



ADDITIVES AT WORK

You might have dismissed the recent media spotlight on additives as yet another consumerist fad. If so, you will be surprised to learn that additives are rapidly becoming a trade union issue. Among the reasons for this is that while half a million food workers handle an estimated 200,000 tonnes of additives, many are exposed to excessive doses leading to allergic-type reactions like dermatitis and asthma; at least 41 additives are known or suspected carcinogens while at least a further eight are suspected of causing reproductive problems ranging from miscarriages to babies born with birth defects.

Problems with additives are particularly acute in Britain. Only 10% of additives have been tested; controls are out of line with other EEC countries; more additives



Food Additives



are allowed in a wider range of foods and food workers themselves are not represented on the committees which advise the government. The Health and Safety Executive (HSE) tends to assume additives must be safe just because they have been approved for use in food.

In a research department of a food factory a woman developed asthma and bronchitis. On two occasions she had such severe asthma attacks she would have died had she not received emergency aid. Her asthma was produced by tartrazine, a yellow azo dye which is used in all sorts of foods including salad cream, cakes and lemon squash. She later found that eating any food containing the dye produced the same effect as handling it at work.

Ill-health of this sort - caused as much by resistance to spending money on proper protective measures as by the additives themselves - has provoked action by food workers and their unions. Last autumn, the Bakers' Union banned the use of pure calcium propionate, a mould inhibitor in bread. Bakers handling it suffered eye irritation, breathing difficulties and nose bleeds. The HSE had not acted because they felt that it presented no long-term hazard.

In major respects, the health interests of workers and consumers overlap. Last year, for example, people mixing the flavourings and colourings for crisps were told that another dye was to be introduced. The safety rep found out that the particular dye was a suspected carcinogen. As a result, the workers refused to handle it, and the management reluctantly withdrew it.

One solution that would suit consumers as well as food workers, would be the removal of particularly hazardous additives from use altogether. The mechanism for doing this already exists: the colours, for example, that can be added to food are restricted to a permitted list; this *could* be shortened. Norway has banned all 17 azo dyes, the colours known to cause health problems. There are, however, considerable barriers to reducing the health risks from additives in Britain. The current decision-making process is covered by the Official Secrets Act, while committees are not publicly accountable or even representative. In practice, the needs of the food industry are given priority over the health of consumers and workers alike.

Consumer organisations have succeeded in making additives a public issue, persuading some of the supermarket chains to remove them from their 'own brand' products, while unions are pressing government bodies for specific improvements in organisation and policy. The benefits of a coordinated campaign are clear and it is to be hoped that the newly-established coordinating body, CARE, which has already attracted support from consumer, environmental, health and trade union organisations will ensure that long overdue improvements are made to the food we all eat and some of us produce.

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