



Summary of Submissions on the Proposals for Continuing to Legally Provide for Farm Gate Sales of Raw Drinking Milk

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1 Introduction

A total of 1685 submissions were received on the Ministry for Primary Industries (MPI's) discussion paper: *Proposals for continuing to legally provide for farm gate sales of raw drinking milk* (discussion paper). Of these, 1663 were from the general public, two of which were petitions with multiple signatures. A further five submissions were from public health agencies, three were industry-related organisations, ten had identified themselves as farmers, two were interest groups, one was from an academic institution and one was a food safety auditor from a private company.

The vast majority of submitters (1561) supported the continuation of raw drinking milk sales. The reasons given by submitters for drinking and using raw milk included the superior taste when compared to pasteurised milk, perceived health benefits, a desire to purchase an organic and natural product and the ability to support local, small businesses.

Only 52 submitters clearly identified which of the options outlined in the discussion document they preferred. The reason for the low number was because most submitters had alternative approaches to those proposed. Of the 52 submitters who did identify an option, 45 supported option 3 (MPI's preferred option) which was to make limited amendments to conditions of sale, exempt farmers from the requirement to operate under an RMP, and require that dairy farmers meet certain animal health and hygiene requirements. The remaining seven submitters supported option 1 which was to maintain the current legal position.

Many submitters, including those who supported option 3 provided a number of suggested changes. These included:

- increasing the limit per person to 10 litres per day or removing the restriction on purchase volumes altogether;
- removal of the requirement for individuals to collect raw milk directly from the farm;
- removal of the restriction that currently means that individuals can only purchase milk for themselves and their families because many people belong to a co-op where individuals take turns collecting the milk;
- a requirement for raw drinking milk producers to operate under a Code of Practice, developed by MPI in consultation with experienced producers of raw drinking milk and consumers;
- publication, on MPI's website, of the results of regular pathogen tests conducted on raw milk offered for sale to the public that has not undergone further processing.

The small number of submitters who did not support continuation of the consumption of raw milk said the risks cannot be minimised and any outbreak of foodborne illness would be extremely detrimental to New Zealand's export dairy industry and the New Zealand economy. This group included the industry groups, an academic institution and two public health agencies.

2 Submitters who supported the continuation of raw milk sales

2.1 REASONS FOR DRINKING RAW MILK

Submitters who supported the continuation of raw drinking milk, including the two interest groups, gave a range of reasons for doing so, such as:

- raw milk tasted better to them;
- they did not support pasteurisation or homogenisation. Many claimed that pasteurisation killed good bacteria, rendered the milk ‘dead’ and caused it to go putrid. Homogenisation was believed to lead to higher rates of heart disease;
- they believed raw milk was more nutritious as enzymes and B-vitamins were present that are otherwise destroyed by heat treatment;
- their health had improved since they started drinking raw milk. They had noted reduced eczema, asthma and hay fever symptoms as well as less production of mucus and improved skin and immune systems;
- they were able to drink raw milk although they previously had been lactose/dairy intolerant;
- they claimed that no one had become sick from drinking raw milk or consuming raw milk products
- they wanted to be able to make raw milk cheeses and other raw milk products such as yoghurt and kefir;
- purchasing raw milk was their right;
- many other countries permit the sale of raw milk;
- they wanted to purchase organic milk;
- they liked to know where their milk/food came from and wanted their children to know;
- they wanted to support local producers, reduce food miles and reduce their carbon footprint;
- they did not want to support Fonterra.

2.2 RISKS AND BENEFITS ASSOCIATED WITH RAW MILK

Many submitters thought that MPI had exaggerated the risks associated with raw milk, especially given the number of people who have been consuming it over the centuries. A large number said they had undertaken their own research and believed that the risks were actually very low. They believed MPI’s discussion paper had no scientific basis given the lack of data to support statements that said that raw milk was a high risk product. They also questioned whether the campylobacteriosis outbreak referred to in the discussion paper (which occurred among primary school children following a visit to a dairy farm near Whangarei) was due to raw milk consumption.

Some people stated that there have never been any cases of ill health or death due to the consumption of raw milk. Others, however, recognised that there were some risks associated with raw milk but they believed they could be managed by labelling regulations, by keeping the milk refrigerated at all times and/or by correct farming practices.

A number of submitters said that pathogenic bacteria are not found in the milk of cows on organic farms that are grass-fed and kept outdoors.

