



appendix 2

Outcomes of Consultation: Submissions
from Interested Persons

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3.16 Areas of public interest: human health issues

Introduction

The Warrant under item (j) (i) invited submissions on “human health (including biomedical, food safety, and consumer choice)”. Health issues were a major concern for most of the 58 submitters commenting on areas of public interest. Most comment centred on the three areas specified in the Warrant: biomedical research, food safety and consumer choice.

Biomedical research

Biomedical research was a significant focus of many comments. There were three broad groupings in comments: those who supported biomedical research, those who had concerns about such research, and those who felt it was inconsistent to support genetic modification techniques in medicine but not support its application elsewhere.

Submitters who supported use of genetic modification technology in medicine mostly came from medical research organisations, universities and patient advocacy groups.

The stance of these submitters was encapsulated in the view expressed by New Zealand Biotechnology Association [IP47] that “every New Zealander should have access to the latest healthcare benefits available through genetic modification”. New Zealand Life Sciences Network [IP24] also summed up the impression from many submissions with its comment that there was “greater comfort with medical applications than [with] food and agriculture”.

Submitters often noted specific advantages of using this technology in medicine. For example, submitters such as University of Otago [IP19] saw the advantages of biomedical research as including:

- better understanding of genetics and the human genome sequence
- safer and more specific drugs
- more accurate prescribing

- better diagnoses of inherited disease
- more predictive tests for disease
- improved understanding of complex diseases.

Such advantages were also mentioned by University of Canterbury [IP7], Malaghan Institute of Medical Research [IP10], Researched Medicines Industry Association of New Zealand [IP55], and New Zealand Transgenic Animal Users [IP45]. Malaghan Institute [IP10] noted that genetic modification at the Institute did not pose a threat to human health or to the environment and that “this has been widely accepted by the public”.

New Zealand Feed Manufacturers Association/Poultry Industry Association of New Zealand/Egg Producers Federation of New Zealand [IP35] also raised the possible benefit of animal organ transplants. Transgenic Animal Users [IP45] noted its view that:

... the New Zealand public has relatively little appreciation of the importance of GM animals, particularly in medical research. Rather than a technology to be shunned or feared, GM animal research offers enormous hope in the battle against disease.

Patient support groups such as the Cystic Fibrosis Association of New Zealand [IP39] reinforced the importance of genetic modification technology in medical research. Cystic fibrosis sufferers saw genetic modification as their only hope. The Association noted: “... it is ‘genetic irregularity’ that causes conditions like Cystic Fibrosis. If there is no modification of the gene, then there is no benefit.”

Other submitters expressed concerns about the use of genetic modification for health purposes. Most of these submitters voiced concern at unknown risks and side effects.

Qualified support for this technology came from Physicians and Scientists for Responsible Genetics New Zealand (PSRG) [IP107], which stated:

Provided it can be guaranteed that there are not general side effects from use of GE by individuals seeking cures to medical problems of genetic origin, PSRG supports the use of genetic engineering in contained medical research and production.

Nelson GE Free Awareness Group [IP100] also had concerns. It maintained that “the biomedical uses of genetic engineering have not been proven and may well harbour tremendous risks of environmental pollution”.

Another smaller group considered it was not practical to restrict genetic modification techniques to one particular application. Representative of this position were the comments from New Zealand Organisation for Rare Diseases

[IP98], which felt:

It is not a practical option to say yes to [genetically modified] medicine and no to [genetically modified] food/crops, because the two are closely intertwined. Some medicines may be harvested from [genetically modified] crops, while some genetically modified foods may have nutraceutical value.

Food safety

Food safety was notable among the topics relating to genetic modification as a high-priority area for many submitters (and a major focus of all other forms of representation to the Commission). Typical of comments on its importance was the statement by Federated Farmers of New Zealand [IP34], which saw human health issues as being: “of considerable public interest, with genetically modified food high on the agenda of public concern”.

Submitters were particularly polarised in their views on food safety.

Proponents of genetically modified foods noted the good “safety” record of genetically modified foods. They especially emphasised rigorous testing requirements. Specific comments noted about food safety included:

- Proteins produced in genetically modified crops typically had a long history of safe consumption (Monsanto New Zealand [IP6]).
- International agencies agreed that the food safety risks for foods from genetically modified crops were the same as those for food produced by conventional breeding methods (Monsanto [IP6]).
- The greatest risk of hazard from food was not the food itself but its handling and preparation (New Zealand Life Sciences Network [IP24]).
- There was no evidence that any food product derived from genetically modified organisms and currently on the market was unsafe for human consumption (Life Sciences Network [IP24]; similarly, Meat New Zealand [IP31], New Zealand Game Industry Board [IP33]).
- Genetically modified foods have undergone far greater testing than conventionally produced food (New Zealand Grocery Marketers Association [IP54]; similarly Life Sciences Network [IP24], Monsanto [IP6]).
- Anti-genetic modification campaigners used lack of public knowledge to create fear and the impression that genetically modified foods that had been approved were unsafe (Biotenz [IP25]).
- The current Australia New Zealand Food Authority (ANZFA) assessment system provided adequate coverage of food safety (Meat Industry Association of New Zealand (MIA) [IP32]).

