

7 March 2013

'The Impacts on health of air quality in Australia'

I am writing as a concerned General Practitioner regarding the impacts on health of air quality in Australia. While working as a medical practitioner for 16 years in the Hunter Valley I have noted an increased frequency in dust related diseases, particularly asthma, in the region. Furthermore from my observations this disease affects the children of the region most significantly.

With a combined population of 700,000, The Hunter Region is a service centre for industries including mining, power generation, tourism, viticulture, equine, agriculture, gas and military. The Hunter Region has an excess of 30 mostly open-cut coal mines and six active coal fired power stations. National Pollution Inventory data show that Singleton and Muswellbrook residents bear a significantly higher burden of air pollution compared to other areas of New South Wales, and Australia generally. The number of recorded exceedences in the Hunter Valley indicates that residents at times have been exposed to health damaging levels of particulates.

Particulate matter (TPS) are tiny airborne particles or aerosols in the form of smoke, dust and vapours that are less than 100 micrometres which can remain suspended for extended periods.

Nearly half of the state's reported emissions of 'particulate matter' (PM₁₀ and PM_{2.5}) come from industries including mining and power generators located in the Upper Hunter. For example, in 2008/9 these industries poured over 58,000 tonnes of particulates (PM₁₀) into the air, and this amount has increased steadily from 37,000 tonnes in 2002/3. By comparison, Maitland, Newcastle and Lake Macquarie had 260, 990 and 1900 tonnes of PM₁₀ emissions respectively from all sources. In addition, power stations release significant amounts of sulphur dioxide (130, 240 tonnes 2006/7) and oxides of nitrogen (49,000 tonnes 2006/7) and combine with the mines to emit well over 100 tonnes of toxic metals into the atmosphere (including, arsenic, antimony, cadmium, manganese, chromium III & IV, mercury, nickel, selenium and zinc). According to industry estimates coal output in the Hunter Valley is expected to increase from 135 million tonnes in 2011 to 163 million in 2012 and 216 million tonnes in 2015. Production in the Muswellbrook shire has increased from 4 million tonnes in 2001 to about 37 million tonnes in 2011.

Environmental health research has established a clear association between particulate matter exposure in populations and poor health outcomes. High concentrations of PM₁₀ and PM_{2.5} particulates have been found to present a serious risk to people with asthma, cardiovascular, kidney and lung disease.

Numerous studies have associated outdoor particulate matter <PM_{2.5} and PM₁₀ with respiratory symptoms, pulmonary function, asthma hospitalisation and emergency

department visits. Fine particles are easily inhaled deeply into the lungs where they can be absorbed into the bloodstream or remain embedded for long periods of time. Ambient air pollution is especially harmful to people with lung disease such as asthma, chronic obstructive pulmonary disease, and bronchitis.

Mining generates fine dust particles, which acts on the respiratory system and may cause a variety of adverse health effects. Nitrous oxide (NO₂) and very small particles, can adversely affect lung development in children, reducing forced expiratory volume (FEV). The reduction of FEV can often precede development of other pulmonary diseases. Air pollution can trigger asthma attacks in children. This may be due to incomplete pulmonary development and the immaturity of their enzyme and immune systems which assist in detoxifying toxins. Compared with adults, children while exercising or playing sports may take in 20 to 50 percent more air per unit of body weight.

In 2009 and 2010 we invited school children in the Singleton area to participate in a pilot study consisting of Pulmonary Function Tests and a companion questionnaire. Pulmonary function tests are simple and safe tests used in clinical practices for a variety of reasons: diagnosing airway obstruction, measuring reactions to treatments for asthma or chronic obstructive pulmonary disease, and determining the severity and progression of the disease.

A spirometer was used to measure timed expired and inspired volumes to calculate how fast and effectively lungs can be emptied and filled. Spirometry is the lung function test of choice for diagnosing asthma and for assessing asthma control in response to treatment. Students participating in the Lung Function Tests had their height, weight, age and gender recorded. The tests were performed on children aged 8 and over. Over 680 students participated in the Lung Function Tests and approximately 1 in 6 had FEV (Forced Expiratory Volume) less than 80% compared to predicted value. This indicated there was increased airway resistance and decreased air flow. In 2010 the prevalence of asthma in Australia was 1:20.

