Public Health Association of Australia submission on the draft National Standard for Environmental Risk Assessment of Industrial Chemicals Explanatory Document

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Introduction

The Public Health Association of Australia

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups.

The PHAA has Branches in every State and Territory and a wide range of Special Interest Groups, including an Ecology and Environment Special Interest Group which takes an active interest in environmental issues of concern to people. This includes chemical releases and pollution of land, air and waterways that can cause serious health dangers for people, the food chain and all living creatures which rely on a clean and safe environment. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

Vision for a healthy population

The PHAA has a vision for a healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Environment

The PHAA supports and advocates for a healthy environment because of the importance of healthy functioning planetary environmental systems for human health. This includes action on reducing environmental land, air and water pollution, and reducing chemical and toxin exposures. The PHAA promotes the importance of the ecological and environmental determinants of human health and continuing action on the nexus of ecological sustainability, resource limits, population and human health.
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Health Equity

As outlined in the Public Health Association of Australia’s objectives:

Health is a human right, a vital resource for everyday life, and a key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions of society that underpin people’s health. The health status of all people is impacted by the social, political, and environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease.

The PHAA notes that:

- Health inequity differs from health inequality. A health inequality arises when two or more groups are compared on some aspect of health and found to differ. Whether this inequality (disparity) is inequitable, however, requires a judgement (based on a concept of social justice) that the inequality is unfair and/or unjust and/or avoidable. Inequity is a political concept while inequality refers to measurable differences between (or among, or within) groups.¹

- Health inequity occurs as a result of unfair, unjust social treatment – by governments, organisations and people,² resulting in macro politico-economic structures and policies that create living and working conditions that are harmful to health, distribute essential health and other public services unequally and unfairly, preventing some communities and people from participating fully in the cultural, social or community life of society.

Social Determinants of Health

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries. This is particularly pertinent when considering issues such as Environmental Risk Management policy.

The determinants of health inequities are largely outside the health system and relate to the inequitable distribution of social, economic and cultural resources and opportunities. Health inequities are the result of the interaction of a range of factors including: macro politico-economic structures and policy; living and working conditions; cultural, social and community influences; and individual lifestyle factors.
Preamble

The PHAA is pleased to have the opportunity to comment on the draft National Standard for Environmental Risk Management of Industrial Chemicals Explanatory Document, as prepared by GHD Consultants. It is noted that the National Standard will build on the risk assessments to be undertaken by the National Industrial Chemicals Notification and Assessment Scheme (NICNAS).

The PHAA has followed with interest, and a number of concerns, the planned regulatory reforms for industrial chemicals, through its representation on the NICNAS Strategic Consultative Committee. The PHAA’s concerns have been outlined in its submissions to the three NICNAS Consultation Papers, in particular, that the proposed reforms to reduce the regulatory burden on industry increases the health risks for people and the environment.

The manufacture and usage of chemicals underwent massive expansion post World War II, as part of development, and reliance continues to grow strongly among both the developed and developing nations. However, the regulation of these chemicals was not introduced around the world until about 1990. Regulation arose in response to community outrage at the widespread multi-generational harm to human health and environmental contamination from laissez-faire chemical use and release into the environment. This relatively late introduction of regulation to assess short term and cumulative exposure risks to human health and the environment presented a backlog of unassessed chemicals.

By 2016, 85% of chemicals listed on AICS had still not undergone assessment for harm to human health or the environment. Progress has been slow and a clear need exists for this to occur at an accelerated rate. Work commenced by NICNAS on these unassessed chemicals through its Inventory Multi-Tiered Assessment and Prioritisation (IMAP) Program needs to continue as an urgent priority, because these risk assessments will be the basis for the proposed Schedules and Risk Management Measures in the National Standard for industrial chemicals released into land, air and water environments.

PHAA is supportive of reforms that sensibly refocus regulation to prioritise areas of greatest risk, and ease unnecessary regulatory burden on industry in order to assist Australian productivity, where safety is not comprised. However, PHAA cannot support reforms that erode the capacity of NICNAS to perform its key role of “regulating to protect human health and the environment”. Furthermore, prioritising “easing regulation for industry” over “protecting the Australian people and the environment” runs counter to the objects of the Industrial Chemicals (Notification and Assessment) Act 1989, and the justified expectations of the Australian people.

Chemical regulation is one plank within the health protection responsibilities of government. It is important to recognise that health protection differs markedly from health service provision. One key difference is that service provision has clear metrics to indicate performance, such as the number of appendectomies performed. When fully functional, health protection successfully prevents ill health, yet non-occurring cases, that is, case prevention, is difficult to measure. This ‘lack of evidence of benefit’ can be misinterpreted as a lack of need for regulation or health protection. Indeed this argument is customarily presented by the regulated when arguing for easing of regulation. However, evidence does exist. With respect to environmental protection, and effective chemical regulation, a comparison of the statistics of cases occurring in unregulated societies, against cases among well-regulated societies provides clear evidence of the need for effective regulation.

