GLASS provides information & referrals on lead poisoning & lead contamination prevention & management, with the goal of eliminating lead poisoning globally & protecting the environment from lead.
GLASS is run by The LEAD Group Incorporated ABN 25 819 463 114



MEDIA RELEASE – Wednesday 20th October 2010 International Lead Poisoning Awareness Day 2010

The last week of October is National Lead Poisoning Prevention Week in the United States. Australia hasn't managed a whole week yet. NSW, alone, has gazetted today – October 20 – Lead Poisoning Awareness Day. Do we take lead poisoning seriously enough?

Three cases:

One: Channel 9's evening news (October 19) showing an autistic child, with the eating disorder 'pica,' chewing away at paintwork containing lead. His mother had been trying for 6 months to get alternative accommodation from the NSW Department of Housing, which knew the paint contained unsafe levels of lead. The mother tried to make the walls safe by painting over them - having found out about the lead (The Department has now offered the mother a house which has been gutted by fire, and is unfit to live in for 8 more weeks.)

Two: A Melbourne woman found to have a blood lead level just over 10 times the level at which it is recommended that action be taken. The almost certain culprit (pending testing) was the Ayurvedic medicine the woman had been taking. (Ayurvedic medicine frequently contains lead, which is cheap, and is added to increase weight and make more profit.)

Should the woman have known of the danger? Should Ayurvedic medicine be banned or at least always tested by customs?

But that's not the whole story. The hospital where she was taken for treatment could obtain only three days' supply of the chelating agent for chelation by injection to remove the lead from her body. Chelation by injection is the standard treatment for adults with a blood lead level of 70 micrograms per decilitre or more (hers was 102 μ g/dL), and for children, a blood lead level of 45 μ g/dL or more. With no further chelation-by-injection agent available, chelation *tablets* had to be obtained from Sydney in order to continue the treatment.

Three: There is a possible connection between cancer among Sydney Harbour Bridge workers and the use of lead paint on the bridge. This should prompt a longitudinal study by NSW WorkCover to look for a relationship between workers lead exposure levels over their working life and their long-term health outcomes, age at death and cause of death.

So...

If there is lead paint on walls and woodwork, and a child has pica - a disorder characterised by eating substances that are not food for humans - the only safe thing to do is to completely remove the paint. The Department of Housing should have known this – why didn't they do it for this family? Why isn't it policy?

Why were there insufficient supplies of the medicine for chelation-by-injection available? Do health professionals believe that lead poisoning no longer occurs? Do they look for it?

A longitudinal study of Sydney Harbour Bridge workers which includes a control group of similar workers with low lead exposure, can reveal any links between lead exposure and all causes of death and indeed early death.

The Federal Health Department has a duty to properly advise health, housing and occupational health agencies and medical professionals on lead poisoning prevention and management. The LEAD Group calls for all children with pica and everyone taking Ayurvedic medicine to be blood lead tested. Lead poisoning is not a thing of the past.

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