
AUSTRALIAN NATIONAL REGISTER
OF ENVIRONMENTAL
SENSITIVITIES (ANRES)



**Australian National Register of Environmental Sensitivities Submission to
a New National Disability Strategy 2020**

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I would like to bring your attention to the issue of Multiple Chemical Sensitivity (MCS) and Fragrance Sensitivity. For these people exposure to fragrance chemicals causes disabling adverse health effects. Their lives have not been improved during the 2010-2020 National Disability Strategy. The National Disability Strategy Position Paper (2020, p. 2) aims for a “fully inclusive Australian society that enables people with disability to fulfil their potential as equal members of the community”, however the issue of Fragrance Sensitivity is yet to be addressed.

Many individuals with MCS, and/or Fragrance Sensitivity disability have had no opportunity to improve their lives, their health or take part in society. Lack of employment due to workplace exposure to artificial and naturally fragranced products leaves them under financial stress. Without documented Fragrance-Free Accommodations being offered to MCS and Fragrance Sensitivity sufferers, they can subsequently lose the support of family and friends and can become isolated. Income support from welfare services, if they can get it, is insufficient to support their special needs in housing, disability aids, medical aids, food.

Currently, in 2020, because of the COVID-19 pandemic there is the extra use of hand sanitisers, disinfection and cleaning products in public places to kill the virus. Many of these products contain fragrance which is not necessary to kill the virus. For those with Multiple Chemically Sensitivity (MCS) and/or Fragrance Sensitivity the health effects of this increased use of fragranced chemical based cleaning products may further diminish access by increasing fragrance loads to what may have been, before COVID-19, accessible places for this group. Fragranced consumer products such as air fresheners, cleaning supplies, and personal care products now pervade society. The lack of a fragrance-free policy is a barrier to accessing health care for those with Fragrance Sensitivity, MCS and other health conditions such as asthma, migraine headaches, sinus problems, chronic lung disease and skin disorders.

MCS fits the criteria for a disability as defined by section 4(1) of the Disability Discrimination Act 1992 (DDA 1992). Multiple Chemical Sensitivity has been recognised by the Human Rights and Equal Opportunities Commission (HREOC) in a personal communication to Mrs. D. Bowes of the ASEHA QLD Support group in 2004 (Bowes D. 2004). Our Human Rights Commission recognises Multiple Chemical Sensitivity and Fragrance Sensitivity as a disability if it can be shown that an individual has the problem. This means complaints of disability discrimination can be made to HREOC.

The Australian Human Rights Commission recognised some problems relating to chemical usage and building access and in 2007 and added the following section on use of chemicals and materials to their draft guidelines and information about access to buildings and services.

'A growing number of people report being affected by sensitivity to chemicals used in the building, maintenance and operation of premises. This can mean that premises are effectively inaccessible to people with chemical sensitivity. People who own, lease, operate and manage premises should consider the following issues to eliminate or minimise chemical sensitivity reactions in users:

- *the selection of building, cleaning and maintenance chemicals and materials (see Note below);*
- *the provision of adequate ventilation and ensuring all fresh air intakes are clear of possible sources of pollution such as exhaust fumes from garages;*
- *minimising use of air fresheners and pesticides; the provision of early notification of events such as painting, pesticide applications or carpet shampooing by way of signs, memos or e-mail. http://www.humanrights.gov.au/disability_rights/buildings/guidelines.htm*

While these issues are dealt with in the DDA 1992 it seems that little can be done by those with Fragrance Sensitivity who have a problem with access or accommodation in the workplace satisfactorily resolved.