Some submitters compared the risks associated with raw milk to other food related risks. They pointed out that meat from delicatessens and takeaway foods were much riskier for immuno-compromised people and were responsible for more foodborne illnesses than raw

milk and raw milk cheeses. They also questioned why MPI was focusing on a natural product like raw milk when other foods of little or no nutritional value or foods containing preservatives, pesticides and food colourings were available for commercial sale, without restriction.

In contrast, a public health agency, which supported the continuation of raw milk sales through its support of option 3, argued strongly (and in much the same way as the public health agencies that supported prohibition), that the risks were high when drinking raw milk. It pointed out that raw milk is near neutral pH and therefore provides an ideal growth mechanism for many microorganisms. It outlined the many sources of microbes, factors that influence their presence (such as the season and feeding practices) and the types of microorganisms, including animal pathogens and toxin producers that are found in raw drinking milk. The agency also described groups of people that were at higher risk than others of suffering from illness due to contaminated milk and the very real risk of significant morbidity and mortality.

Furthermore the public health agency stated that it was difficult to estimate the proportion of diseases associated with raw milk because of under-reporting and the limitations in surveillance systems. Despite relatively low reports of illness in New Zealand, the agency believed that it was important to consider the changing perception of what healthy food is. They believed that increasing access to raw milk as well as increasing distances between the farm and the consumer's house increases the risk of foodborne illness if the milk is not maintained at an appropriate temperature.

In terms of health benefits from raw drinking milk, the majority of submitters questioned why none of the health benefits associated with consuming raw milk was identified in the discussion document. Submitters claimed that people were healthier in the past than they are now. They said that the high rates of cancer, heart disease, obesity and food allergies are due to the highly processed nature of our food (which includes pasteurised milk), our consumption of cheap junk food and our lack of exposure to good bacteria.

2.3 PASTEURISATION

Most submitters claimed that pasteurisation is no longer necessary or is not necessary for raw milk sold by farmers directly to the public. Submitters said that pasteurisation was introduced at a time when refrigeration was limited, cows were being kept in unhygienic conditions and diseases such as TB were widespread. Refrigeration is now commonplace, and those selling raw drinking milk direct to the consumer have tuberculosis free herds, follow strict hygienic practices, have small herds (so that animal health can be closely monitored) and pasture-feed their cows. Pasteurisation was therefore not seen as necessary.

A small number of submitters considered that milk from large herds needs to be pasteurised given the intensive, non-organic farming practices that are used. It was also noted that some farmers are using pasteurisation as a safety net.

Pasteurised milk was considered to provide few, if any, health benefits for the consumer. Some submitters said that drinking pasteurised milk was more of a risk than raw milk because the good bacteria in the milk are destroyed. They claimed that if pasteurised milk or milk products are contaminated they contain none of the good bacteria that can fight pathogens. Pasteurisation was also thought to denature raw milk and produce histamines, which cause allergic reactions in some individuals (for example asthma and hay fever).

Furthermore, submitters objected to the processing of pasteurised milk and to the plastic or cardboard containers in which it is packaged. The fortification of milk with substances that it contains in its raw state (for example, calcium) was provided as an example of the amount of processing that occurs. A number of people commented that the final food for sale no longer resembled or tastes like milk.

2.4 ORIGINAL INTENT OF THE FARM GATE SALES PROVISIONS

Some submitters said that MPI should not make assumptions about why limited sales of raw drinking milk were initially provided for in the food regulations nor should those assumptions be used as a basis on which to restrict raw drinking milk sales now. Submitters claimed that there should be fewer restrictions on the sale of raw drinking milk because:

- fridges are now commonplace in New Zealand homes;
- milk in farm dairies is refrigerated and stored in stainless steel milk vats;
- milk plant machinery includes stainless steel pipes;
- our knowledge about milk hygiene has greatly improved; and
- most dairy herds are now TB free.

Most of this large group of submitters believed that individuals should be able to purchase 10 litres or more (rather than the proposed 6 litres) and raw milk should be available at farmers markets, health food stores and even supermarkets.

2.5 CONTINUATION OF THE RESTRICTION ON RAW MILK SALES

In order to help prevent raw milk associated disease outbreaks, two public health agencies strongly supported limitations on the conditions of sale (as proposed in option 3) as well as enforcement on the limits of the volume of raw milk sold.

All other submitters who supported the continuation of raw milk sales did not support limits on the volume that could be purchased at any one time. A number of submitters questioned why MPI was proposing to continue to restrict raw milk sales when consumers are able to buy other food products in any amount at any one time.