Additional information is required relating to the extent of exposure to levels of environmental pollutants that could have a negative effect on human health over extended periods of time, the levels to which pollutants should be reduced to provide a safer environment for a healthier population. There is a need for planning of programs to explain to the community the nature of risks associated with air quality and how these risks can be avoided.

With the expansion of mining in the Hunter Valley, a comprehensive health study is necessary in the Hunter Valley to evaluate the association between respiratory illness and health outcomes in residents and daily air quality. There is a need to determine if other factors may contribute to respiratory illness and health outcomes and to express concerns about the possible impacts of industry on respiratory illness and general health in residents.

Governments need to consider Health Impacts Assessments as a requirement to be utilized as part of any future planning submissions. WHO (World Health Organization) defines Health Impact Assessment as “a combination of procedures, methods and tools by which a policy, program, or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population”. Methodology and conclusions from Health Impact Assessments would help to ensure that public health is a priority policy outcome.

We should recognize that while mining and power generators provide jobs and prosperity to these communities, in doing so they produce dust and decrease air and water quality in these areas . There is a need for governments and industry to balance between wealth, job creation and health costs.

References:

1. Living near opencast coal mining sites and children's respiratory health.
T Pless-Mulloli, D Howel, A King, I Stone, J Merefield, J Bessell, R Darnell.
Occup Environ Med 2000; 57:145-151
2. Respiratory Morbidity in Merseyside schoolchildren exposed to coal dust and air pollution.
B Brebin, M Smith, P Milligan, C Benjamin, E Dunn, M Pearson
Archives of Disease in Childhood 1994; 70:305 - 312
3. Relations between health indicators and residential proximity to coal mining in West Virginia.
Michael Hendryx, PhD, Melissa M Ahern PhD
April 2008.vol.98, No.4 - American Journal of Public Health
4. Pulmonary inflammation and crystalline silica in respirable coal mine dust: dose response.
ED Kuempel, MD Attfield, V Vallyathan, NL Lapp, JM Hale, RJ Smith, V Castranova
J Biosci 2003, 28: 61-69
5. Airborne particulate matter and human health: toxicological assessment and importance of size and composition of particles for oxidative damage and carcinogenic mechanisms.
6. Air pollution and children's health.
Joel Schwartz
Paediatrics 2004; 113; 1037
7. Air pollution and retained particles in the lung
M Braver, C Abvila-Casado, T Fortoul, S Vedal, B Stevens and A Chung
Enviro Health Perspect 2001 October; 109 (10): 1039-1043
8. Ambient atmospheric particles in the airways of human lungs.
A Churg, M Brever
Ultrastruct Path. 2000 Nov-Dec, 24(6):353-61
9. Particle characteristics responsible for effects on human lung epithelial cells.
AE Aust, JC Ball, HUAA, JS Lightly, KR Smith, AM Straccia, JM Veranthe, WC Young.
Res Rep Health Eff Inst. 2002 Dec, (110): 1-65, disscussion 67-76
10. Mobilization of iron from coal fly ash was dependent upon the particle size and the source of the coal.
KR Smith, JM Verenth, JS Lightly, AE Aus.
Chem Res Toxicol 1998; 11(12): 1494-500

