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## Existing Chemicals Program Review Website Questionnaire Response

Question 1: Public health, human rights and environmental protection should be the main priorities of the existing program. Instead what we see is ongoing negligence, a wilful disregard for public health and what I can only describe as a cowboy approach to the assessment and regulation of chemicals. The fact that less than 500 of the 40,000 chemicals registered for use in Australia have been fully assessed for their safety is outrageous! And this is only their conventional safety assessment. Where is the assessment for emerging public health issues such as MCS, hormone disruption, immune system dysregulation, attention deficit hyperactivity disorder, asthma, Parkinson's disease, and other emerging public health issues. Unfortunately the primary way these kinds of data have been collected is through epidemiological studies - in other words once the damage has already been done. The public is sick and tired (literally) of being guinea pigs for the chemical industry, which is not held accountable for the harm caused. The sad reality is that that industry profits and convenience supersede public health considerations to the point where questions about undue influence and the corruption of vested commercial interests must be asked.

Question 2: While NICNAS is to be commended for its review, I would really like to see more honesty from NICNAS in acknowledging that the current system of chemical regulation has monumentally failed to protect public health. NICNAS needs to take a far stronger leadership role in addressing these issues, particularly as the general public remains relatively unaware of the state of chemical regulation and its impact on public health. Consequently there is insufficient political pressure to fix the problem. It is not enough that NICNAS simply say that Australia is following world's best practice guidelines. This "best practice" has led to a public health crisis and we need to see NICNAS acknowledging that fact.

Australia needs a chemical body burden assessment program on top of assessments for the chemical itself. Using international data for body burden assessments is not enough. We need Australian data to counter the never ending claims of "insufficient evidence". This program needs to look at not just the persistent pollutants but also other chemicals, eg solvents, that would be excreted relatively quickly in order to better assess the real impact of these chemicals. Australia is a rich nation and we can afford such a program. If government does not want to pay for it through general tax revenue then the chemical industry - those people who produce and profit from the chemicals - should be made to pay.

The concept of risk assessment has not served well those individuals who have been injured by chemical exposures where the aetiology of such injury is unclear, for example MCS. These people are often denied basic rights such as access to medical and social services, and compensation in insurance claims. Human rights rather than risk assessment needs to be the fundamental guiding principle on which chemical regulation is based.

If NICNAS is going to set up some sort of post marketing adverse events scheme it will need to do so in cooperation with medical authorities. Current knowledge of chemical injury amongst GPs is woeful and in the case of MCS is caught up in hubris and haggling over aetiology, rather than providing any real assistance.

Question 3: There is currently no toxicological method of assessment for the potential of any chemical to initiate or trigger symptoms of MCS. Despite NICNAS's review it would appear that the needs of people with MCS continue to be ignored and there is no proposal within the discussion paper to address this problem. Indeed, MCS is not even mentioned. People with MCS have grown very cynical of chemical regulators as agents of the chemical industry.

People with MCS have been excluded from consideration for too long. The SA parliamentary inquiry into MCS found that up to 6% of the population may have MCS. Rather than being in the outer circle of consideration in chemical regulation people with MCS must become central to any regulatory changes in order to protect public health and the basic human rights of people with MCS and those who are at risk of MCS.

Question 4: I strongly support the proposal that NICNAS be given strong powers to withdraw suspect chemical from the market. Any legislation for this needs real teeth and certainly more commitment from other bodies such as the APVMA who have been notoriously reluctant to withdraw any products from sale in Australia despite their powers to do so.

Question 5:

Question 6: People with MCS are often too sick to participate in this kind of process. We need strong advocates - paid professionals - whose role is to ensure that people with MCS are truly included in any regulatory reforms, not dismissed as irrelevant as is currently the case.