

NICNAS Existing Chemicals Program Review

SUBMISSION FROM AUSTRALIAN CHEMICAL TRAUMA ALLIANCE (ACTA) INC

Submitted by Ms Betty Moore ACTA Executive

Comments on Proposals in Discussion Paper

Proposal 1

Supported.

Seminar and education programs need to occur in regional/remote smaller towns also.

Proposal 2

There is lack of access in remote/rural towns to the public advertising methods currently being used by NICNAS to promote calls for public nominations. Radio is the most effective means of advertising, namely local stations and regional ABC. Community diary, events, program interviews, stalls at regional/town trade fairs. Sometimes local newspaper interviews can be used, but not “press releases”.

Proposals 3, 4 & 5

The “current international assessments” and the “results of other screening programs” should not be from pecuniary interest commercial entities.

Proposal 3

End users should include: spouses doing laundry, pregnant women and juveniles, GPs/those in medical related occupations.

Proposal 4

Human sensitizers and endocrine disruptors should be included in the screening.

Proposal 5

The AICS screening should not be on a single entity basis; synergy toxicology mixture associations should also be considered.

Screening of chemicals supported, but potential loopholes/problems suggested because a change in recipe of a product does not lead to re-assessment.

Airflows, ventilation and out-gassings should be considered when looking at exposure potential.

Proposal 6

Supported - especially a “nationally” coordinated system of surveillance.

It is noted “significant” events are currently investigated by state and territory agencies; however, it is not clear who defines “significant”.

It is also noted that there is a rampant lack of knowledge of CT/MCS toxicology.

This proposal will fail because; hospital budgets are nil, doctors are too busy, sales outlets will ignore victims, victims will protect their interest by silence despite the problem, small town grapevines and extended family will enhance silence, nil employment by other bosses.

Proposal 7

Must have hard copy paper trail.

Supported.

What is the timeframe for response?

Proposal 8

Supported.

The scientifically based criteria should not be developed by commercially-involved interests/experts.

Proposal 9

Supported – especially a “technical “ working group.

Country people don't have good Internet access/can't afford it either. They often need very expensive satellite technology.

An 1800 phone number should also be made available for public comment and stakeholder engagement.

Proposal 10

Supported.

Proposal 11

Supported – especially at the beginning of each chemical assessment. Synergistic effect should be included.

It should be recognised that individual adversely affected by chemicals may not be users but those exposed following use or misuse by the “user”

Proposal 12

NICNAS should not adopt the US/Canada practice.

Proposal 13

Supported.

Proposal 14

Supported

Proposal 15

In regards to the use of overseas assessments, it is recommended that NICNAS does not adopt US/Canada practice, i.e. changes in original recipes not reported, not approved, not tested again – nil regulatory control.

Proposal 16

The reason for and specifics of the bilateral arrangements need to be clarified, e.g. of what and for what.

Proposal 17

Guidelines are useless in practical terms – it opens the door of “interpretation” by both sides and provides a bonanza for legal industry court battles. These quell totally any further enquiry/action of “fair play”; they act as control mechanisms by bureaucrats like weed control bodies/workers authority.

It should be noted that OECD, HREO, WHO etc are ignored by local government and instruments just like guidelines manipulations including DDA, 1992,1993 disabilities etc.

Advisory assessment must contain recommendations for amendments to the Act and Regulations.

Proposal 18

Supported

Proposal 19

Strongly supported

Proposal 20

Supported