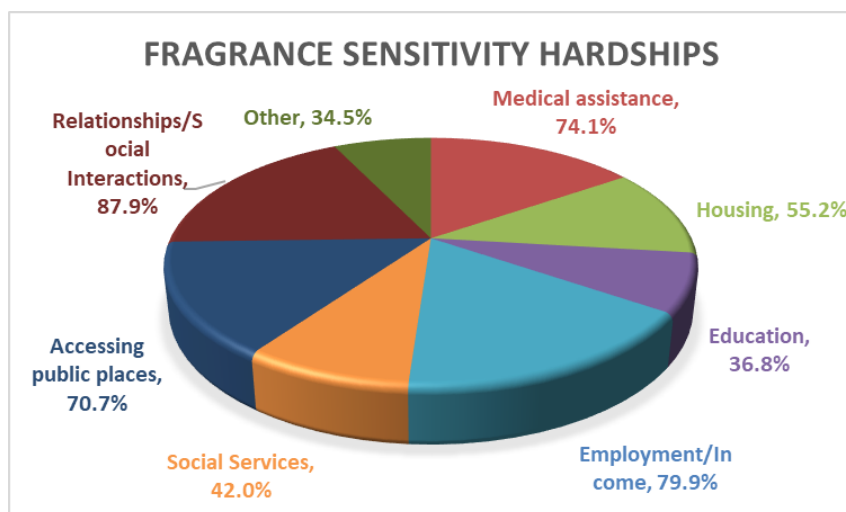
What are the problems and issues?

While fragrances not the only chemical irritants that affect people with MCS, but they are by far the most ubiquitous in our environment.

The Australian National Register of Environmental Sensitivities (ANRES), www.anres.org, is finding that a number of people with Environmental Sensitivities (ES) also have Fragrance Sensitivity. Environmental Sensitivities (ES) describes a variety of reactions to chemicals, electromagnetic radiation and other environmental factors at exposure levels commonly tolerated by many people. Environmental Sensitivities does not describe a single simple condition with a universal cause. (Sears, M E 2007)

A 2019 Australian National Register of Environmental Sensitivities (ANRES) report shows that 74.1% of people with fragrance sensitivity have difficulty in obtaining Medical Assistance due to the use of personal fragranced products and use of fragranced products in medical facilities. They also suffer hardship with accessing safe and affordable housing (55.2%), attending Educational facilities (55.2%), Employment/income (79.9%), social services (42.0%), accessing public places (70.7%), relationships/social interaction (87.9%) often because of fragrance exposure. (Martin, 2019). See Figure 1 below.

Figure 1 Hardships affecting people with Fragrance Sensitivity



Those with MCS and/or Fragrance Sensitivity can suffer significant disability and hardships when exposed to fragrance or fragranced products when trying to access medical practices; workplaces; public places and buildings (e.g. public conveniences, schools, libraries etc); and in their social interactions and relationships. In many cases their rights to medical care, the right to earn an income, the right to access to safe and affordable housing, right to access an education facility and the right to access to public places are denied to them because of their condition. This places added strain on already difficult and disabling medical conditions. The resultant impact of these conditions are far reaching and significantly affects families/caregivers, communities and society.

The other areas of hardship that people with Fragrance Sensitivity have listed includes using Public Transport, accessing shopping centres, libraries, schools, and other public buildings. There can be significant life disruption with severe curtailment of normal activities; an inability to access a child's school activities or engage in their education; social isolation from lack of personal interaction at restaurants, places of worship holidays, family and friend. Loneliness and stress can result in severe cases from a lack of understanding and being unable to live a normal life. Many people comment that they would like to see fragrance-free spaces. (Martin, S. 2019)

The ANRES results reiterate the comments by participants listed in *the Right to opportunity Consultation report to help shape the next national disability strategy December 2019*.

On p41 " participants said they were prevented from accessing the community and participating in events or doing daily tasks due to:

- sensory issues
- a lack of awareness in community of chronic fatigue and similar conditions
- and impacts of exposure to chemicals.

