

NHMRC NRV review of Vitamin B6

Australian Beverages Council Limited

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The Australian Beverages Council Limited (ABCL) is the leading peak body representing Australia's non-alcoholic beverages industry.

For over 75 years, the ABCL has been the only dedicated advocate for this industry, representing approximately 95 per cent of the industry's production volume.

Our members range from Australia's largest drinks manufacturers to small and micro beverages companies whose drinks are enjoyed nationally as well as around the world. These beverages include carbonated soft drinks, energy drinks, sports and electrolyte drinks, frozen drinks, bottled and packaged waters, 100 per cent juice and fruit drinks, cordials, iced teas, ready-to-drink coffees, kombuchas, flavoured milk products and plant milks.

The non-alcoholic beverages industry contributes more than \$10.4 billion to Australia's GDP, employing more than 70,000 FTEs across the country. This includes jobs across the supply chain from beverage manufacturing to transport and logistics and retail and grocery.

Upper Level (UL) recommendations

The current (2006) vitamin B6 NRVs recommend UL that should not be routinely exceeded to prevent adverse health effects from excess vitamin B6. [Current recommendations](#) specify a UL of 50 mg/day for adults (including during pregnancy and lactation). Values for children and adolescents have been calculated from adult levels based on a proportion of weight.

In the revised guidelines, we propose to reduce the adult UL to 14mg/day, reflecting emerging evidence that adverse neurological effects may occur at lower levels of intake than previously recognised in some individuals. Revised values for children and adolescents have been calculated based on this lower adult value, resulting in lower UL recommendations for all age groups.

We have also presented additional age groupings for ULs – aligned with school-age groups – to facilitate data analysis and reporting (for example, for comparing against usual intake reported in national surveys).

Consultation questions

These questions relate to the [UL recommendations only](#). You do not need to respond to all questions.

Proposed UL and supporting information

*1a. Is the proposed vitamin B6 UL and supporting information **clearly explained**?*

☒ Yes

☐ Partly

☐ No

☐ Unsure

If no, what could be improved?

*1b. Is the proposed vitamin B6 UL and supporting information **practical to apply in your context** (for example, research, policy, health advice, or industry)?*

☐ Yes

☐ Partly

☐ No

☒ Unsure

If no, please describe and barriers or challenges

Given the *Evidence-to-Decision Framework* presents (p12) high-dose supplemental vitamin B6, rather than intake from food and fortified beverages, as the main exposure source relevant to peripheral neuropathy, the ABCL is unsure of the practical application of a reduction in the NHMRC UL.

[Regulatory NRVs](#) are set by FSANZ using NHMRC NRVs, certain United States Estimated Safe and Adequate Daily Dietary Intakes and other government recommendations as the basis. As FSANZ regulates when vitamin B6 can be added to foods and beverages, at what levels, and prescribes labelling requirements, we anticipate that the NHMRC UL review may contribute to the evidence base considered by FSANZ as part of its [P1047 Nutrient Reference Values](#) review.

However, the practical implications for industry are difficult to assess at this stage, as any impact would depend on whether, and how, the review ultimately informs the regulatory NRVs and associated provisions within the Food Standards Code

Evidence used for the proposed UL recommendations

2a. Is it clear how the evidence was identified, assessed, and used to derive the proposed UL?

☒ Yes

☐ Partly

☐ No

☐ Unsure

If no, what is unclear?

2b. Do you consider the interpretation and application of the evidence appropriate?

☒ Yes

☐ Partly

☐ No

☐ Unsure

If not, please describe your concerns.

2c. Are there any **key studies** or data that may have been **overlooked** or misinterpreted?

☒ Yes

☐ No

☐ Unsure

If yes, please provide details, including references where possible.

The review of dietary sources in the *Evidence-to-Decision Framework* presents (p2) data that one in three people take dietary supplements, as reported from the 2023 National Nutrition and Physical Activity Survey. The key data overlooked, however, is the actual type of supplements reported being taken. Once this data set is released by the ABS it should be considered for the scale of vitamin B6 contribution across multivitamin and mineral supplements to the total dietary sources.

3. Do you have any **concerns** about the proposed **reduction** in the vitamin B6 UL?

☐ Yes

☒ Partly

☐ No

☐ Unsure

If yes, please explain the nature of your concern (e.g., health, regulatory, economic).

While the ABCL acknowledges the evidence supporting the proposed reduction in the vitamin B6 UL, we are concerned that any subsequent adoption of revised values through FSANZ's P1047 NRVs review could have unintended consequences for the food and beverage sector. This is particularly relevant given that the *Evidence-to-Decision Framework* identifies (p2) high-dose supplemental vitamin B6 use, rather than intake from foods and fortified beverages, as the predominant exposure source associated with the adverse health outcome of concern.

