

## Response ID ANON-51EN-U8AA-8

Submitted to Australian Drinking Water Guidelines - Public Consultation on Draft Guidance for Per- and Polyfluoroalkyl Substances (PFAS) – Extended Due Date (By Request Only)  
Submitted on 2024-12-02 11:44:36

### Privacy Collection Notice - Page 1 of 7

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### Submission Details - Page 2 of 7

#### 2 What is your name?

What is your name?:  
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#### 4 Select your State or Territory

Select your state or territory:  
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Personal (Skip to question 8)

### Individual Details – Page 3 of 7

#### 8 Please select the best description of your background

Please select the best description of your background:  
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Please provide the best description of your background if not selected in the drop down list above :  
Community advocate working for water quality reform and updated policy

### Guideline Development Process - Page 4 of 7

#### 9 Do you have any comments on the overall approach taken to develop the draft guidance?

Yes

Please provide comments on the overall approach taken to develop the draft guidance:

The approach in the Australian context is within a vacuum of our own qualifiable data. Feedback from Commonwealth entities in the Addendum also discount and/or undermine potential for PFAS contamination in our individual catchments.

- Australia has yet to quantify the totality of the problem by identifying contaminated sites, extent of the magnitude and implications of the contamination for both public health risk and subsequent societal health cost burdens.
- There are more & more contaminated sites being uncovered which has highlighted the precautionary principle, extensive monitoring and regulatory duty of care has been absence.

• It is questionable how the guidelines will reduce risk of PFAS exposure to protect the public. The Draft will fail to achieve this for multiple reasons. NHMRC's Evidence-to-Decision review process is based on their selective determination of studies to prove evidence of causation as opposed to association. The Australian references quoted for FSANZ and enHealth is based on causation vs association.

The Fact Sheet struggles to justify the lack of precautionary application to PFAS drinking water levels with the choice of health effect end points as opposed to more protective and precautionary levels adopted by other proactive countries.

This leads to how chemical risk is applied for risk management to prevent risk exposures, e.g., FSANZ TDIs used as safe end points.

I have previously challenged the FSANZ Board in February 2023 about TDI's with FSANZ providing a prompt response.

[https://communityovermining.org/uploads/1/3/5/9/135967230/fsanz-complaint\\_letter\\_to\\_board-20\\_02\\_2023.pdf](https://communityovermining.org/uploads/1/3/5/9/135967230/fsanz-complaint_letter_to_board-20_02_2023.pdf)

[https://communityovermining.org/uploads/1/3/5/9/135967230/response\\_letter\\_pfas\\_letter\\_to\\_fsanz\\_board.pdf](https://communityovermining.org/uploads/1/3/5/9/135967230/response_letter_pfas_letter_to_fsanz_board.pdf)

Both Statement and Fact Sheet reveals risk assessment and science are not value neutral.

- The PFAS fact sheet notes the many different references with SLR consultants' cherry picking the evidence to suit in the Australian context yet provide no

credible Australian evidence.

• This is where conflicted research challenges independent research to achieve a certain outcome which is evident in the draft guideline levels for PFOA. P 7 Fact sheet - the default equation outlined by NHMRC for health-based information based on animal toxicity studies should be updated as the default assumption used in the Guidelines for adult average human body weight of 70 kg bw. In 2017-18, Vic Dept of Health had the average male and female as 5 kg heavier. <https://www.health.vic.gov.au/your-health-report-of-the-chief-health-officer-victoria-2018/burden-of-disease/overweight-and-obesity> This has remained stable in 2022 <https://www.aihw.gov.au/reports/overweight-obesity/overweight-and-obesity/contents/overweight-and-obesity> The higher consumption of food and water per kilogram body weight leads to a greater intake of PFAS ingested. P 2 NHMRC Statement - notes the observed effects of animal studies have been extrapolated to humans and used to derive health-based guideline values for drinking water.

It is not clear how any framework in the absence of human epidemiology studies for Drinking Water Guidelines (DWGs) will assure safety for public health.

Have concerns about the methodology to derive new HBGVs for drinking water with PFOA, in the Australian context, seemingly evaluated on two factors:

1. US derived cancer slope factor (CSF) are not derived consistent with Australia science policy. (Statement p2)
2. IARC found inconsistent findings of evidence for cancer in humans for PFOA (P8 fact sheet)

This would be confusing for the uninformed public as it is just different risk assessment approaches between Australia and USA that USA can back up with strong mechanistic evidence, but Australia cannot. Both cannot be correct.

Australia only has the ANU epidemiology study which is not credible and indefensible against a mountain of evidence from international research studies. IARC was able to support PFOA as a Group 1 carcinogen due to strong mechanistic evidence. Australia is either intentionally or unintentionally not using advanced science including quality epidemiology studies in the many PFAS hotspot areas around Australia.

Experts do agree toxicity concerns increase with fluorinated chain length because long chain PFAS usually take longer to be excreted from the body due to their lower water solubility, higher affinity for serum proteins increasing their elimination time from plasma and tissue.

Disturbingly, this means children are more at risk because children drink more water, eat more food and breathe more air per kilogram of body weight than adults which can increase their exposure to PFAS.

<https://www.epa.gov/pfas/our-current-understanding-human-health-and-environmental-risks-pfas#:~:text=What%20We%20Know%20about%20Health,blood%20p>

## Implementation – Page 5 of 7

10 Do you have any comments about the implementation or application of the draft guidance?

Yes

Please provide comments about the implementation or application of the draft guidance:

The current approach for PFAS management is 'bottom up', bit by bit, without urgency therefore, not precautionary and certainly not proactive. The Australian Government is now finding the PFAS contamination expansion extremely problematic to manage and appearing to be dismissive of the inherent risks and implications from the referenced material.