Limiting raw drinking milk sales to ensure that there was no increase in the risk of foodborne illness was not supported either as submitters considered that the food was safe. They pointed out that restricting the volume of raw milk sales did not reduce the risk associated with raw milk production even if it did limit the extent of any potential outbreak.

Restricting raw milk sales was seen by a group of submitters as a restriction on their personal rights as a consumer and as a purchaser of food for themselves and their families. Submitters did not think that MPI had the right to control how they purchase raw milk and in what quantities.

Submitters were also concerned that the proposed restriction on farmers to sell no more than 120 litres per day meant that consumers might not be able to purchase raw drinking milk when they wished, as they could travel long distances only to find that the farmer had already sold 120 litres that day. Submitters also claimed that farming businesses need to be economically viable and thus sales should be able to meet consumer demand. One submitter defined 'economic viability' as being 50-60 cows per farm. A few other submitters added that the 120 litre per day restriction would be contrary to the Commerce Act 1986, while

others viewed this requirement as a back-door way of stopping the production and sale of raw drinking milk.

Overall the proposed restrictions of 6 litres of raw drinking milk per person and 120 litres per day per farm were seen as arbitrary.

2.6 THE REQUIREMENT TO PURCHASE RAW MILK FROM THE FARM GATE

The requirement for consumers to travel to the farm to collect their raw milk was not supported. The reasons given included:

- the amount of time spent travelling;
- the distance from the farm to the consumer's home;
- the greater food safety risks associated with transporting raw milk in a car compared to a refrigerated truck delivering milk to a collection point or to a purchaser's home;
- that there is no need to visit the farm on every occasion in order to assure the purchaser that milk was produced in hygienic conditions because the farmer:
 - regularly and independently tests the milk;
 - produces milk using organic principles (or is an organic farmer); and
 - holds farm open days for purchasers of raw drinking milk.
- it is an inefficient use of natural resources;
- there is a detrimental impact on rural roading networks;
- it unfairly restricts the purchasing of raw drinking milk to those who have a car, are able to drive and can afford the expense; and
- farmers face health, safety and security risks in allowing a number of people on to their farms.

2.7 RECORDING NAMES AND ADDRESSES OF RAW DRINKING MILK PURCHASERS

One of the requirements under MPI's preferred option (option 3), was that the farmer should record the name and address of each purchaser and the amount of raw drinking milk that they purchase at each transaction. While submitters agreed that farmers should be able to contact them in the event of a problem, they did not think that each transaction should be recorded. Some submitters believed that there was no need for their names and contact details to be recorded, as this was not a requirement for any other food, including those that are high risk such as raw chicken and processed meats. It was also noted that such a requirement meant that farmers needed to be physically present for all sale transactions. This was considered to be too onerous for the farmer and poses problems when the sale of raw drinking milk occurs via honesty boxes, given that the farmer is not always present when the consumer collects the milk.

2.8 LABELLING AND EDUCATION

A very small group of submitters said that they supported labelling of raw drinking milk in order to assist consumers in making an informed choice. Transportation and storage instructions were seen by one submitter as a useful tool for reminding consumers on how to minimise public health risks. Others, including a public health agency supported mandatory labelling information on the harvest date and the producer's name and address.

In addition, a public health agency supported guidance material to advise consumers to report any illness resulting from raw milk consumption to their public health authority (as a way of

improving surveillance of diseases relating to the consumption of raw milk). It also supported mandatory labelling that clearly states that raw drinking milk presents a health risk that can be greatly reduced but not fully eliminated by appropriate heat treatment after sale and that children, pregnant women, the elderly and immuno-compromised individuals are more likely to be susceptible to these risks. Such risks could result in hospitalisation or death. Affixing sticky labels to containers was considered by the public health agency as the most practical way to provide such guidance material.

A food safety auditor stated that consumers need more education on the hazards of raw drinking milk as it was thought that a large number of people do not understand pasteurisation in terms of its benefits as well as the fact that it does not do something ‘bad’ to the milk.

2.9 REMOVAL OF THE REQUIREMENT FOR FARMERS TO OPERATE UNDER AN RMP

Under MPI’s preferred option (option 3), farmers would not need to operate under an RMP when selling raw drinking milk at the farm gate, although they would for any milk that they were selling for further processing.

Almost all submitters supported this proposal. This was because RMPs were viewed as expensive, difficult to develop and unnecessary given that farmers producing raw drinking milk for sale are believed to:

- be very conscious of the hygiene standards that they need to meet;
- be drinking the milk themselves (as well as their families); and
- have a vested interest in producing a hygienic product as they are selling directly to members of the public who can purchase elsewhere if they have any concerns about the product.

