

Announcement
Enforcement Strategy Event for Kava
Enforcement Strategy for Marketed Ingredients (ESMI) Working Group

During the AAFCO Annual Meeting in August 2003, the Enforcement Strategy for Marketed Ingredients (ESMI) Working Group announced the second feed ingredient recommended for a future regulatory enforcement event. The ingredient, Kava, has been shown to be a health and safety concern for humans, resulting in a ban against its use as a human dietary supplement in Canada and some European countries. Kava does not meet any of the recognized criteria for use as an animal feed ingredient or animal feed.

Kava was identified by the ESMI Working Group based on the following published scientific information provided by the United States Food and Drug Administration (FDA) Center for Veterinary Medicine with references provided at the end of this document:

Kava is prepared from the dried rhizomes of *Piper methysticum* and was traditionally used in a ceremonial beverage in the South Pacific to induce relaxation. Uses for kava include treatment of anxiety, stress, epilepsy, headache, menstrual pain, and depression.

The active ingredients of kava are substances referred to as kava lactones (a.k.a. kava pyrones). Side effects that have been reported with kava consumption include difficulty with visual accommodation, photosensitivity, headache, GI upset, and dizziness. The most common side effect of kava consumption is a skin rash known as kava dermatopathy. The condition is noted by a dry, flaky, yellow skin with scaly eruptions. Kava exerts effects on the central nervous system and can induce alcohol intoxication-like behavior. A semicomatose state has been reported when kava has been consumed with the drug alprazolam.

There are increasing numbers of reports of serious side effects associated with kava consumption. The primary concern associated with kava consumption is liver damage. There have been numerous reports of liver damage that have been linked to kava. Increased ??glutamyltransferase suggest potential hepatotoxicity. Cessation of kava treatment has reversed some of the effects of liver toxicity, but in other cases the damage has been irreversible. There is one case of a kava-induced hepatitis that required a liver transplant in the patient (which was unsuccessful). There is also a report of a kava induced Parkinsonism in a 45-year old female. Adverse reactions to kava have been estimated in 2.3% of those that consume the product. However, the severity and increasing number of these reports has resulted in the ban of kava products from some European countries and a public health advisory by the FDA's Center for Food Safety and Applied Nutrition on March 25, 2002.

AAFCO recommended to feed control officials that an enforcement event occur to clarify the regulatory status of ingredients sold for consumption by animals as animal feed, including livestock feed and pet food. All feed ingredients must be shown to be safe and efficacious for their intended use prior to distribution. Feed manufacturers have several methods for meeting this requirement that are summarized in an ingredient fact sheet entitled, "Options Available for Acceptance of a Proposed Feed Ingredient", available on the AAFCO Website. Feed ingredients not recognized or acceptable for their intended purpose may be subject to regulatory action by the feed control official and the FDA.

Kava References:

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