



CANADIAN HEALTH FOOD ASSOCIATION
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CHFA SEEKS LEVEL PLAYING FIELD FOR KAVA
Meeting with Health Minister's Office Results in Call for Action

The CHFA fears a double standard exists between pharmaceutical drugs and natural health products. In light of Health Canada's recent advisory on acetaminophen the Canadian Health Food Association (CHFA) is challenging the government to re-examine their action on Kava which effectively removed it from the marketplace. This recent Health Canada Advisory seems to suggest to consumers that in the case of acetaminophen it is sufficient to 'read labels to prevent deaths.' (direct reference to acetaminophen conclusively linked the drug to eight deaths in Canada 2003:06).

A call for action within six months was requested at a meeting between CHFA executives and senior officials at the Minister of Health's office on February 25. "The CHFA strongly feels that putting kava back on the market with appropriate labeling is both responsible and in keeping with Health Canada's mandate to protect the health of Canadians," says Donna Herringer, president of the CHFA.

The CHFA is a non-profit federally chartered trade association. Its members include retailers, wholesalers, distributors and manufacturers in a variety of industry sub sectors such as supplements, vitamins, herbals, homeopathics, sports and nutrition supplements, packaged foods and organic foods. CHFA members believe that access to natural health products, whole foods and organics is the democratic right of every Canadian. To that end, they are committed to protecting and furthering the interests of the Canadian health products industry.

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CHFA Refutes Kava Risks and
Discloses Dangers of Acetaminophen, Alcohol and Grapefruit

In a strongly worded paper released this week, the Canadian Health Food Association, the representative body for manufacturers, retailers and suppliers to the health food industry, raises new questions about Health Canada's rationale for classifying Kava-containing products as potential health risks. The CHFA paper also discloses that widely used products such as alcohol, grapefruit and a non-prescription pain

killer—each of which pose greater proven health risks than Kava—are not regulated or labelled in a similar manner.

Kava, a medicinal plant from the South Pacific that is clinically proven to provide short-term relief of anxiety and depression, took a hit in the headlines and a sag in sales in 2002 when Health Canada classified Kava's oral use as a potential risk to liver damage and had the herb pulled from store shelves.

The government decision was based on data that the CHFA states does not establish a strong enough link between liver damage cause and effect. Citing close to 100 independent research studies and reference reports, the CHFA paper asserts that Kava is safe for most people to use and any potential risk factors can be effectively managed with appropriate labelling.

CHFA President, Donna Herringer, cuts straight to the chase when asked why the association commissioned the paper. "I can give you the answer in two words," she states emphatically. "Fair's fair. Canadian consumers deserve labelling that is accurate, consistent across the board and respectful of the burgeoning public interest and knowledge about natural health. It's unfair have one product singled out for specific classification while others with far more significant risk factors are ignored."

Comparing Kava to Acetaminophen, Alcohol & Grapefruit

The CHFA paper outlines disturbing facts about the popular painkiller acetaminophen, alcohol and grapefruit. In the United States alone, 213 deaths are reported annually from acute liver failure associated with acetaminophen overdose, while there have been slightly more than 2 dozen cases worldwide of serious liver toxicity inconclusively linked to kava use. An estimated 5 million adult Canadians take acetaminophen products on a weekly basis, and overdose toxicity is a serious and significant risk factor because only one third of users compare the ingredients of their different medications and more than half are unable to name the active ingredient in the headache medication they use most often. Many people may unknowingly be overdosing and exposing themselves to greater danger if they consume alcohol while consuming painkillers. Yet the regulatory action of Health Canada on Kava is much more severe than with acetaminophen.

The adverse effects of alcohol are well known and widespread. The health risks posed by Kava are miniscule in comparison. Alcohol is responsible for more overdose deaths than almost any other drug. Fetal Alcohol Syndrome is one of the leading causes of preventable birth defects and more than 350 children are born with FAS annually in Canada. Added to the risks of overdose and FAS is the potential for abuse, adverse events and dangerous drug interactions. However, labelling of cautions, warnings, contraindications and potential drug interactions on alcoholic beverages is not required by Health Canada. Alcohol continues to be sold, advertised and abused without regulatory intervention.

Research cited in the CHFA paper also shows that grapefruit is likely to have an inhibitory effect on one of the human body's most relevant enzymes, while Kava can have a less problematic effect on a less important enzyme in less than 5% of the total population. Grapefruit combined with any one of a dozen classes of medications may be lethal, whereas the data linking Kava and liver damage is much weaker. Despite Health Canada's own documentation stating that, "certain drugs can cause serious or occasionally life-threatening effects if consumed in combination with grapefruit or its juice," (Health Canada 2002), grapefruit is made available to the public without labelling, without pre-market approval, without limited channels of distribution and, until recently, without any type of warning.

The full report can be viewed on the CHFA website at www.chfa.ca ????

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