

## What People Get Wrong About Multiple Chemical Sensitivity (MCS)

Although multiple chemical sensitivity (MCS) is a recognized disability affecting more than one million Canadians, it remains widely misunderstood. This lack of understanding can lead to minimization, stigma, and dismissal. People living with MCS are often told their symptoms are “just allergies,” a matter of “personal preference,” or even “psychological.”

For those living with MCS, the impact is real and often life-altering. Access to healthcare, workplaces, schools, housing, and public spaces can depend entirely on whether the environment is safe.

It is important to address these misconceptions, raise awareness, and promote practical solutions that improve accessibility for everyone.

### Did You Know?

- More than 1.13 million Canadians — approximately 1 in 34 — report a medical diagnosis of MCS.
- MCS has been tracked in Canadian national health data since 2000.
- MCS can affect multiple organ systems, including neurological and respiratory systems.
- Accessible air policies, such as fragrance-free practices, are low-cost and high-impact accessibility measures.

Source: Robins S, Molot J, Peris R. Prevalence of Multiple Chemical Sensitivity in Canada Between 2000 and 2020. *International Journal of Environmental Research and Public Health*. 2026; 23(2):236.

<https://doi.org/10.3390/ijerph23020236>

---

## Misconception #1: “It’s a preference”

People living with MCS do not simply “dislike” scents.

MCS is a chronic condition in which exposure to low levels of chemicals — particularly volatile organic compounds (VOCs) — can trigger significant and sometimes debilitating symptoms.

These exposures often come from everyday products such as:

- Perfumes and fragranced personal care products
- Cleaning products and detergents
- Air fresheners
- Pesticides
- Building materials and new furnishings

Symptoms can include headaches, dizziness, breathing difficulties, cognitive challenges (“brain fog”), fatigue, nausea, and more. In some individuals, even brief or low-level exposures can cause serious reactions.

MCS is not a preference — it is a health condition that can profoundly affect daily life.

## Misconception #2: “It’s just allergies”

Although some symptoms may resemble allergic reactions, MCS is not a typical IgE-mediated allergy.

Allergies involve a specific immune response to identifiable allergens, such as peanuts or pollen. MCS, by contrast, involves reproducible symptoms triggered by chemical exposures and may affect multiple organ systems. Research suggests mechanisms may include neurological, inflammatory, and toxicological pathways — not simply a traditional allergy response.

MCS is complex and multi-system. Because it does not always fit neatly within conventional diagnostic categories, individuals are often misunderstood or misdiagnosed. This can delay care and create ongoing barriers in healthcare, housing, employment, and public services.

---

### **Misconception #3: “It’s psychological”**

One of the most harmful myths is that MCS is “all in your head.”

Dismissing MCS as psychological increases stigma and can prevent individuals from receiving appropriate support and accommodations.

[Statistics Canada](#) has collected national data on MCS for over two decades. Recent analysis published in Robins et al., 2026 confirms that more than 1.13 million Canadians — approximately 1 in 34 — report a medical diagnosis of MCS, underscoring its public health significance.

While research continues to advance our understanding of the underlying mechanisms, the existence and impact of MCS are well-documented. Lack of awareness does not negate lived experience.

### **Misconception #4: “It’s impossible to avoid everyday chemicals”**

Addressing exposure to triggering chemicals through appropriate product choice, is one of the most effective ways people with MCS manage their symptoms.

The challenge is not that avoidance is unrealistic — it is that many public environments are not designed with accessibility in mind.

Simple, practical measures can make a meaningful difference:

- Monitored fragrance-free policies
- Improved ventilation
- Appropriate product selection (Fragrance-free, lowest-emission and least toxic)
- Lowest-emission building materials

These are accessibility measures — not special requests.



## What Can We Do?

Everyone can play a role in creating healthier and more inclusive spaces:

- Choose fragrance-free and lowest-emission products
- Support fragrance-free and accessible policies
- Listen to and respect the experiences of people living with MCS
- Learn more about healthy indoor air practices

EHAC and ASEQ [offer](#) educational resources, workshops, and events to support awareness and action.

## Conclusion

MCS is a recognized disability that depends on healthy indoor air for accessibility. What often makes it so debilitating is not only the exposure itself, but the lack of awareness, accommodation, and support.

With informed product choices, inclusive policies, and a commitment to accessible air, we can build environments that work for people living with MCS — and ultimately create healthier spaces for everyone.