

IBFAN comments for the Codex Committee on Nutrition and Foods for Special Dietary Uses (CCNFSDU) in response to the requests in the circular letter CL 2022/80/OCS-NFSDU.

PART !

(i) the technological justification for the use of certain food additives in foods complying with The Standard for Infant Formula and Formulas for Special Medical Purposes (CXS 72-1981); and

1. the technological justification for the use of the following food additives for use in foods complying with CXS 72-1981:
 - i. low acyl clarified gellan gum (INS 418)
 - ii. ascorbyl palmitate (INS 304)
 - iii. mixed tocopherol concentrates (INS 307b)
 - iv. phosphates (INS 339(i), 339(ii) and 339(iii) and INS 340(i), 340(ii) and 340(iii))

The use of food additives for infant formula (IF) and formula for special medical purposes (FSMP) is to suspend a matrix of chemical micronutrients and macro nutrients derived from food substances to give it the appearance and consistency of a milk product. Although the technical justification used by the food industry is to deliver nutrients in an acceptable manner, the use of these additives to expand product marketing and the critical lack of consideration of the health impact of the more than 25 permissible additives (CXS 72-1981) in these products is not addressed.

1. It should be noted that IF and SMP products are approved for feeding infants exclusively from birth, low-birth-weight, premature and those with special medical needs. This means feed after feed exclusively for the first six months of life and promoted for consumption for up to 24 months or more. It is the **lack** of independent scientific evidence of the safety of the exclusive consumption of these additives during vulnerable ages of growth and development that is of primary concern.
2. The negative impacts of formula feeding are well documented on both short- and long-term health and development such as growth, immune system, microbiome, brain/neurological development, metabolic priming and premature death. Increasingly studies on the health impact of food additives are demonstrating negative effects on renal, cardiovascular and gut health.
3. The justification of **“history of apparent safe use”** and other vague and meaningless terms currently used to validate other vague inclusions such as “guidance upper levels” when scientific data on the safety of ingredients and additives is lacking must be prohibited in Codex Standards. The justification of **“history of apparent safe use”** in the Standard for IF and FSMP (CODEX STAN 72 – 1981, Para 3.1.3 Footnote 1 in Annex II, and the Review of the Standard for Follow-up Formula, Sections A (Footnote 1 to Para 3.1. and B Footnote 2 to para 3.1.3) needs to be reviewed and replaced with adequate independent scientific review.
4. Additives and manipulation of ingredients such as hydrolyzation of whey proteins are also used as marketing devices. For example, hydrolyzation requires certain additives to emulsify and stabilize the peptides and the addition of amino acids. The use of additives to create products has expanded into addressing normal infant and young child behaviours. Products with trademarked names exploit these behaviours with names such as “total comfort”, “sensitive”, “pure bliss”.
5. The WHO¹ **How the marketing of formula milk influences our decisions on infant feeding** reports that the formula industry promoted products to address normal infant and young child behaviours:

“Specialized Milks and Comfort Milks include formula products that can be promoted for specific medical conditions, e.g. lactose intolerance or allergy. Additionally, there are products marketed as comfort milks to address specific infant behaviours such as fussiness, poor sleep or hungry, where the formulation of the milks has been modified, for example the balance of whey or casein protein. There has been a rise in marketing for specialized and comfort milks that make bold claims to solve common infant ailments and behaviours such as colic, reflux and crying, despite insufficient evidence that they are effective”...[and]...raise

awareness of a problem, or convince potential customers that they have a problem which can be solved by purchasing a product". (2-8)

6. The lack of research on the safety for infants of the proposed food additives necessitates close scrutiny of the research that is available – in this case on the impact on adult populations. Research⁹ on the health impacts of phosphate additives available from adult epidemiological studies show⁵ that phosphate levels in the general population has risen linked to increased consumption of processed foods with phosphate additives. Elevated serum phosphate levels are correlated with mortality of those with chronic renal failure and with cardiovascular morbidity in the general population.
7. Research¹⁰ on the impact of additives on the gut microbiome demonstrates negative impact. The gut microbiome as an immunological organ protects against inflammation of the mucous gut membrane and protects its permeability. For infants,¹¹ the gut microbiome is critical for their immune system development. Evidence now suggests that food additives can disturb gut homeostasis, and contribute to tissue-damaging inflammatory responses.
8. The use of food additives to-extend shelf life for IF and SMP is not a technical justification but an economic one. Increasing the health risks for infants and those with special medical needs based on shelf life is unacceptable and contrary to the mandate of Codex to protect consumer health.
9. IBFAN does not accept the expanded use of additives for IF and SMP products. It is unethical to research the health impact of the proposed additives on infant and young child populations. The health risks and documented impact in animal and adult studies demonstrates that there are health risks and one must conclude that these would be even greater in this vulnerable population.

PART II

Codex members and observers are invited to submit comments on plan/ programme for the consideration of the remaining food additives

1. IBFAN is of the opinion that any plan to consider the remaining additives should prioritize the reduction of the number of additives in these products and to prioritize the health impact of additives as a primary consideration to protect consumer health as mandated.
2. The synergistic impact of additives on the health of infants must be considered, including the carry-over chemicals such as heavy metals that may contaminate additives such as gellan gum.

References:

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