



The Lead Education and Abatement Design Group  
Working to eliminate childhood and foetal lead poisoning  
by the year 2012 and to protect the environment from lead  
ABN 25 819 463 114

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## NHMRC going nowhere on Australian blood lead levels

“A goal of less than 10 micrograms of lead per 100 millilitres of blood (10 µg/dL) for all Australians – that’s the same as they announced in 1993,” said Elizabeth O’Brien of The LEAD Group, referring to the National Health and Medical Research Council’s latest [public statement](#) and [information paper](#) (8/8/09) on blood lead levels. “Babies and baby boomers are still not protected. Doctors will be no better-informed and no action is recommended by NHMRC. Wow!”

In 1993, said Ms O’Brien, [NHMRC's goal](#) was for a blood lead level of less than 10 µg/dL, and the target – to be achieved by 1998, was for all Australians with the exception of those occupationally exposed to lead, to have a blood lead level less than 15µg/dL. **This target has not yet been achieved.** The NHMRC rescinded its 1993 policy in 2005. Now it has [resurfaced](#).

“However, unlike 1993, this time the NHMRC has not set any target dates at all, requires no government action and barely mentions potential adult fatalities from lead”, said Ms O’Brien.

"In terms of inspiring doctors to at least test children's blood lead levels (if not adults) the 1994 booklet "[Lead Alert - A Guide For Health Professionals](#)", inspired by the NHMRC 1993 policy but published by the Commonwealth Environment Protection Agency (CEPA), was better than these 2009 NHMRC publications. And the Lead Alert booklet was distributed to every doctor in Australia, but I'd be surprised if these 2009 publications would inspire any doctor to do more blood lead testing."

“The NHMRC does not describe the most critical research during the last 16 years, except to downplay it, which indicates harmful effects on children’s brain development and behaviour, and increased risk of heart attacks and strokes in adults, [at levels as low as 2 µg/dL](#).”

“The latest statement on lead by the NHMRC could have set the goal to be lower than 5 µg/dL and the target to be lower than 10 µg/dL by 2012, recommended national 5 yearly blood lead studies, as well as research into prevention of deaths from the lead that all adults store in their bones and which slowly re-enters their blood stream as they age. That would be worth reading.”

“Goal.” “Target.” It sounds like a word game. “The difference is, a goal is what you want to achieve – for everyone to be below a certain level. A target is a level you aim to achieve, within a stated time frame. Just having a “goal” on its own is expressing a wish, but if there’s no target then there’s no series of steps any agency or GP or cardiologist is recommended to take for achieving that goal. There’s also no way of checking whether you’re making any progress.”

“The way to check for progress on something like this is to do blood lead studies, of all ages. Not the whole population - sample groups, as advised by a statistician; without compromises. That way you get trustworthy results and can work out where the worst cases are and why.”

“There’s not been such a survey in Australia, so there’s no information about how common an elevated blood lead level is – say, *over* 2 µg/dL – it could be the majority of Australians. Without such data, and without adequate information for doctors on the recently discovered adverse health effects of blood lead levels even below 10 µg/dL, there is little to motivate them to order blood lead tests. [Patients have to ask!](#) Many will die never knowing lead killed them.”

See two new LEAD Group factsheets: [The dangers of a blood lead level above 2 µg/dL and below 10 µg/dL](#) and [Blood lead testing: who to test, when, and how to respond to the result](#), as well as [Model National Public Health Policy on the Prevention of Lead Poisoning](#).

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