FOOD INTOLERANCE NETWORK

1 July 2013

A Continuum of Care to Prevent Youth Offending and Re Offending
Children and Youth Services
Department of Health and Human Services
GPO Box 125
HOBART TAS 7001

Dear Committee

The submission attached has been provided in the form of a response to Question 2.3 *If you could only focus on one or two primary intervention or prevention strategies what would they be and why?*

It is beyond the resources of our Network to provide a more detailed response, but we are certain that with an open mind you will find no more compelling and effective response and we would be pleased to work with you to create a program with measurable outcomes that will have Tasmania leading the world in this area.

Yours truly

Dr Howard Dengate
Ms Sue Dengate

PO Box 718, Woolgoolga NSW 2456. Ph 02 6654 7500, Fx 02 6654 9566, confoodnet@ozemail.com.au
www.fedup.com.au

APPENDIX 4 – SERVICE PROVIDER TEMPLATE

Organisation details

1. Food Intolerance Network
2. Dr Howard Dengate and Ms Sue Dengate
3. email confoodnet@ozemail.com.au
4. Not applicable
5. PO Box 718 Woolgoolga NSW 2456
6. 02 6654 7500

   confoodnet@ozemail.com.au (preferred contact)

   www.fedup.com.au

Programs provided

7. One program
8. Could be strengthened by training of more dietitians within Tasmania
9. Not applicable
10. Not applicable

Program details

11. Program Name: Failsafe eating
12. Failsafe eating consists of avoiding the 50 food additives and some natural food chemicals known scientifically to affect children and adults in their health, behaviour and learning, based on the work over 20 years of Sydney's Royal Prince Alfred Hospital Allergy Unit.
13. Failsafe is effective at prevention at primary and secondary levels, as detailed in responses to Question 2.3
14. State-wide
15. All children and adults who are food intolerant, as are many who encounter the justice system.

16. The targeted group is Other, all children and adults.

17. Mainly developed for children but effective throughout life.

18. Not applicable

19. In the p12 table of individual risks, diet directly addresses most of them in a positive sense: hyperactivity, impulsivity, attention deficit, poor reasoning skills, aggressive behaviour, anti-social and pro-criminal attitudes. There is some evidence of a genetic component in terms of sensitivity to food constituents.

    The table of health and education risks are also directly addressed.

20. In the p12 table of individual risks, there is considerable evidence that diet addresses social competence, individual self-control and problem solving skills. Diet allows development of better social relationships and, in an educational setting, less truancy and suspensions. There are also health benefits.

21. The major factors are detailed in answer to question 2.3. In summary, rapid improvements using diet are seen in four areas (irritability, restlessness, inattention and sleep disturbance).

22. Detailed references are given in response to question 2.3.

23. Example: a trial of the RPAH elimination diet for conduct disorder

    "Our soon to be 5 year old son was diagnosed with Conduct Disorder over a year ago, however the behavioural problems have existed for two years – hitting, kicking, swearing, yelling, pushing etc. Considerably violent and unpredictable outbursts. We've been to see all kinds of people, Paediatrician, Psychologist, the Children's Developmental Service, and more recently a Psychotherapist. All this has cost us a fortune and made some difference, although not significant and not consistent.

    It's been about 6 weeks now that we've had our son eating failsafe. This last weekend has been one of the best we've had in two years, we have our beautiful, kind and gentle son back. The change is significant. At his kindy, ALL the staff have noticed, not just his own teachers. If only we had looked more closely at his diet two years ago. Thank you."
    http://fedup.com.au/stories/2012/1125-conduct-disorder-hitting-kicking-swearing-yelling-pushing-gone-september-2012

Program capacity

24. No restriction on the number of young people, depending on the level of adoption of the dietary program undertaken.

25. Eligibility will rely on the willingness of the children at risk to undertake the required diet modifications, which in turn relies on either family or institutional support. There is a shortage in Tasmania of suitably trained dietitians which can be relatively easily addressed.

26. Not applicable.

27. Not applicable.

28. The Food Intolerance Network provides free support through www.fedup.com.au, which has had nearly 5 million visitors currently running at 4,000 per day, through an active facebook group with nearly 4,000 members, via a quarterly newsletter sent to over 9,000 families and by talks/presentations on food intolerance.

29. So as to retain complete independence of advice, the Food Intolerance Network has been supported for 23 years by sale of books and a DVD and by presentations given by Sue Dengate, who founded the Network. The Food Intolerance Network, website and associated newsletter and discussion groups do not receive funding, services or goods from any industry or lobby group.

30. Funding is recurrent; that is to say, hand to mouth and relying on volunteers.

31. The Network is intended to cover costs, not make a profit.

32. The Food Intolerance Network relies very heavily upon an army of happy volunteers who answer questions, provide support by phone and email, organise talks and promote awareness of the effects of food on them and their children's health, behaviour and learning. No attempt has ever been made to quantify the hours spent on this.

This information can be released publicly.

