

Res. A-04-16

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Title: Acknowledge the Negative Health Impacts of Artificial Food Colors and Endorse Their Elimination from the American Food System

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Endorsements: North Bay Chapter, CAFP

Whereas, artificial food colors (AFCs) are made of petroleum and coal tar¹, and

Whereas, AFCs initially were intended for small-scale use and there has been a fivefold increase in the use of AFCs between 1995 and 2009,² and

Whereas, AFCs are routinely used in food and beverage products, more than 90 percent of child-oriented food products contain AFCs,³ and a single serving of many common foods exceeds the Food and Drug Administration's (FDA) recommended daily limit of AFCs,^{4 5} and

Whereas, AFCs are associated with hyperactivity and hypersensitivity in susceptible populations, have been inadequately tested for safety in humans,^{6 7 8 9} and all nine FDA-approved AFCs have been associated with carcinogenicity in animal studies¹⁰, and

Whereas, natural alternatives to artificial food dyes are available and European products produced with natural dyes are almost indistinguishable from products produced in the United States,¹¹ and

¹ Kobylewski, S., & Jacobson, M. (2010). Food dyes: A rainbow of risks.

² Ibid.

³ Batada A, Jacobson MJ. Prevalence of Artificial Food Colors in Grocery Store Products Marketed to Children, *Clinical Pediatrics*, June 6, 2016

⁴ Stevens L, et al. Amounts of artificial food colors in commonly consumed beverages and potential behavioral implications for consumption in children: revisited. *Clin Pediatr (Phila)*. 2015;54(12):1228-30.

⁵ Biochemical Toxicology Branch, FDA. Memorandum from a nutritionist, Department of Health, Education and Welfare, Division of Consumer Studies, to TJ Sobotka, July 30, 1976.

⁶ Ibid.

⁷ McCann, D. et al. Food additives and hyperactive behaviour in 3-year-old and 8/9-year-old children in the community: a randomised, double-blinded, placebo-controlled trial. *Lancet* (2007). 370(9598), 1560–7

⁸ Weiss, B. Synthetic Food Colors and Neurobehavioral Hazards : The View from Environmental Health Perspectives, (2012) 120(1), 1–5.

⁹ Stevens et al. Dietary sensitivities and ADHD symptoms: thirty-five years of research. *Clin Pediatr*. 2011;50(4):279-293.

¹⁰ Kobylewski, S., & Jacobson, M. (2010). *Food dyes: A rainbow of risks*.

¹¹ Lefferts, Lisa, et al. Seeing Red: Time for action on food dyes. Center for Science in the Public Interest, (2016)

Whereas, due to the above health risks, the United Kingdom banned six AFCs still used in the United States,¹² now, therefore be it

RESOLVED, that the California Academy of Family Physicians (CAFP) acknowledge the health risks posed by Artificial Food Colors (AFCs) and ask the American Academy of Family Physicians to write to the Food and Drug Administration urging the elimination of AFCs from products marketed to children, and be it further

RESOLVED, that the California Academy of Family Physicians (CAFP) urge the American Academy of Family Physicians to create education for family physicians and their patients on the potentially harmful health effects of artificial food colors in the form of journal reviews, continuing professional education and patient education materials.

¹² Cook, J. (2013). Colorants Compliance. *The World of Food Ingredients* (Arnhem, Netherlands: CNS Media BV) 41–43.

1) PROBLEM STATEMENT: What specific practice problem does this resolution seek to solve, or, if this resolution pertains to a proposed new CAFP policy or change of policy, what issue does it seek to address?

Family physicians see a wide array of chronic health and behavioral problems in the office. We suggest that traditional medical education does not provide physicians with adequate information on the health and safety of many food additives in the American food system, including but not limited to artificial food colorants (AFCs). There is scientific evidence that AFCs may lead to adverse health effects such as allergy, asthma, hypersensitivity reactions, hyperactivity and cancer. We believe that those adverse health effects are not widely known or understood by the majority of family physicians and the CAFP should use its position to increase physician awareness of these issues.

2) PROBLEM UNIVERSE: Approximately how many CAFP members or members' patients are affected by this problem or proposed policy?

All family physicians are consultants for their patients when it comes to making recommendations for healthy food choices. Physicians and their patients may be under-informed about the potential health risks posed by AFCs, which are ubiquitous in the American food supply, especially in foods marketed to children. All consumers of processed foods are affected by the presence of AFCs and therefore this topic is relevant to all family physicians and their patients. (see references in Resolution)

3) WHAT SPECIFIC SOLUTION ARE YOU PROPOSING TO RESOLVE THE PROBLEM OR POLICY, i.e., what action do you wish CAFP to take?

We propose that the CAFP use its position to urge the AAFP to increase awareness among patients and physicians about the potential risks of food dyes by providing evidence-based review of the science on AFCs to members. We also propose that the CAFP urge the AAFP to write to the FDA to eliminate AFCs in foods marketed to children since they add no nutritional benefit to foods.

4) WHAT EVIDENCE EXISTS TO: 1) INDICATE THAT A PROBLEM EXISTS; OR 2) THAT THERE IS NEED FOR A NEW OR REVISED POLICY?

The Center for Science in the Public Interest investigated food colorants and concluded that the nine artificial dyes approved in the United States are likely carcinogenic, cause hypersensitivity reactions and behavioral problems, and are inadequately tested. All nine FDA-approved artificial food dyes have been associated with carcinogenicity or genotoxicity in animal studies¹³.

5) PLEASE PROVIDE CITATIONS to support the existence of the problem and your proposed solution.

See footnotes

¹³ Ibid.