSION

**Dietitians Australia (DA) supports ‘Option 3: to prepare a proposal to amend and/or add to the approved variation’** as outlined in the FSANZ documentation. It is noted that this is also FSANZ’s preferred option based on the need to consider the risk posed by caffeine consumption in the wider food supply to sensitive sub-populations (and further amendment of the Code to address that risk). DA agrees with FSANZ that the availability of pure and highly concentrated caffeine products pose an unacceptably high risk and should be considered urgently and separately to products with high caffeine content. We support FSANZ developing a maximum limit of caffeine in foods, based on the outcomes of the current review of Standard 2.9.4 – Formulated Supplementary Sports Foods. DA does not have comment on whether there is a more cost-effective alternative.

In general, this is in-keeping with recent evidence that more research is needed to determine the impact of caffeine in sensitive populations.<sup>1</sup> Certain populations, such as pregnant women, children, and individuals with mental illness, may be more vulnerable to harmful effects of caffeine.<sup>2</sup> Indeed, the threshold of caffeine toxicity and adverse effects appears to be about 400 mg/day in healthy adults ( $\geq 19$  years); but is considered to be lower in pregnant women (i.e. 200 mg/day), and lower yet again in healthy adolescents (12–18 years old; 100 mg/day) and healthy children ( $< 12$  years old; 2.5 mg/kg/day).<sup>2,3</sup> Furthermore, caffeine clearance from the body may vary significantly in various population groups; the half-life of caffeine is on average 8 hours longer during pregnancy and may be as much as 16 hours longer than usual.<sup>4,5</sup> Evidence also suggests that maternal caffeine consumption is associated with negative pregnancy outcomes and that there is no safe level of caffeine consumption.<sup>6,7</sup>

Beneficial effects of acute caffeine consumption (i.e. for cognitive and physical performance, mood, etc., even after a significant periods of sleep loss) can be achieved with low to moderate doses (i.e. absolute doses of  $< 100$  mg or relative doses of 1-6 mg/kg body weight; equivalent to concentrations available in commercial ready-to-consume products).<sup>8</sup> Thus, there is no ergogenic reason for caffeine to be available in products at levels that far exceed this. Furthermore, recent research has demonstrated that accidental ingestion of highly concentrated caffeine products (e.g. 89 mg/kg;  $\sim 5$  g) has resulted in complications/fatalities.<sup>9</sup> Thus, a maximum limit for pure and highly-concentrated caffeine products should be set in a manner that reduces any potential risk for those in the community who are most vulnerable; particularly given the risk of health complications and death from accidental over-exposure. FSANZ’s work with Formulated Supplementary Sports Foods already considers the maximum permitted levels of caffeine and derivatives, and can form a strong basis to extend to other high caffeine content products. Setting a maximum limit is an appropriate response. This will support consumers to make safe decisions regarding caffeine consumption and will minimise access to high risk pure caffeine.

FSANZ should also consider the following in its proposal:

- Caffeine advisory or warning statement design and placement.
- Consistency between FSANZ and TGA on caffeine levels and advisory statement design.
- Expand advisory and warning statements applicable to children to include adolescents.
- Upper limit of caffeine content that prevents non-lethal symptoms on the spectrum of harm such as anxiety and tachycardia.
- Accuracy of product preparation instructions and requirement to provide appropriate measuring tools to promote consumption in safe amounts (e.g. providing smaller scoop for powdered products, requiring energy drinks containers to be resealable if containing more than one serve).
- Requirement that international products include caffeine content on the label rather than stating “proprietary blend”.
- Potential for the *Trans-Tasman Mutual Recognition Act 1997* (Cth) and *Trans-Tasman Mutual Recognition Arrangement* (TTMRA) between Australia and New Zealand to be used as a loophole to import highly concentrated caffeine products into Australia from New Zealand, even if the products would not be allowed for import to Australia from a different country.

## REFERENCES

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