11. Interleukin-8 levels in human lung epithelial cells are increased in response to coal fly ash and vary with the bioavailability of iron, as a function of particle size and source of coal.
KR Smith, JM Veranth, AA Hu, JS Lightly, Ae Aust.
Department of Chemistry, Utah State University, Logon, Utah 84322-0300, USA
12. Associations between criteria air pollutants and asthma. *HS Koren Environ Health Perspect* 1995 September; 103(suppl 6):235-242
13. Airborne Particulate Matter and Human Health.
Toxicological assessment and importance of size and composition of Particles for Oxidative Damage and Carcinogenic Mechanisms
A Valavanidis, K Fiotakis, T Vlachogianni.
Journal of Science and Health Part C, 26:339-36, 2008
14. Committee of the Environment and Occupational Health Assembly of the American Thoracic Society (CEOHA-ATS) Health Effects of outdoor air pollution. *Am J Respir Crit Care Med* 153:3-50 (1996)
15. Particulate air pollution. Bates DV. *Thorax* 51(suppl 2):S3-S8 (1996)
16. Epidemiologic studies on short-term effects of low levels of major ambient air pollution components. Brunekreef B, Dockery DW, Krzyzanowski M. *Environ Health Perspect* 103(suppl 2):3-13 (1995).
15. Acute respiratory effects of particulate air pollution Dockery DW, Pope CA III. *Annu Rev Public Health* 15:10/-132 (1994).
16. A critical review of the evidence on particulate air pollution and mortality Moolgavkar SH, Luebeck EG. *Epidemiology* 7:420-428 (1996)
17. Epidemiology of particle effects. In: *Air Pollution and Health*. Pope CA III, Dockery DW. (Holgate ST, Samet JM, Koren HS, Maynard R, eds). London: Academic Press, 1999;673-705
18. U.S EPA. Air Quality Criteria for Particulate Matter. EPA/600/P-95/001cf Washington, DC: U.S Environmental Protection Agency, 1996.
19. WHO-EURO. Update and Revision of the Air Quality Guidelines for Europe. EUR/ICP/EHAZ 94 05/PB01. Copenhagen, Denmark: World Health Organisation-European Region, 1995.
20. U.S EPA (A. National ambient air quality standards for particulate matter. Fed Reg61(241):65638 (1996)
21. Air pollution and daily mortality in Sydney, Australia, 1989 through 1993. Morgan G, Corbett S, Wlodarczyk J, Lewis P. *Am J Public Health* 88:759-764 (1998).
22. Environmental injustice and air pollution in coal affected communities, Hunter Valley, Australia, Health and Place, Higginbotham N, Freeman S, Connor L and Albrecht G. 16 259-266 (2010).
23. Daily Mortality and PM 10 pollution in the Utah Valley. Pope CA III, Schwartz J, Ransom MR *Arch Environ Health* 47:211-217 (1992).
24. Particulate matter and lung function growth in children: a 3-yr follow-up study in Austrian schoolchildren. Horak F, Studnicka M, Gartner C, Spengler JD, Tauber E, Urbanek R. Veiter A
25. Short-term effects of particulate air pollution on respiratory morbidity in asthmatic children *Eur Respir J* 1997 10:872-879 Peters A, DW Dockery, J Heinrich, and HE Wichmann
26. PM10, and children's respiratory symptoms and lung function in the PATY study. *Eur Respir J*. 2012 Sep;40(3):538-47. doi: 10.1183/09031936.00002611. Epub 2012 Apr 20.
Hoek G, Pattenden S, Willers S, Antova T, Fabianova E, Braun-Fahrlander C, Forastiere F, Gehring U, Luttmann-Gibson H, Grize L, Heinrich J, Houthuijs D, Janssen N, Katsnelson B, Kosheleva A,

Moshhammer H, Neuberger M, Privalova L, Rudnai P, Speizer F, Slachtova H, Tomaskova H, Zlotkowska R, Fletcher T

27 Impact of air pollution on pulmonary function and respiratory symptoms in children. Longitudinal repeated-measures study Benigno Linares, Juan M Guizar, Norma Amador, Alfonso Garcia, Victor Miranda, Jose R Perez and Rocío Chapela *BMC Pulmonary Medicine* 2010, 10:62 doi:10.1186/1471-2466-10-62 Published: 24 November 2010

28 Particulate matter air pollution and cardiovascular disease: An update to the scientific statement from the American Heart Association. 2010 Jun 1;121(21):2331-78. doi: 10.1161/CIR.0b013e3181d8e3e1. Epub 2010 May 10. Brook RD, Rajagopalan S, Pope CA 3rd, Brook JR, Bhatnagar A, Diez-Roux AV, Holguin F, Hong Y, Luepker RV, Mittleman MA, Peters A, Siscovick D, Smith SC Jr, Whitsel L, Kaufman JD; American Heart Association Council on Epidemiology and Prevention, Council on the Kidney in Cardiovascular Disease, and Council on Nutrition, Physical Activity and Metabolism.

Dr Tuan Au

MBBS (Adel.), FRACGP, FRACRRM, Dip. RANZCOG

Dangar Medical Practice