Some submitters thought that if they purchased raw milk from a farmer who was also supplying a processing company, then the production of raw drinking milk would be covered under that RMP.

A public health agency recommended that farmers apply similar principles as required by the current dairy industry as part of its guidance material to ensure associated risks of foodborne illnesses are prevented or managed appropriately.

2.10 THE REQUIREMENT FOR DAIRY FARMERS TO MEET CERTAIN ANIMAL HEALTH AND HYGIENE REQUIREMENTS

The requirement to meet certain health and food hygiene standards was generally supported and a number of submitters suggested that MPI should work with experienced raw drinking milk suppliers to produce a Code of Practice. Some submitters also thought that the results of pathogen tests from farms selling raw drinking milk should be made available on MPI’s website, possibly on a monthly basis, so that consumers could make an informed choice when purchasing raw drinking milk.

The requirement that raw drinking milk could only be sold by farmers with TB-free herds was supported. Most submitters took this as a given on the basis that most farming regions in this country have TB-free status. A group of submitters also thought that raw drinking milk sales should be limited to those following organic farming practices.

Finally a public health agency stated that use of the term “clean” is ambiguous and suggests replacing it with “sterile”.

2.11 COMMERCIAL SALE OF RAW DRINKING MILK

The options consulted on in the discussion paper did not cover the sale of raw drinking milk on a commercial scale. A small number of submitters questioned why MPI was not considering commercial sales, given that it does not restrict the sale of other high risk foods. Submitters also queried why raw drinking milk was not available in supermarkets, dairies, farmers markets and vending machines as, they claimed, it is in most other countries.

2.12 ENFORCEMENT

Enforcement of the legislation (or any future legislation) received a mixed response from submitters. Of those submitters who commented, most objected to MPI enforcing the current and proposed restrictions on raw drinking milk sales and saw this as a way of criminalising purchasers and those farmers selling raw milk.

Only a small number of submitters thought that MPI should be enforcing the legislation and taking action against those farmers who are operating outside of the current regulatory system.

A food safety auditor noted that ensuring the animal health and hygiene requirements are met will be difficult to monitor, partly due to the difficulty in identifying the farms which sell raw milk.

2.13 FARMERS' ACCOUNTABILITY FOR FOODBORNE ILLNESSES

Under MPI's preferred option (option 3), farmers selling raw drinking milk at the farm gate would still need to comply with the standards set out in the Australia New Zealand Food Standards Code (the Code) and as such they would need to ensure that the milk they sell is safe, suitable and appropriately labelled. Farmers would be accountable for any outbreaks of foodborne illness if their raw milk was proven to be the cause and could therefore be prosecuted.

Submitters were not in favour of holding the farmer responsible for any foodborne illnesses that may result from consuming raw milk. They did not believe farmers could control how purchasers transport the milk home and then store it before it is consumed.

2.14 OPTIONS

Of the submitters who commented on the options identified in the discussion paper, most of them, including two public health agencies, supported option 3 but with some amendments. These included:

- treating raw milk for drinking as a distinct food supply as opposed to any other milk for further processing;
- allowing farmers wanting to sell raw milk to use a Code of Practice that would cover delivery of milk in a refrigerated van;
- allowing consumers to take responsibility for consuming raw milk in any volume;
- publishing results of raw milk testing from all raw milk providers on MPI's website;
- no restriction on the volume of raw milk that can be purchased; and

- allowing consumers to purchase raw drinking milk on-line and to collect it from pick up points.

A small number of submitters, including an interest group, supported Option 1, which was to maintain the current legal situation (retain provisions in section 11A of the Food Act 1981 and require farmers to operate under a RMP).

Two submitters, including an interest group, suggested an option 4. This option would include a provision for a separate type of RMP specifically designed for the production, storage and transport of raw milk and would be available for organic and biological farms of up to 300 cows. For very small herds a Code of Practice could be used. Reasons given for providing for a RMP specifically targeted to organic and biological farms related to the risks associated with non-organic milk which included:

- HGP (Hormone Growth Promotants), pesticides, antibiotics and other substances (like palm kernel) being in the milk; and
- undesirable pus secretions in the milk of non organic, conventionally farmed cows (specifically the modern dairy breeds).