'The need for a fragrance-free environment is almost without exception overlooked when it comes to discussion and practice around accessibility and inclusion. As an individual with chemical sensitivity I'm excluded from participating in education, including my children's education, community events

and workshops of all kinds, volunteering in my community, employment outside of my home, even accessing government services such as Centrelink – or important health services, such as getting a Pap test in a fragrance-free environment.’ “

Many of the issues affecting people with a disability listed in the consultation report (p33 - *Consultation report – to help shape the next disability strategy beyond 2020*) are areas where there is a lack of disability access for those with Multiple Chemical Sensitivity (MCS) and/or Fragrance Sensitivity. These are issues are

1. Employment and financial security
2. Access to NDIS and access to disability supports and services
3. Affordable and safe housing for those with MCS.
4. Inclusive education
5. Health and wellbeing
6. Participating in the community
7. Accessing the community, places and facilities

The extent of the issues is that people become isolated while trying to avoid exposure to fragrance or fragranced products and affects their whole lives.

In workplaces there can be discrimination by employers and co-workers by not trying to accommodate people with MCS and/or Fragrance Sensitivity. This places people under significant financial stress and can leave them homeless.

Pesticides are another deterrent to building access for individuals with MCS. Many public buildings and rental properties are treated internally with pesticides on a regular basis for vermin control and externally for pest and weed control on grounds surrounding buildings. Individuals with MCS can be hypersensitive to pesticides and their constant use in public buildings and domestic dwellings ensures that pesticide residues are present in sufficient quantities to cause reactions. Integrated Pest Management programs need to be implemented to reduce the volume of pesticide in and around public buildings to ensure MCS/ES disability access. Many people with MCS can be ill for months following exposure to domestic pest control.

How many Australians are affected by MCS and/or Fragrance Sensitivity?

The latest prevalence data suggests that Multiple Chemical Sensitivity affects one million adult Australians, with chemical sensitivity affecting another two million. These figures are from a 2018 study on the Prevalence and effects of Multiple Chemical Sensitivity in Australia. The data shows that 6.5% of Australian have a diagnosis of MCS, 18.9% have chemical sensitivity (being unusually sensitive to everyday chemical and chemically formulated products). Among those with MCS, 77.5% had been prevented access to places because of fragrance exposure, 51% lost workdays or a job loss due to fragranced product exposure in the workplace. 55.5% of the reported health problems are considered potentially disabling. Amongst those with MCS 74.6% also had a diagnosis of asthma, and 91.5% also had fragrance sensitivity. (Steinemann, A. 2018)

A 2017 Australian study has found that 33% of Australians report health problems, such as migraine headaches and asthma attacks, when exposed to fragranced products. Of these health effects, more than half (17.1%) could be considered disabling under the Australian Disability Discrimination Act.

Additionally, 7.7% of Australians have lost workdays or a job due to illness from fragranced product exposure in the workplace, 16.4% reported health problems when exposed to air fresheners or deodorizers, 15.3% from being in a room after it was cleaned with scented products, and 16.7% would enter but then leave a business as quickly as possible due to fragranced products. **About twice as many respondents would prefer that workplaces, health care facilities and professionals, hotels, and airplanes were fragrance-free rather than fragranced.** Importantly the author found that while 73.7% were not aware that fragranced products, even ones called green and organic, emitted hazardous air pollutants, 56.3% would not continue to use a product if they knew it did." (Steinemann A, 2017).

Conclusion

In the *Right to Opportunity Consultation report to help shape the next National Disability Strategy, (2019 p. 42)* It is stated that "A large number of respondents suggested changes to the built environment, including design and building legislation, that would improve the lives of people with disability. One of these was □ low sensory spaces (i.e., low noise and light, fragrance-free)"

It is more than providing low sensory spaces, it is a health issue to reduce the use of fragrance. It is not just a like or dislike.

