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The Australian Chemical Trauma Alliance (ACTA) is a support group for individuals suffering chemical trauma, more specifically individuals suffering multiple chemical sensitivity (MCS). It grew out of a need for support for these victims as society structures are unable to offer any support for these people. There is a complete failure of our regulatory and medical system to help/protect them. There have been many studies and surveys indicating the prevalence of MCS/chemical sensitivity in our society. Two such ones are –“ ‘Caress S and Steinemann A. 2005 National Prevalence of Asthma and Chemical Hypersensitivity: An Examination of Potential Overlap,’ Journal of Occupational and Environmental Medicine – 47:518-522”. They estimated 11.2% of the population experienced hypersensitivity to chemicals with 7.4% diagnosed with MCS. The Australian Population, NSW Adult Health Survey 2002 identified 24.6% of the population experiencing hypersensitivity to chemicals with 2.9% with MCS. This represents a lot of people presently not taken into consideration by our regulatory system.

I am the National Coordinator of ACTA and the mother of 5 sons, 2 of whom are chemically sensitive, a condition we were fortunate to identify in them when they were very young. I have been confronted with the inadequacy of our regulatory system on a daily basis, for over 16 years, via the phone calls I continually receive from chemically injured victims and the personal experience obtained from rearing my chemically sensitive sons. This experience led to a developing awareness of the impact exposures to everyday chemicals are having on our children. Experience with chemically sensitive children over the years has shown that once the child is removed from chemical exposures respiratory problems, gastro intestinal problems, behavioural problems, neurological problems and developmental problems the child may have been experiencing, improve dramatically and in many cases resolve completely. Observation of these children, and the impact chemicals are having on them begs questioning as to the impact chemicals are having on the health of children in our society in general especially in the light of the increase in respiratory, gastro intestinal, behavioural, neurological and developmental problems documented to be experienced by our children today.

Reports that cannot be ignored by any regulatory system aimed at protecting the individual from the adverse impacts of registered chemicals exist are:-

Polluting Our Future – Chemical pollution in the US that Affects Child Development and Learning. National Environment Trust, Physicians for Social Responsibility, Learning Disabilities Association of America. This report is available at [www.safekidsinfo.org](http://www.safekidsinfo.org)

In Harm's Way – Toxic Threats to Child Development. – A Report by Greater Boston Physicians for Social Responsibility. Available at <http://www.igc.org/psr/>

Compromising Our Children – Chemical Impacts on Children’s Intelligence and Behaviour. A WWF-UK Chemicals and Health Campaign Briefing June 2004  
[www.wwf.org.uk/chemicals](http://www.wwf.org.uk/chemicals)

Chemical Legacy- Contamination of the Child – Catherine N Dorey, PhD. A Greenpeace publication.

Toxic Chemicals and Children’s Health in North America. –A Call for Efforts to Determine the Sources, Levels of Exposure and Risks that Industrial Chemicals Pose to Children’s Health. Published by the Communications Department of the Commission for Environmental Cooperation (CEC) Secretariat. <http://www.cec.org>

ACTA continually receives reports from individuals that have experienced adverse reactions to industrial and agricultural chemicals, drugs and personal care products. The Majority of times the chemical exposure causing their injuries/breakdown in health/chemical sensitivities have been in accordance with legislated approved exposure levels or what could be considered ‘accepted exposure’ in accordance with attitudes held by our society.

In relation to industrial chemicals individuals have reported suffering varying degrees of injury and or disability (in many cases completely incapacitating the individual) to a wide range of approved industrial chemicals. These chemicals include chemicals found in cleaning products, paints, hairdressing chemicals, glues, perfumes, printer chemicals, hydrocarbon solvents, diesel, petrol, glutaraldehyde, formaldehyde, pollution from industrial sites, chemicals from building renovations, methyl bromide, ethylene glycol...and the list goes on.

Support groups for these victims exist around Australia. In addition to ACTA there exists Allergy Sensitivity and Environmental Health Association QLD (ASEHA QLD) web [www.asehaqld.org.au](http://www.asehaqld.org.au) also Allergy and Environmental Sensitivity Support and Research Association (AESSRA) web <http://www.vicnet.net.au/~aessra> as well as informal support groups in Adelaide and Perth. As a regulatory authority for industrial chemicals, NICNAS needs to confer with these groups as they can provide invaluable information as to the adverse effects on the population of their approved chemicals.