Limiting the RMP to herds of less than 300 cows was on the basis that smaller farms would promote healthier cows and operate a healthier system in comparison to larger herds. Some submitters suggested there be a requirement for raw milk producers to follow a Code of Practice. This could be drafted by experienced raw milk farmers. It was suggested that the Code could include guidelines for animal treatment, hygiene, storage and transport. More specifically submitters said that a raw milk Code of Practice should require:

- organic farming practices with healthy soils and animals;
- milking facilities up to food grade standards with independent inspections;
- the transportation of raw milk in temperature controlled vehicles (less than 4 degrees Celsius);
- testing to ensure quality (that is, that the milk is hygienic and pathogen free).

2.15 GENERAL COMMENTS

MPI's proposals were not viewed as a way of managing risks associated with foodborne illnesses by a number of submitters. Instead they were viewed as a way of protecting processing companies, particularly Fonterra, from competition in the drinking milk market. Submitters dismissed the notion that raw drinking milk is a threat to New Zealand's dairy export markets if a disease or illness outbreak occurs as:

- Fonterra (and other processing companies) could simply inform their export markets that their milk was all pasteurised; and
- outbreaks were more likely to occur as a result of consuming pasteurised milk and pasteurised milk products (overseas examples were quoted).

Raw milk clubs were not viewed as illegal by submitters. Instead they were viewed as a practical way for them to purchase raw drinking milk from farmers who lived some distance away.

3 Submitters who did not support the continuation of raw milk sales

A small number of submitters, including two industry organisations, an academic institution and two public health agencies stated that they did not support the continuation of raw milk sales on the basis that:

- it did not provide enough protection for consumers; and
- any foodborne illness outbreak from raw milk would be extremely detrimental to the reputation of New Zealand's dairy industry.

One public health agency said that since 2008, and in their region, there has been an increase in the number of enteric disease notifications, with exposure to raw milk identified as a risk factor for the disease. In the case of campylobacteriosis, 5 percent of cases were identified in 2009 compared to 13 percent in 2011. The submitter stated that the increase has coincided with an increase in the number of collection points and with the promotion of raw milk. The increase was not thought to be attributable to poultry, as a campylobacter strategy was implemented within the New Zealand poultry industry during this time and has been associated with a major decline in cases due to poultry. The submitter also noted that in case interviews, people are often not willing to name the supplier of raw drinking milk.

It was strongly pointed out by submitters that the only way to remove public health risks associated with raw milk is to not consume it, or to heat treat it to kill pathogens. Submitters said that raw milk cannot be made safe and free of pathogens no matter how hygienic the farming practices.

Pasteurisation was said to eliminate the risks associated with raw milk. An academic institution, noted that there is an abundance of literature supporting the benefits of pasteurisation. In contrast, it was thought that a complex set of guidelines would be required to minimise rather than eliminate the risks in order to allow for the sale of raw milk and assumes that consumers appreciate the risks involved.

One public health agency said that the sale of raw drinking milk is not compatible with the intention of the World Health Organisation, Western Pacific Regional Food Safety Strategy (2011-2015). A few submitters stated that without pasteurisation, people selling raw milk are likely to be selling an unsafe food. They did not believe that farmers producing raw drinking milk for sale to consumers would therefore comply with the Animal Products Act which requires food to be safe, suitable and appropriately labelled or the Food Act 1981, which requires that milk sold at the farm gate is fit for consumption. Submitters also considered that it was inconsistent with MAF's guiding principle that: "MAF is responsible for the legislation that ensures safe and suitable food is available in New Zealand and for export."

The health benefits of raw milk were questioned by two submitters. An academic institution said that there are no nutrients in raw milk that are not found in pasteurised milk and that are deficient in the New Zealand diet.

The risk to the dairy industry of a foodborne illness outbreak, following the consumption of raw milk, was seen as a very real threat by industry submitters. One submitter said that there was good reason for New Zealand to take a stand on this issue based on the precious nature of our dairy industry, our reputation as a food producer and our concern for the welfare of the New Zealand people.

3.1 MPI'S PREFERRED OPTION

Some submitters supported MPI's preferred option, given that there was no option for a prohibition of the sale of raw drinking milk. One submitter said that they strongly supported MPI's preferred option as it would continue to limit the availability of raw drinking milk. It was thought that enforcement of these conditions would help towards the prevention of any raw milk associated outbreaks.