Submitters concerned about using genetic modification techniques for food cited several reasons for their opposition to genetically modified foods. Most concerns centred on lack of information on downstream effects and the adequacy of “tests”. Specific concerns cited included:

- There was a lack of independent testing of genetically modified foods (Safe Food Campaign [IP86]).
- There had been no testing for long-term health risks of genetically modified foods (GE Free New Zealand (RAGE) in Food and Environment [IP63]).
- The vague definitions of the concept of “substantial equivalence” and the generalness of its interpretation, of molecular and nutritional equivalence, meant that, in effect, substantial equivalence was an avoidance of safety testing (Safe Food Campaign [IP86]).
- The concept of substantial equivalence had been used to include genetically modified ingredients in food without adequate evaluation (Sustainable Futures Trust [IP51]).

Other submitters expressed concerns about the safety of the crop production systems for genetically modified foods. For example, Commonsense Organics [IP66] noted that the outcomes of genetic modification experiments were unknown and that if an unwanted result occurred “in the wild” it would be likely to be irreversible. It suggested that herbicide-resistant, genetically modified crops resulted in an increase in herbicide use, not a decrease. Commonsense Organics also commented that once genetically modified crops were permitted in New Zealand, the opportunity might be lost to provide organically certified foodstuffs as an alternative to genetically modified foods.

Submitters concerned about genetically modified foods often focused their arguments on testing procedures. For example, Rural Women New Zealand [IP52] noted that:

... assessing the safety of GM foods is complicated by: firstly, practical difficulties posed by testing “whole” foods (whereas most food safety analytical tools have been developed for constituent parts — additives, residues and contaminants, ie, small volumes); and secondly, by the lack of labelling.

Consumer choice

Health issues, especially food safety, provided a catalyst for expression of several wider concerns of public interest. Paramount among these was the issue of consumer choice, with comment centring on the public’s need for education on the issues of genetic modification, the public’s right to know and right to choose

(discussed previously: see “Areas of public interest: an introduction”), as well as the public’s opportunity to exercise that choice.

The opportunity for the public to exercise choice had two dimensions:

- the need for adequate information
- the appropriate labelling of foods.

The need for adequate information was discussed previously so discussion here focuses on food labelling.

Labelling of foods

Several submitters, mostly biotechnology companies and industry representatives, supported the widespread dissemination of information to the public and saw labelling as the means to afford consumers choice.

Grocery Manufacturers Association [IP54] said: “The current labelling regime provides meaningful information to consumers ... The dissemination throughout the community of factual information that is scientifically substantiated and verified and devoid of vested interest influence is imperative.”

MIA [IP32] also stressed the importance of food labelling to ensure consumer choice. It felt that “the requirement to label food resulting from GM technology allows consumers the opportunity to make choices, accepting or rejecting such food as they wish”.

Likewise, Sustainable Futures Trust [IP51] supported “the unambiguous labelling of food”, noting that until the risks were much better known and the public felt otherwise, all food that contained any genetically modified component should be unambiguously labelled and genetically modified ingredients subjected to the same testing procedures as pharmaceuticals.

New Zealand Jewish Community [IP80] also supported labelling to allow Jews ‘informed choice’. It maintained that:

The principle of ‘informed choice’ of food is central to the practical observance of food laws. Those who wish to choose kosher foods need to be properly informed by the labelling and certification on the food package. They can select, or not select, according to the information given. Full and accurate labelling of all foods does not impose Jewish observance of religious dietary laws on others; but without such labelling, Jews will not have ‘informed choice’.

Submitters from environmental and consumer organisations, however, expressed concerns about the current labelling system and the efficacy of the ANZFA arrangements. Green Party of Aotearoa/New Zealand [IP83] saw the current labelling system as “inadequate and misleading”. Safe Food Campaign [IP86]

agreed and “rejected” the ANZFA testing procedures as being safe on four grounds: lack of independent testing, limited allergenicity and toxicity tests, use of substantial equivalence as a method of testing and its vague definitions. Friends of the Earth (New Zealand) [IP78] also noted that claims that genetically modified foods were safe (based on the “substantial equivalence” argument) had “sidelined” health professionals and “elevated plant scientists to a position where they are considered to be experts on the safety of genetically modified foods”.