Public Health Association of Australia:

Policy-at-a-glance – Environmental Exposures & Human Health Policy

Key message:
1. Individuals and communities are not being provided all available information about chemical exposures they may experience, the cumulative effects of such exposures, and how to minimise harmful exposures.

2. A precautionary, prevention-oriented approach should replace current reactionary approaches to environmental contaminants in which human harm must be proven before action is taken to reduce or eliminate exposure.

3. This precautionary approach would shift the burden of proving safety to manufacturers prior to new chemical approval, in mandatory post-market studies for new and existing agents, and in renewal applications for chemical approval.

Summary:
PHAA advocates the establishment of a partnership with government and non-government organisations to develop and implement a comprehensive intersectoral national strategy to reduce the impact of chemical exposures on the health of Australians, especially children, the Indigenous population, and people of low socioeconomic status.

Audience: Australian, State and Territory Governments, policy makers, program managers and non-government organisations.

Responsibility: PHAA’s Environmental Health Special Interest Group (SIG)

Date policy adopted: September 2011

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ENVIRONMENTAL EXPOSURES AND HUMAN HEALTH POLICY

The Public Health Association of Australia notes that:

1. We are living in a time of large scale and high volume industrial and manufactured chemicals. Global chemical production has escalated from around one million tonnes a year in 1930 to some 400 million tonnes being produced annually today. Over 80,000 chemicals are now registered for use in Australia (40,000 industrial chemicals) and accessed via everyday consumer products including foods and food packaging, clothing, building materials, water, cleaning products, personal care products. Yet 75% of these have never been tested for their toxicity on the human body or the environment.

2. The backlog of internationally untested chemicals is both an Australian specific and a global issue.

3. People are affected by manufactured chemicals unequally:

- People of low socioeconomic status are more likely to be employed in occupations with higher levels of chemical exposure (e.g. mining, construction, manufacturing, hair salons, agriculture, certain service sector occupations) and to live in more highly contaminated communities.
- Women often have higher levels of many toxic and hormone-disrupting substances than do men.
- Chemical contaminants are being passed onto the next generation, both prenatally and during breastfeeding. Many chemicals have been found in maternal blood, placental tissue, and breast milk samples from pregnant women and mothers who recently gave birth.
- Children are uniquely susceptible and vulnerable to environmental hazards compared to adults (See also PHAA Children’s Environmental Health Policy).

4. In utero and childhood exposures to environmental chemicals constitute a source of inequity between generations highlighting the need for significant ethical policy and regulations.

5. Exposure to many chemicals has been linked to a range of diseases and impairments. These include asthma, allergies, autoimmune diseases, cancers, neurological impairment, birth defects and infertility.

6. Many of the diseases caused by manufactured chemicals can successfully be prevented, thus saving lives, enhancing the quality of life, reducing health care and education costs, and increasing national productivity.

7. Evidence on individual and multiple environmental exposure effects on disease initiation and outcomes, and consequent health system and societal costs are not being adequately
integrated into national policy decisions and strategies for disease prevention, health care access, and health system reform.

8. Regulatory agencies in Australia do not have a clear picture of what chemicals Australians are exposed to and in what concentrations. This is due to limited research and data collection about chemical exposure and the regulatory framework which is based on a ‘proceed until danger is proven’ approach, rather than a precautionary principle.

9. Australian specific evidence on in utero exposure, level of harm, and increased risk from chemical exposures is insufficient.

10. Governments and regulatory agencies across the globe, including Australia, are faced with the urgent task of prioritizing chemicals for regulation and eradication. This needs to be systematically co-ordinated.

11. Individuals and communities are not being provided all available information about chemical exposures they may experience, the cumulative effects of such exposures, and how to minimize harmful exposures.