Question 2.3

If you could only focus on one or two primary intervention or prevention strategies what would they be and why?

We would recommend two strategies both involving diet:

1) **A prevention strategy**: A widespread low-additive policy in any institutions that deal with children and in food aimed at children, as prevention – as recommended by the CSPI (see below)

2) **An intervention strategy**: The recommendation of an elimination diet as a first step for children already identified at risk or preceding juvenile detention - as demonstrated in the Shipley Project, carried out by the UK police with chronic juvenile offenders (see below)

And why?

Numerous studies of all kinds have documented a relationship between diet, children's behaviour and learning abilities; see more about the science below. However, in our experience – over 23 years running the Food Intolerance Network now with a membership of over 9,000 families - the RPAH elimination diet available through certain dietitians in Australia is actually easier and more effective for families to use than some of the diets available overseas. In Example 1, see a typical reader story from the thousands we have received from parents

Example 1: a trial of the RPAH elimination diet for conduct disorder

"Our soon to be 5 year old son was diagnosed with Conduct Disorder over a year ago, however the behavioural problems have existed for two years – hitting, kicking, swearing, yelling, pushing etc. Considerably violent and unpredictable outbursts. We've been to see all kinds of people, Paediatrician, Psychologist, the Children's Developmental Service, and more recently a Psychotherapist. All this has cost us a fortune and made some difference, although not significant and not consistent.

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The link between learning difficulties and diet

It is well understood that children who have difficulties learning to read are a greater risk of later conduct disorders, so a school dietary policy that halves the number of children classified as learning disabled must be regarded as effective.

In 1986, a study in over 800 NY schools - involving over a million students - found that by reducing additives in school meals for disadvantaged children, over 4 years *the number of children classified as Learning Disabled more than halved* (from over 12% to less than 5%) and there was a nearly 16% increase in academic ranking compared to the rest of the nation's schools. Artificial colours and two preservatives (BHA and BHT) were removed from school breakfasts and lunches over a period of 4 years, and most “junk food” was removed due to a ban on products containing sugar. Reductions were carried out in stages – after each stage there was a noticeable improvement. Schoenthaler SJ and others. The impact of a low food additive and sucrose diet on academic performance in 803 New York City public schools. International Journal of Biosocial Research, 1986 (8)2:185-195. http://fedup.com.au/images/stories/NewYorkCityPublicSchools.pdf

The link between diet and behaviour

Of the numerous studies about diet and behaviour over the last 30 years, independently funded studies (ie, those not funded by the food industry) show a strong link on which to base policy decisions. The 46 page report on *Diet, ADHD and Behaviour: a quarter century review,* most recently updated in 2009 by independent scientists at the Centre for Science in the Public Interest, made – among others - the following recommendations:

- Government, private agencies, and health practitioners concerned about children with ADHD and other behavioural problems should acknowledge the potential for diet to affect behaviour and should advise parents to consider modifying their child’s diet as a first means of treatment.

- Pediatric hospitals and psychiatric clinics as well as schools and camps should minimise the use of food additives that contribute to behavioural disorders –

http://www.cspinet.org/new/pdf/dyesreschbk.pdf

Example 2: additives in an Australian detention centre

In 2002, while giving a talk to the staff at the Don Dale Detention Centre in Berrimah, Darwin, I was surprised by the staff’s strong reaction to my display of a bottle of cordial containing 2 artificial colours and 2 preservatives. I eventually found that this had been a favourite item provided in large amounts to the inmates until about a week before my visit, when it had been withdrawn as a punishment. Staff had been congratulating themselves (“this punishment is really working”) until they realised during my talk that the improvement was more likely due to the withdrawal of artificial colours and preservatives – and cancelled their regular order for the cordial

Community support

The elimination diet is not easy. Currently, families who try this path feel as if they are alone and unsupported except for our Network. Parents often say that they would find it much easier to do the diet if there was community support and understanding, for example, from teachers, the local school, and the school canteen, see next example.

Example 3: Additive free school trial in Acton Primary School Burnie

In 2004, I worked with Acton Primary School, Burnie, Tasmania, talking to staff, parents and students, providing a list of additives to avoid and a list of additive-free supermarket products for students and parents and helping the school to overhaul their canteen to ensure all canteen food was free of 50 additives including the bread preservative calcium propionate (282). The school principal at that time, Kay Foster, and the staff noticed a great improvement in the behaviour of Acton students as reported in the local newspaper at that time: 'suspensions are well down this year and many of our challenging children have settled to good learning habits in the classroom' – from Acton school adopts additive-free food policy, Gill Vowles, The Advocate, 8/10/2004.

