

1 July 2014

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The sale of raw milk to consumers

Dear Dr Thornley

Thank you for inviting the New Zealand Medical Association (NZMA) to provide feedback to the Ministry of Primary Industries (MPI) on options for the sale of raw milk to consumers.

As you may know, the NZMA is the country's largest voluntary pan-professional medical organisation with over 5,000 members. Our members come from all disciplines within the medical profession and include specialists, general practitioners, doctors-in-training and medical students. The NZMA aims to provide leadership of the medical profession, and promote professional unity and values, and the health of New Zealanders. Our submission has been informed by feedback from our Advisory Councils, the NZMA Board and a Medical Officer of Health.

Given the reported burden of disease associated with raw milk,¹ the NZMA is supportive of strengthening the regulation and control of the sale of raw milk to consumers. The process for disease notification means that reported notifications reflect but a small fraction of actual such food-borne communicable disease occurring in the community (where in general terms reported instances of many food-borne diseases can be less than one tenth of actual). This is

¹ In 2013, there were eight reported outbreaks of food borne illness, affecting 33 people, where the consumption of raw milk was identified as one of the risk factors. Furthermore, two children young than five years old who were hospitalised with serious renal problems had consumed raw milk. <http://www.mpi.govt.nz/Default.aspx?TabId=126&id=2259>

because many people do not seek medical advice for food poisoning/gastroenteritis, and only a small proportion of those who do so are actually tested for a causative organism.

While the NZMA is not in a position to identify a preference from the three proposed options to strengthen the regulation and control of the sale of raw milk to consumers, we take the view that all three options represent a significant improvement over the status quo. We consider that all three options will meet the stated policy objectives of reducing food-borne illness and improving consumer understanding of the risks, while at the same time maintaining access to raw milk. We support MPI's decision to not pursue non-regulatory control measures, sale at retail outlets and sale at farmers' markets.

Finally, we note that the review of the literature provided indicates that there is no good evidence to support claims that milk that has been pasteurised is nutritionally inferior or compromised compared with raw milk.² Furthermore, we also note that analysis provided indicates the risk of acquiring an infectious disease to strongly outweigh any nutritional benefit that may be associated with raw milk,³ (and notwithstanding the lack of nutritional benefits anyway).² We consider these points to be important, especially for people at high risk of the consequences of food-borne illnesses (eg, the very young, the very old, pregnant women, and those who are immunocompromised).

We recognise the highly technical nature of this consultation and are not in a position to provide specific feedback to MPI on the wide range of technical issues that are canvassed in the discussion document. Nevertheless, we envisage that the Ministry (MPI) will inevitably have consulted with public health physicians with expertise in food-borne illness, as well as with other organisations such as the Australasian Society of Infectious Diseases (New Zealand Branch), Public Health Units around the country, the New Zealand College of Public Health Medicine and the New Zealand Veterinary Association, as well of course with the Ministry of Health. We believe that these sources are well placed to provide feedback on the health-related technical aspects in this consultation, and we would be willing as needed to help facilitate any further advice from medical professionals.

Thank you for the opportunity to input into the development of policy on the sale of raw milk to consumers. We look forward to learning the outcome of the eventual preferred option following the current consultation process.

Yours sincerely



Dr Mark Peterson
NZMA Chair

² MPI. An assessment of the effects of pasteurisation on claimed nutrition and health benefits of raw milk. October 2013. <http://www.foodsafety.govt.nz/elibrary/industry/raw-milk-sales-2014/2014-13-Assessment-of-effects-of-Pasteurisation-on-Claimed-Nutrition-and-Health-Benefits-of-Raw-Milk.pdf>

³ MPI: Assessment of the microbiological risks associated with the consumption of raw milk. June 2013. <http://www.foodsafety.govt.nz/elibrary/industry/raw-milk-sales-2014/2014-12-microbiological-risks-assessment-consumption-of-raw-milk.pdf>