Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Budget Estimates 2014-2015, 2/3 June 2014

Ref No: SQ14-000492

OUTCOME: 1 – Population Health

Topic: Australian Total Diet Survey and Carbendazim

Type of Question: Written Question on Notice

Senator: Xenophon, Nick

Question:

In response to my previous Questions on Notice, FSANZ informed me that it regularly monitors the food supply through the Australian Total Diet Survey (ATDS). FSANZ drew my attention to the 23rd ATDS where Carbendazim was surveyed in various food products including oranges.

- a) What time period does the 23rd ATDS relate to?
- b) Was Carbendazim surveyed in the 24th ATDS? If not, why not?
- c) What consideration does the ATDS give to potential long term health risks of chemicals such as carbendazim?
- d) What information does FSANZ have about long term health impacts?

Answer:

- a) The 23rd Australian Total Diet Survey (ATDS) examined dietary exposure to agricultural and veterinary chemicals in foods and beverages commonly consumed in the Australian diet during January/February and June/July 2008.
- b) No, carbendazim was not surveyed in the 24th ATDS as this survey was designed to target specific contaminants (aluminium, acrylamide, perchlorate and packaging chemicals) in the Australian food supply. However, carbendazim is included in the 25th ATDS for which the sampling and analytical phase is complete. It is anticipated that the results of the 25th ATDS will be publically available in late 2015.
- c) The ATDS addresses long term health effects using internationally recognised methodology. ATDSs are designed to cover the whole diet and to measure the amount of the chemicals of interest ingested by the population living in the country over their lifetime. Commonly consumed foods are selected and purchased from the usual retail outlets, processed as for consumption and then chemically analysed.

d) Through Proposal M1008, Food Standards Australia New Zealand conducted dietary exposure assessments for carbendazim in a range of foods and concluded that the approved MRL of 0.2 mg/kg does not present any public health and safety concerns. All estimated dietary exposures were compared to the relevant health-based guidance value which takes into consideration long term health impacts.

The assessment conducted for the 23rd ATDS indicated that dietary exposure to carbendazim was well below the Acceptable Daily Intake (ADI) of 0.03 mg/per kg bodyweight for all age groups. The ADI is defined as an estimate of the amount of a chemical that can be ingested daily over a lifetime without appreciable risk to health.