Fragrance is a major deterrent to building access. Fragrance-free policies for public buildings need to be developed similar to cigarette smoking policies for all the same reasons and in some cases the same chemicals. This will ensure that those with MCS and/or Fragrance Sensitivity and other diseases that are adversely impacted by fragrance chemicals:

- are not disadvantaged in building access;
- can be safe in buildings i.e. not exposed to substances that cause or contribute to ill health;
- can take part in society the same as those who do not have Multiple Chemical Sensitivity and/or Fragrance Sensitivity.

Recommendations

1. Implement an enforceable fragrance-free policy for health and allied care facilities and other public buildings. This needs to be legislated as per cigarette smoke free policy and be promoted in the same way. People with MCS/Fragrance Sensitivity **MUST** be able to access health and allied care. The Canadian Medical Association Journal, in 2015 states that, "Artificial scents have no place in our hospitals", about 30% of people report having some sensitivity to perfumes worn by others, 27% of people with asthma their condition is aggravated by artificial scents, particularly concerning for hospitals patients with asthma or other upper airway or skin sensitivities are concentrated. Their recommendation - "Hospital environment free from artificial scents should become a uniform policy, promoting the safety of patients, staff and visitors alike." (Flegel and Martin, 2015). This precautionary measure should also be extended to other health facilities and aged care facilities. The US Centers for Disease Control and Prevention, Indoor Air Quality Policy (CDC, 2009) states that "Scented or fragranced products are prohibited at all times in all interior space owned, or leased by CDC". Fragrances have been banned in many hospitals overseas e.g. Canada, USA and Sweden. (Sears, M E. 2007)

We would like to see fragrance-free policies developed to enable the establishment of fragrance-free programs in health care, schooling and in the workplace.

2. To assist with the implementation of fragrance-free public buildings, an educational campaign will first need to be established to educate the public as to the toxic nature of fragrances and the dangers of solvent exposure.
3. Remove all air fresheners and fragrance dispensers from public buildings especially sanitary facilities.
4. Develop standards for a fragrance-free and low chemical environment as per no smoking policy.
5. Provide educational programs on MCS and Fragrance Sensitivity for disability providers, employers, school staff and the general public who are dealing with individuals with MCS and/or Fragrance Sensitivity.
6. Individuals with MCS and/or Fragrance Sensitivity must have disability access to services and facilities i.e. free from pesticides, fragranced products and strong cleaning compounds. Service providers also need to be fragrance free. This action will also protect allergy sufferers, asthmatics, pregnant women and children.
7. Signage regarding pesticide use should always be used to alert individuals with MCS that pesticide treatment has recently taken place and to give them the option of whether or not they wish to enter a building. Prior notification of pesticide application should always be given where practical in terms of building access.

References

- Bowes, D. (2004) <http://www.asehaqld.org.au/index.php/disability-and-medical-issues-for-mcs-and-allergy/disability-rights-in-australia-and-overseas/86-australian-human-rights-and-equal-opportunity-commission>
- CDC, 2009. US Centers for Disease Control and Prevention. Indoor Environmental Quality Policy, pages. :pp. 9–10 Available: <http://www.drsteinemann.com/Resources/CDC%20Indoor%20Environmental%20Quality%20Policy.pdf>.
- Flegel, K. and Martin, J. (2015). Artificial scents have no place in our hospitals. *Canadian Medical Association Journal*, 187(16), pp.1187-1187.
- Martin, S. (2020). A snapshot of living with Environmental Sensitivities in Australia in 2019. Retrieved 15 September 2020, from <https://anres.org/2019-anres-data-update/>
- Sears, M E. (2007). *The Medical Perspective on Environmental Sensitivities*. Canada, Human Rights Commission.
- Steinemann, A. (2017). Health and societal effects from exposure to fragranced consumer products. *Preventive Medicine Reports*, 5, 45-47. doi: 10.1016/j.pmedr.2016.11.011

Steinemann, A. (2018). Prevalence and effects of multiple chemical sensitivities in Australia. *Preventive Medicine Reports*, 10, 191-194. doi: 10.1016/j.pmedr.2018.03.007