See list of additives that may cause problems (from the National Healthy School Canteen Guidelines)

COLOURS

102,104,110,122,123,124,127,129,

132,133,142,143,151,155

natural colour 160b (annatto)

PRESERVATIVES

Sorbates	200-203
Benzoates	210-219
Sulphites	220-228
Nitrates, nitrites	249-252
Propionates	280-283

SYNTHETIC ANTIOXIDANTS

Gallates	310-312
TBHQ, BHA, BHT	319-321

FLAVOUR ENHANCERS

Glutamates incl MSG	620-625
Ribonucleotides	627, 631, 635

Hydrolysed Vegetable Protein (HVP), Yeast extract

ARTIFICIAL FLAVOURS

No numbers since they are trade secrets

The link between diet and behaviour ('healthy' foods)

Numerous studies have found that juvenile offenders eat less-than-balanced diets, and that episodes of anti-social behaviour decrease when 'junk' food is removed from the diet and/or they are given nutritional supplements (Gesch, Schoenthaler). For some youths, a healthy diet alone may make a remarkable difference. However, leading diet researchers (Pelsser,

Egger, Swain) are clear that removing food additives alone from the diet is not enough for children who have been diagnosed with ADHD, oppositional defiance or conduct disorder.

In these cases, a comprehensive elimination diet is recommended, followed by systematic testing (challenges) to ascertain whether 'healthy' foods such as milk or tomatoes could be causing problems. The two main diets that have been shown to be successful are the oligoantigenic (or Few Foods Diet) (Egger, Pelsser and see the video "Little Monsters" at http://fedup.com.au/images/stories/VLittleMonstersmall.wmv and the RPAH Elimination Diet (Swain Lancet).

The link between biogenic amines and aggression

Researchers have long known that being born without the MAOA (monoamine oxidase) gene is linked to aggression in men. Although a missing gene is rare, it has only recently been realised that a low activity variant of the gene (MAOA-L) is much more common and can be associated with increased aggression if such people are badly handled as children. People who have the MAOA-L gene are unable to clear biogenic amines (e.g. in foods such as processed meat, fish, tomatoes, cheese, chocolate, wine, bananas, citrus and others) out of their systems as quickly as the rest of the population, and this can lead to high blood pressure, headaches and behavioural episodes such as rage. One way of dealing with this condition is to follow to a low amine diet such as provided by the RPAH elimination diet.

This fits in with what we see in the Food Intolerance Network. Children with oppositional defiance or conduct disorder are the ones whose parents are often told 'he just needs a good smack'. But smacking has the opposite effect – if you smack these kids, when they are big enough they will hit you back. Or if they are scared of their parents, they will hit other people. This is defined as conduct disorder and can lead to juvenile offending. You have to treat these kids as if they are your friend – a calm approach – and avoid backing them into a corner at all times. It can be extremely difficult for an untrained parent or teacher to maintain a calm approach with a child who is aggressive, and even the experts acknowledge that this approach has limited success. Our network members find that it is easier to avoid the food chemicals that cause these effects.

RPAH research suggests that about 70 per cent of children with behaviour problems are affected by salicylates, artificial colours and preservatives, compared to only about 40 per cent affected by amines. Many mothers have reported that their child becomes silly and hyperactive on salicylates whereas amines make them aggressive. In our experience, children who are expelled from day care centres at a very young age due to aggressive behaviour - e.g. a 2 year old expelled for kicking the babies' heads - are usually sensitive to amines as well as to other food chemicals such as artificial colours.

The most effective elimination diets

The two main diets that have been shown to be successful are the oligoantigenic (or Few Foods Diet) (Egger, Pelsser and see the video "Little Monsters" at http://fedup.com.au/images/stories/VLittleMonstersmall.wmv and the RPAH Elimination Diet (Swain Lancet).

Example 4: a trial of the Few Foods diet with chronic juvenile offenders

In the UK, a 1998 diet and behaviour project by the police called The Shipley Project found that 100% of 9 chronic juvenile offenders aged 8-16 improved significantly on a three week open trial of the Few Foods diet. Those who remained on the diet did not re-offend. (Bennett CPW, McEwen LM, Rose E. The Shipley Project: treating food allergy to prevent criminal behaviour in community settings. J Nutr Envir Med 1998;8:77-83.)

What parent support groups recommend

In practice, in both the UK and Australia, parent support groups such as the Hyperactive Children's Support Group (HACSG) and our Food Intolerance Network have found the Few Foods diet - that starts with rice, turkey, lettuce, pears and a few vegetables - is extremely difficult for families to use. The diet we recommend is the RPAH Elimination Diet that avoids about 50 food additives as well as salicylates, amines, glutamates and if symptoms are severe also dairy foods and gluten.

In our experience, the RPAH Elimination Diet when supervised by an experienced and supportive dietitian is doable and effective. There are 56 pages of reader reports about the successful effects of this diet on children with ODD (oppositional defiance) – which can lead to Conduct Disorder including juvenile offending if not treated in time, see our website: http://fedup.com.au/images/stories/SCODD.pdf This file is also attached to this submission.

Our list of supportive and experienced dietitians

The Food Intolerance Network provides a list of experienced and supportive dietitians who can supervise a 3-6 week trial of the RPAH elimination diet with challenges and reintroduction, including three in various areas of Tasmania, and are available on request to confoodnet@ozemail.com.au

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