Many concerns exist in relation to the current NICNAS scheme ranging from the fact that only a small number of chemicals allowed for use have ever been assessed. NICNAS presently does not have adequate powers to ban, phase-out or restrict chemical use, nor to gather data on chemicals. NICNAS is limited by legislation in the range of assessments they can carry out. There are no in-built processes for regular engagement with the community on chemical issues, there is a lack of transparency in internal processes. NICNAS has very poor feedback mechanisms to collect important information on (little wonder we are seeing more and more chemical trauma victims).

Of most concern is the fact that NICNAS does not consider the unique vulnerability of children to toxic chemicals in regulating industrial chemicals. As the previously stated reports indicate, the past 10 years have seen an explosion of information in the recognition of the vulnerability of children to environmental contaminants, due to their physical, behavioural and biological characteristics. Knowledge is increasing regarding vulnerable periods of development in-utero and throughout childhood when

body systems are developing and maturing and the adverse impact toxic chemicals can have. Harmful exposures to toxic chemicals at these vulnerable periods can lead to lifelong alteration in their ability to function, their behaviour, their development and the occurrence and development of disease. THIS TYPE OF DAMAGE TO OUR CHILDREN IS COMPLETELY PREVENTABLE.

NICNAS must factor in the impact of toxic chemicals on every aspect of child development when assessing chemicals. They must factor in the serious impacts that chemicals are having on the natural environment and future generations.

Given the incomplete knowledge that exists about the way chemicals interact with the environment, it's only common sense that continuing use of large numbers of synthetic chemicals will lead to serious effects, which we cannot predict on the basis of current or foreseeable understanding of these processes. Many of these effects we are seeing in the proportion of the population suffering chemical sensitivities/MCS and in the increased developmental, functional and behavioural problems seen in our children. A commonsense approach would be one of precaution – to reduce hazards wherever the opportunity exists. The Precautionary Principle must underpin and be applied by NICNAS to chemical regulation in Australia.

NICNAS must have legislative powers to ban, phase-out and restrict hazardous chemicals. Better still, substitution of hazardous substances with those of lower or no hazard should be a central objective of chemical policy. There is a need to replace hazardous chemicals with safer alternatives. The public should not be expected to accept chemicals that build up in our bodies or the environment. Nor should the public be expected to accept chemicals that interfere with children's development, intelligence or behaviour. Historically, developmental and neurotoxic chemicals have been given the short shift. All chemicals need to be shown to be safe for a child's developing body and brain.

WHERE SYNTHETIC CHEMICALS ARE FOUND IN ELEVATED CONCENTRATIONS IN BIOLOGICAL FLUIDS SUCH AS BREAST MILK THEY SHOULD BE REMOVED FROM THE MARKET IMMEDIATELY.

A national chemical surveillance system is urgently needed to collect information on the impacts of chemicals on health and the environment. It needs to be linked to other monitoring systems to ensure the impacts of chemicals are being properly identified. To help protect our children's health we need to know quantities of chemicals released into the child's environment, where the chemicals are released and which facilities are releasing these chemicals and the health effects of these chemicals. We need to keep track of the hazards of pollution in the environment and human exposures and the resulting health outcomes. This information should be easily accessible to public health professionals, policy makers and the public. The quality of life of a chemically sensitive individual would be greatly enhanced if this knowledge could be made available to them.

Environmental tracking for pollutants is crucial as often hazards can be removed or abated before they can cause harm. An inadequate environmental health tracking system results in policymakers and public health officials with a lack of crucial information in the establishment of sound environmental health priorities. The public

has a right to know about environmental hazards, exposure levels and health outcomes in their communities. (refer to 'America's Environmental Health Gap: Why the Country Needs a Nationwide Health Tracking Network, companion report Sept 2000, Sponsored by The Pew Environmental Health Commission, Report by, Environment Health Tracking Project Team John Hopkins School of Hygiene and Public Health Department of Health Policy and Management).

NICNAS must have enhanced legislative powers to gather information for all types of chemical assessment. There is currently no cross-referencing with other agencies monitoring chemicals in the environment or public health.

NICNAS must address the problem of synergism. Where two or more active ingredients are formulated together, toxicity studies should be performed with the formulated product. Refer to 'The Toxicity of Chemical Mixtures - An Introduction to Recent Developments in Toxicology' by John K Pollak ISBN 0 86758 775 X published by The Centre for Human Aspects of Science and Technology (CHAST) University of Sydney.

Downstream users of chemicals must be identified and registered. NICNAS doesn't know who, where or who chemicals are used once they have been given approval for use in Australia. It is vital to keep track of how chemicals are being used and disposed of and to engage with industry and the community for effective regulation and use.

Yours Truly

Ann Want