We note that risk communication measures targeting supplement users have already commenced through the TGA's strengthened vitamin B6 labelling requirements. Given the *Evidence-to-Decision Framework* identifies regular users of vitamin B6 supplements as the population most likely to exceed the proposed UL, the effectiveness of these measures should be considered as part of the overall risk management response. Any broader regulatory response should remain proportionate to the evidence regarding the sources contributing to excess intake and the populations identified as being most at risk.

4. Would a reduction in the vitamin B6 UL have any **impacts on your sector, work, or personal circumstances**?

☐ Yes

☐ Partly

☐ No

☒ Unsure

If yes, please describe these impacts.

The ABCL response is 'unsure' as potential impacts on the beverage sector would depend on whether a revised NHMRC UL is subsequently adopted through FSANZ's P1047 NRVs review and results in changes to the regulatory NRVs or associated Food Standards Code provisions. Such changes could necessitate reformulation activities, packaging and labelling updates, amendments across digital commerce channels, and other compliance-related costs.

There may also be a need for consumer education to explain the reasons for any product or labelling changes and avoid consumer confusion. Given the *Evidence-to-Decision Framework* identifies regular users of vitamin B6 supplements as the population most likely to exceed the proposed UL, communications should be targeted and proportionate to the identified sources of risk.

5. Are there **particular groups** (e.g., supplement users, specific population subgroups, food producers) that might be **more affected by this change**?

☐ Yes

☐ Partly

☐ No

☐ Unsure

If yes, please provide details.

Regular users of vitamin B6-containing supplements are likely to be the group most affected by a revised UL, particularly individuals taking multiple supplements who may not recognise their cumulative vitamin B6 intake.

Care should also be taken to ensure that communication of a revised UL does not inadvertently discourage dietary intake of vitamin B6, given that data from the [2023 National Nutrition and Physical Activity Survey](#) showed that 46.7% of Australians aged two years and over have vitamin B6 intakes from foods and beverages below the Estimated Average Requirement (EAR). The proportion of people with inadequate dietary intake has increased, from 28.9% in 2011–12.

If the revised UL ultimately leads to changes in Food Standards Code requirements, the food and beverage sector may also be affected through reformulation, labelling and compliance activities

6. How could the **revised vitamin B6 UL be most effectively communicated** to ensure correct understanding by health professionals, industry, and the public?

Please provide suggestions.

Effective communication of any revised UL should clearly explain the rationale for the change, including the evidence underpinning the revision and the populations identified as being at greatest risk of exceeding the UL. Communication materials should also explain the purpose of a UL and what it means in practice, as consumers may incorrectly interpret a lower UL as indicating that vitamin B6 is unsafe or that intakes below the UL are optimal or required.

Given the *Evidence-to-Decision Framework* identifies high-dose supplemental vitamin B6 use as the predominant source of exposure associated with peripheral neuropathy, communications should clearly distinguish between exposure from supplements and exposure

from foods and beverages. This distinction will be important to ensure the public understands that the risk assessment is primarily driven by supplemental intake rather than consumption of conventional foods or fortified beverages.

Health professionals should be a key target audience for communication activities, particularly those involved in advising consumers on the use of vitamin and dietary supplements.

Consumers may use multiple vitamin B6-containing products concurrently and may not recognise their cumulative vitamin B6 intake across different supplements. Supporting health professionals with clear guidance on assessing total exposure and advising consumers accordingly would assist in ensuring the revised UL is understood and applied appropriately.

Communication should also take into consideration the potential for unintended consequences. The evidence cited in the review indicates that 46.7% of Australians aged two years and over have vitamin B6 intakes from foods and beverages below the EAR. The proportion of people with inadequate dietary intake has increased, from 28.9% in 2011–12. Accordingly, messaging should be carefully balanced to avoid inadvertently discouraging consumption of foods and beverages that contribute to vitamin B6 intake or creating unnecessary concern regarding dietary sources of vitamin B6. We note that FSANZ provides such clarity in their messaging on [vitamin B6 in the food supply](#). Any communication strategy should therefore emphasise both the importance of adequate nutrient intake and the need to avoid excessive intakes from high-dose supplemental sources.

7. Do you have any other comments or suggestions relevant to the draft vitamin B6 UL?

☐ Yes

☐ No

Please provide any additional comments or suggestions.

Thank you for taking part in this public consultation

Public consultation submissions will be collated and considered when the vitamin B6 recommendations and associated documents are finalised for publication in 2027.