The Public Health Association of Australia affirms the following principles:

12. Australia is a signatory to the Rio Declaration on Environment and Development which states -

“In order to protect the environment, the precautionary approach shall be widely applied by States according to their capabilities. Where there are threats of serious or irreversible damage, lack of full scientific certainty shall not be used as a reason for postponing cost-effective measures to prevent environmental degradation, a statement known as the Precautionary Principle.”

13. Guiding principles for the Australian Charter for Environmental Health include the protection of human health. This is stated as ‘Protect human health by identifying threats posed by environmental hazards as early as possible and by introducing appropriate safeguards. Ideally these should be sustainable and cost-effective’.

14. That the health of children and young people is important to future generations and the future of the planet. Societies have a social and ethical responsibility to ensure that children can reach and maintain their full potential and be provided with a safe, clean environment.

15. To protect the Australian population from exposure to chemicals, the nation needs a comprehensive, cohesive policy agenda and regulatory framework based on prevention and the precautionary principle.

16. That there are many opportunities for harmful environmental exposures, ample opportunities also exist to intervene in, ameliorate, and prevent environmental health hazards. Governments, industry, academic and medical communities, and individuals all have untapped power to protect the health of current and future generations of Australians and reduce the national burden of disease.

The Public Health Association of Australia believes that the following steps should be undertaken:

17. A precautionary, prevention-oriented approach should replace current reactionary approaches to environmental contaminants in which human harm must be proven before
action is taken to reduce or eliminate exposure. Though not applicable in every instance, this approach should be the cornerstone of prevention strategy that emphasizes primary prevention, redirects accordingly both research and policy agendas, and sets tangible goals for reducing or eliminating toxic environmental exposures.

18. That this precautionary approach be adopted and incorporated at all levels of government as a primary guide to all policy development, program implementation and decision-making including health and environmental decision-making.

19. This precautionary approach shifts the burden of proving safety to manufacturers prior to new chemical approval, in mandatory post-market studies for new and existing agents, and in renewal applications for chemical approval.

20. The Australian Government must establish a priority process and commence the long overdue assessment of Australia’s existing chemicals. The detection of chemicals in human umbilical cord blood is the most urgent and hence the most appropriate criteria on which to base regulatory prioritisation of chemical assessments. Chemicals that children are exposed to prenatally and those being detected in newborn babies must be fast-tracked for immediate assessment and removal from the market.

21. Reform to reduce chemical exposure will need to encompass these essential changes:

☐ Require manufacturers to provide basic information for all chemicals used in products.
☐ Hold industry responsible for demonstrating the safety of the chemicals used in production.
☐ Promote safe alternatives to harmful chemicals.
☐ Make information about the effects of chemicals on human and environmental health publicly available.
☐ Immediately begin phasing out the most hazardous chemicals on the market.

22. Epidemiologic and hazard assessment research must be strengthened in areas in which the evidence in Australia is unclear, especially research on workplace exposures, the impact of in utero and childhood exposures, and exposures that appear to have multigenerational effects.

23. Public health messages must be developed and disseminated to raise awareness of chemical risks and support people to reduce or eliminate exposures whenever possible.

*The Public Health Association of Australia resolves to undertake the following actions:*

The Board, Branches and the Environmental Health and Child Health Special Interest Groups will:

24. Work in partnership with government and non-government organizations to develop and implement a comprehensive intersectoral national strategy to reduce the impact of chemical exposures on the health of Australians, especially children, the Indigenous population, and people of low socioeconomic status.

25. Write to the National Health and Medical Research Council (NHMRC), enHealth, the Commonwealth and State/Territory ministries of health and the environment seeking support for substantial funding for research programs aimed at:

☐ understanding the causes of environmental damage to individuals.
populations with an emphasis on vulnerable groups.

Identification and trialing of strategies that reduce environmental health risks.

26. Advocate for the protection of children and other vulnerable groups from environmental health hazards and the inclusion of the welfare of these groups in health impact assessments and policy development on an ongoing basis.

References


Adopted at the Public Health Association of Australia's Annual General Meeting in September 2011.