Legally, you knew but didn't act while providing no authoritative containment and management leadership on a national level. What Australian research exists is manipulated while all risks default to FSANZ's Tolerable Daily Intake (TDI) as indefensible safe endpoints.

NHMRC's Statement p2 - link to review reports for the Administrative Report and SLR Addendum to PFAS Evidence Evaluation for Australian Drinking Water gives me little reassurance much will change.

- How are the water providers held accountable or resourced to monitor and identify potential and real time catchment sources of PFAS contamination.
- There also needs to be a historic forensic evaluation of past uses of AFFF in each catchment.
- Who is coordinating a national level comprehensive response for PFAS management accountability across all levels of government, all agencies and all Commonwealth entities because the current system is ad hoc, fragmented and not accountable.
- How will the NHMRC manage the conflict between water corporation's objective to provide safe drinking water while also overseeing significant volumes of PFAS laden domestic and industrial wastewater legally discharged into catchments via EPA approved licences upstream of drinking water take-off.

The Draft Statement recommends site-specific, risk-based approach to monitoring chemicals in our drinking water catchments, then claims, the underpinning principle of this risk-based approach is to know-your-catchment and for water providers to be more transparent.

Yet media is revealing more drinking water contaminations, and private PFAS water testing is uncovering higher PFAS levels in our reservoirs. This a total failure for reasons unknown to the public. We can only surmise a critical lack of resources to PFAS testing, data sharing and treatment are contributing to an increase in higher PFAS levels detected in our drinking water catchment. This is also an absolute failure in the Framework for Managing Drinking Water Quality.

With implementation of the proposed changes to PFAS in drinking water subject to any new information which includes monitoring, it would be irresponsible if Australia still takes the same causation via association approach and continues the same lack of scientific health evidence.

The NHMRC need to stop applying justifications for higher proposed DWGs as this gives no protection to the highly contaminated communities. It's discrimination of the minority population over the majority while proposing no other measures or interventions to reduce PFAS exposures.

DWGs based on scientific evidence should be developed to protect people who are most vulnerable to the potentially harmful effects of known PFAS adverse health effects in the HUMAN context.

New proposed levels should be enforceable.

- PFOA should be lowered to 4 ng/L therefore a sum of PFAS can be derived
- PFHxS to be lowered from 30 ng/L to 10 ng/L
- HFPO-DA (GenX) to be given a health-based guideline value same as USA to 10 ng/L
- A hazard index for two PFAS mixture or Sum of PFAS is needed
- PFBS for a DWGV of 100 ng/L

Publication of the final advice in April 2025 is acceptable but it should be noted that Federal and State policy and funding resourcing to water providers for PFAS treatment system updates should be viewed as a high priority.

## Specific Comments – Page 6 of 7

11 Do you have any specific comments on the draft PFAS Fact Sheet?

Yes

Please provide specific comments on the draft PFAS Fact Sheet:

The Fact Sheet needs to have an authoritative consensus and ability to predict the future environmental and human health cost burden of PFAS. I believe the NHMRC committee would agree that Australia's understanding on the extent of PFAS contamination is slowly evolving and their inaction on dealing with PFAS at the point source is relatively non-existent. Rather than be reactive to a problem from multiple or, as yet, evidence of PFAS substances like GenX, a more proactive and protective action is to provide guideline values for the sum of multiple PFAS. After all, no need to reinvent what information already exists internationally.

It is clear the NHMRC cannot apply the precautionary principle to adopt a PFAS mixture for the Sum of PFAS as it is based on the current higher Australian PFOA & PFOS DWGs.

It is confusing for the public to read an apparent new concern for some short and long-chain PFAS, their precursors, including fluorotelomers, yet in the feedback section of the Administrative report the entities tasked with protecting public health has provided some irresponsibly ignorant comments.

12 Do you have any specific comments on the draft NHMRC Statement on PFAS in drinking water?

Yes

Please provide specific comments on the draft NHMRC Statement on PFAS in drinking water:

Page 1 of the Draft NHMRC Statement quantifies PFAS in commercial and industry products, yet little is known about their fate - they go somewhere. While the Statement poorly addresses a symptom of PFAS use and distribution, the sheer pervasive nature of PFAS in consumer products is unchecked with legacy contamination of long chain PFAS totally mismanaged by the Australian Government and relevant agencies.

The guideline values are calculated using a threshold approach. However, when considering international PFAS state of knowledge based on non-conflicted independent research and Australia's lack of PFAS scientific and health evidence, the NHMRC cannot say the proposed guidelines values are not expected to result in any significant risk to health over a lifetime of consumption.

The Australian Government's communication messaging around PFAS health risks is misleading and dangerously outdated.

Is the NHMRC aware of an online 2022 medical journal that slammed NHMRC for their confusing PFAS health messaging while praising other countries for their proactive advice and interventions to reduce PFAS exposures. It is confusing why both the draft PFAS fact sheet and draft NHMRC statement continue the poor health messaging.

[Official health communications are failing PFAS-contaminated communities https://ehjournal.biomedcentral.com/articles/10.1186/s12940-022-00857-9](https://ehjournal.biomedcentral.com/articles/10.1186/s12940-022-00857-9)  
For Australia to improve PFAS knowledge gaps more needs to be done around epidemiology studies in the many hotspot communities where the Department of Health can collate relevant health data. This includes upskilling health providers to identify evidence for health outcomes and conducting appropriate voluntary blood testing. More importantly, the PFAS Statement needs to authoritatively provide official proactive approaches for interventions and PFAS education about the risks of PFAS exposure and guide community and medical decisions.

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