Submitters who supported MPI's preferred option did so, on the basis of the following additions being included:

- a requirement that farms selling raw milk directly to consumers should undergo weekly somatic cell counts and that the counts must be less than 200,000. If counts are less than 200,000 the frequency of counts could be reduced to monthly and then quarterly tests;
- a requirement for farms selling raw milk directly to consumers to supply MPI with their contact details (or be registered) and documented test results;
- a requirement that all farms selling raw milk directly to consumers are only permitted to milk animals that are apparently healthy;
- a requirement for an annual inspection audit of all farm dairies selling raw milk directly to consumers to ensure minimum standards are met; and
- particular animal health and food hygiene requirements that would need to be met.

Some submitters did not support MPI's preferred option. Reasons given included:

- removing the RMP requirement was regarded as potentially dangerous and could be interpreted as MPI stepping away from its responsibilities;
- animal health and hygiene regulations would not provide appropriate controls;
- the risks associated with raw milk would not be addressed and making farmers accountable for any foodborne illness outbreaks does not prevent disease;
- there is no provision for registration or assessment of the processes used by the producer. If option 3 is pursued further, consideration should be given to expanding the registration process for Home kill operators to include raw milk sellers. Sites selling raw milk should be registered and follow either an off the peg template for the management of raw milk or be registered with a food handling training component depending on the quantities sold at the farm gate. That is, the level of control on the sale of raw milk should be based on the level of risk;
- international trends in food manufacture are moving towards eliminating risk;
- demographic changes, such as an increasing population of elderly people and people with cancer, will increase the proportion of individuals that are at high risk from drinking raw milk;
- the proposed changes put an unnecessary burden on the consumer to make the right choice from a food safety perspective;
- the proposed amendments would result in reactive compliance and enforcement that is not health protective;
- a potential increase in raw milk sales would result in an increased public health risk;
- a lack of fairness, as very small producers would not need an RMP, would have no compliance costs and would not be subject to any quality or surveillance checks; and
- the possibility that raw milk would increasingly be sold by hobby farmers with two to three milking animals who may not be well informed about the risks.

An industry group which neither supported nor opposed option 3 suggested the following additional requirements:

- that animals' teats be washed and dried (preferably with a pre-milking teat spray and wipe) before they are milked; and

- That the vat outlet, or any other piece of plant covered under the manufacturers' RMP which is being used to dispense milk is explicitly covered as being needed to be kept clean.

3.2 DEVELOPMENT OF GUIDANCE MATERIAL AND LABELLING

Some submitters, including two public health agencies and three industry groups, supported the development of guidance and/or educational material that outlined the risks associated with the consumption of raw milk and highlighted that pregnant women, children, the elderly and people with weakened immune systems are more susceptible to these risks.

Submitters wanted warning labels to be mandatory on all raw milk sold directly to customers as a 'buyer beware' approach was considered insufficient protection. They believed that such labelling would ensure that information on the risks associated with raw milk would be available to all people handling the product, not just the purchaser. In particular, a public health agency said that there is a lack of awareness about the presence of pathogens in raw milk amongst producers and the risks to certain individuals in the community, which is further complicated by the fact that cows can harbour pathogenic organisms without showing signs of ill health.

A public health agency suggested consideration of the following labels that are used overseas:

“Raw (unpasteurised) milk and raw milk dairy products may contain disease-causing micro-organisms. Persons at highest risk of disease from these organisms include newborn and infants; the elderly; pregnant women; those taking corticosteroids, antibiotics or antacids; and those having chronic illnesses or other conditions that weaken their immunity.”

‘This product has not been pasteurized and may contain harmful bacteria. Pregnant women, children, the elderly and persons with lowered resistance to disease have the highest risk of harm from use of this product.’

An industry group suggested that the above information could be in the form of an approved sign on the farm and could also include correct storage temperatures and the importance of clean bottles where new bottles are not used. It was thought that each sale, however, would need a date stamp or sticker attached to the container.

Basic labelling requirements on all raw milk containers to allow for trace back, was also supported by a public health agency.

3.3 ENFORCEMENT

It was noted by a public health agency that a lack of an offence for selling raw milk meant that little could be done to encourage compliance or enforce the current legislation. The agency therefore suggested that consideration be given to penalties such as the loss of registration or the loss of the right to sell raw milk when poorly managed practices are identified.

Two public health agencies and an industry group also stated that ambiguity of the current legislation causes confusion for both regulators and producers and therefore makes enforcement difficult. They wanted clarification of Section 11A of the Food Act 1981 to make clearer the situations in which farm gate sales can take place as well as the limitations on the volume of sales. They also wanted the use of health claims and other compulsory labelling to be enforced.

One submitter said that MPI needed to employ capable staff to enforce the legislative changes.