

Multiple Chemical Sensitivity – Basic Overview by Peter Evans

The problem of Multiple Chemical Sensitivity came to public attention in the United States in 1987 when Washington's Environmental Protection Agency refurbished and re-carpeted large areas of office space. Subsequently nearly 200 people developed symptoms of "sick building syndrome". Dozens of people later reported developing MCS.

What is Multiple Chemical Sensitivity?

MCS is a chronic medical condition with multiple symptoms which occur as a result of chemical exposure. MCS can be caused by a single large exposure to one or more toxic chemicals or through repeated low-dose exposures over a longer period of time. In the early stages of chemical sensitivity the symptoms might only be present during the actual time of chemical exposure. Continued exposure then leads to increasing and more permanent symptoms, while less and less of the chemical is needed to cause these health effects. As the condition worsens a whole range of substances, often unrelated to the first exposure, begin to trigger reactions.

Symptoms of MCS

Symptoms often vary between individuals and include.

| headaches | asthma | sore eyes, ears, nose and throat | sensitivity to odours | rashes | concentration and memory loss | irritability | fatigue and depression | confusion | blurred vision | dizziness and loss of balance | numbness/tingling | gastrointestinal problems | muscle and bone pain

Common chemical exposures linked to MCS include

| pesticides, herbicides and synergists | plastics | solvents, paints, varnishes, adhesives | aldehydes | cleaning products | perfumes, fragrances | natural gas, raw fuels, engine exhaust | printing and photocopying inks and toners | new building materials, carpeting and furniture | and others

Who gets MCS?

People diagnosed with MCS are often | industrial workers | teachers, students, office and health care workers in sealed buildings | chemical accident survivors | people living near toxic waste sites | people whose air or water is highly polluted | people exposed to chemicals in various consumer products, foods and pharmaceuticals | Balkans, Gulf and Vietnam war veterans. People with MCS may become partially or totally disabled for several years or for life. They must make fundamental changes to their lifestyle and may be forced to leave employment. Some people eventually recover but few return to complete health.

How common is chemical sensitivity and MCS?

| 15-30% of the general population report symptoms of chemical sensitivity | 3%-6% have MCS *

Two thirds of people with Chronic Fatigue Syndrome and fibromyalgia (a painful musculoskeletal condition) also have MCS and vice versa. A high incidence of MCS occurs amongst people with asthma, allergies and attention deficit disorder. All of these medical conditions have increased significantly across the industrialised world and community concern is growing.

Treating MCS

There is currently no recognised treatment for MCS. Avoiding any chemical exposures which may trigger reactions is essential and may produce some improvement. People with MCS must often escape the pollution of modern life to a clean, safe micro-environment, either by moving to an isolated location or by attempting to create a chemical free area in which to live and work. Isolation and depression are common problems for people with MCS, who are often restricted socially due to the health risks of chemical exposure.

MCS Can Be Prevented

Simply avoiding chemical exposure can prevent the symptoms of MCS. A difficult task in our modern world.

US action on MCS

In the United States, over the past fifteen years, increasingly widespread recognition has been given to chemical sensitivity and MCS by US federal, state and local authorities, court decisions and independent organisations. Public policies, grounded in public health, occupational health and safety and disability access legislation, have been adopted to help prevent MCS and to protect the disability rights of people who already have MCS. Some jurisdictions, including the cities of San Francisco and Santa Cruz and the state of Washington, specifically include MCS within their disability access regulations and recommendations.

Generally these policies call for | windows that open to allow fresh air to circulate | well ventilated spaces free from pollutants | appropriate building code requirements | selection of least toxic building materials, methods of construction, furnishings, floorings and supplies | well maintained air-conditioning systems with fresh and clean air-intake | isolated spaces and exhaust fans for printing and photocopying machines | HEPA air filters where required | least toxic integrated pest management systems | clear public notification and area designation prior to tarring, painting, renovations and pesticide applications | alternative workplace accommodation and flexible work practices for people with MCS | chemically-safe access to medical and other public facilities | education on the nature of the disability for employers and workers to avert stigma and harassment | compliance with no-smoking policies | inclusion of "no smoking or perfumes" notices for public meetings

The US Environmental Protection Agency has completed a review of indoor air quality standards.

Australian action on MCS

The Commonwealth Department of Family and Community Services recognises MCS in relation to disability support payments. Despite this fact, there are very few other provisions responding adequately to the problems which MCS presents, either in federal or state public health policy or in chemical regulation and use. MCS is a major public health problem in Australia which is not being addressed. The condition is poorly recognised, poorly diagnosed and poorly treated, while the right to a clean environment for people living with MCS is almost universally ignored. Despite this lack of specific action on MCS the Commonwealth is currently conducting a review of indoor air quality standards.

Australia's OHS&W and disability access legislation offers a significant lever for MCS policy development.

What is needed?

| clear and unambiguous recognition of the widespread problem of MCS by federal and state governments and regulatory bodies | a national strategic plan on MCS as part of public health policy | full recognition of the disability rights of people with MCS | the adoption of MCS aware policies and practices in agricultural, industrial, workplace, educational and domestic circumstances | medical and public education programs on MCS | review of chemical approval, regulation, use and withdrawal processes with consideration to MCS.

*"Studies of the Prevalence of Chemical Sensitivity and MCS" MCS Referral and Resources, USA , www.mcsrr.org