Australian manufacturers, importers and users of industrial chemicals require clear and effective guidelines for the use of chemicals and their release into the environment. The role of regulation is to ensure that...
chemicals available and used in Australia are managed in safe conditions for the environment and the whole population, including workers and animals exposed to industrial chemicals.

As part of the 2015 Federal Budget, the Australian Government announced the implementation of reforms to the notification and assessment of industrial chemicals. The reforms, which focus regulatory effort on higher risk chemicals and continue the protection of human health and the environment, deliver a reduction of approximately $23 million per annum in the burden of regulation on industry.

As the NICNAS regulator and the National Standard develop new guidelines for regulation of industrial chemicals as part of a reform agenda, the PHAA and the Australian public need to be assured that the safety of Australians and the environment is fully protected. Reduction in regulatory reporting requirements for industry should not result in reduced funding for NICNAS. Reduction in regulatory reporting requirements for industry should not result in reduced fees for NICNAS since it will also have responsibility for the proposed post-market auditing and monitoring for those industrial chemicals exempted from reporting, as well as for regulatory oversight.

Key functional activities that are performed routinely in other countries are lacking in Australia. The PHAA, in representing the interests of public health in Australia, strongly urges that any savings be rechannelled into human bio-monitoring programs.
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A national regulatory approach for the management and prevention of releases of industrial chemicals which contaminate the environment is supported. However, it is overdue, and it must provide timely and effective protection for the environment and for the health of people and animals, including animals in the food chains.

It is noted that the National Standard is focussed on the requirements related to protection of the environment arising from storage, handling, manufacturing activities, use, and end of life processes (i.e. disposal and degradation products) of industrial chemicals. The PHAA are concerned that any regulatory reforms to reduce the regulatory burden on industry do not erode protections for the environment and human health.

National Standard Schedules and Criteria

The criteria for determining the seven schedules proposed for industrial chemicals in the National Standard will be based on the environmental risk assessments for each chemical undertaken by NICNAS. The PHAA is concerned that this dependence on another organisation to complete the essential initial risk assessments introduces potential delays in the scheduling process unless NICNAS is adequately funded to complete these risk assessments in a timely manner.

The community needs to be reassured about the effectiveness of relying on the NICNAS assessments when there are about 35,000 industrial chemicals on AICS which have not undergone NICNAS risk assessment. The PHAA also understands that only chemicals which undergo NICNAS risk assessment will be subject to scheduling and subsequent environmental risk management measures. The scale of the backlog becomes apparent when it is noted that NICNAS has recently completed its risk assessment of the first 3,000 industrial chemicals under its Inventory Multi-Tiered Assessment and Prioritisation (IMAP) Program.

It is also important to clarify the role of the various levels involved in the determination of the schedules and the risk management measures, since they include the NICNAS risk assessment as well as the Decision Maker, the Advisory Committee, the Commonwealth and the State and Territory Boards.

Details on the processes for a review or variation of schedule decisions will be important, and should enable community groups to request a review or variation without incurring prohibitive costs.

Compliance, Enforcement, Monitoring and Reporting

When regulatory reforms are proposed to simplify and reduce the regulatory burden on industry, the community will want to be reassured that there are effective monitoring and reporting procedures in place for industry to ensure compliance. There should also be significant enforcement measures and penalties in place through the National Standard to provide effective deterrents for environmental contamination by industrial chemicals or their degradation products.
Schedules for Nanomaterials, Endocrine Disruptors, and other PBT chemicals

The PHAA has concerns that the scheduling categories for a number of chemicals of concern appear to downgrade their toxicity, persistence and bioaccumulation risks for the environment, people and the food-chain. For example, nanomaterials should be classified in a higher schedule than 3 (materials of moderate risk). Endocrine disruptors and PBT chemicals should be classified in a higher schedule than 4 or 5 (chemicals of intermediate concern).

Low schedule classifications for recognised classes of known hazardous chemicals do not provide the community with confidence that the appropriate environmental risk management measures will be required of industry to protect the environment and human health.

Advisory Committee Membership

It is proposed that the membership of the Advisory Committee will include six members drawn from the following areas of expertise: industrial chemistry; ecotoxicology; environmental risk assessment; policy/socio-economic analysis; ecology; and chemical regulation. It is also proposed that parties from the broader community may be selected as long as their position is consistent with the expertise outlined.

The PHAA would like to have the broader community represented on the Advisory Committee without the membership being linked to the areas of expertise outlined, since it is important for the community to be aware of the decision making processes and the decisions made by this committee.

Conclusion

In conclusion, the PHAA is pleased to provide these comments in relation to developments of the National Standard for Environmental Risk Management of Industrial Chemicals in Australia because of the importance of ensuring the safety of the environment and the whole community when exposed to industrial chemicals.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

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References