

GOVERNMENT ACTION PRIORITIES FOR MULTIPLE CHEMICAL SENSITIVITY (MCS)

Québec General Election 2026

ASEQ-EHAQ calls on Québec's political parties to make clear, concrete and measurable commitments to remove the barriers that prevent people with Multiple Chemical Sensitivity (MCS) from accessing healthcare, housing, employment, education, public services and full participation in society.

MCS affects a substantial number of people. Preliminary 2025 Canadian Community Health Survey (CCHS, Statistics Canada) data indicate that 9.4% of Canadian adults report MCS; approximately 3.1 million people. Among women, the figure is 12.8%, nearly one in eight. Approximately 900,100 adults report having been diagnosed with MCS.

The barriers are also increasingly documented in Canadian research: difficulty accessing healthcare, refusals of disability-related accommodation, socioeconomic consequences, gaps in fragrance-free policy implementation, and exposure barriers in workplaces and other indoor environments.

An overarching commitment: Recognize Accessible Air as an essential dimension of accessibility in Québec

People must be able to enter, use and remain in healthcare settings, workplaces, housing, schools, public buildings and services without encountering preventable barriers in the air they breathe. Accessibility policy must therefore address indoor-air barriers alongside physical, sensory, communication and digital barriers.

Québec should formally recognize Accessible Air in accessibility legislation, regulations, standards, policies and government programs. This requires effective source control, fragrance-free practices, lowest-emission and lowest-VOC products and materials, appropriate procurement and maintenance practices, and indoor air quality measures.

The evidence supports action. ASEQ-EHAQ's real-world indoor air research found approximately 70% lower total volatile organic compound (TVOC) concentrations in workplaces with scent-free policies compared with workplaces without such policies, demonstrating the importance of source control in reducing indoor chemical exposures.

NINE PRIORITIES

1. Develop and implement a Québec Action Plan on MCS

Establish a coordinated, government-wide Québec Action Plan on MCS, developed and implemented with people with lived experience and organizations representing them. The plan should set measurable

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objectives, responsibilities and timelines across health, housing, employment, education, accessibility, public services and the built environment. It should include mechanisms for implementation, monitoring and public reporting.

2. Make healthcare accessible to people with MCS

Ensure that people with MCS can obtain healthcare without preventable exposure barriers. Québec should establish practical accessibility and accommodation protocols across the health and social services system, including advance accommodation requests, source-control and fragrance-free practices, appropriate cleaning and disinfection practices, staff education, and clear responsibility for implementing accommodations. Professional education and appropriate clinical capacity for MCS must also be strengthened.

3. Protect the right to accommodation - and address retaliation

No person should risk retaliation for requesting disability-related accommodation. Québec should act to prevent and address reprisal, harassment, loss of employment, loss of housing, withdrawal or deterioration of services, intimidation, or other adverse consequences following an accommodation request. Government should review existing protections, complaint processes, enforcement mechanisms and remedies to identify gaps and ensure that people can exercise accommodation rights safely and effectively.

4. Reform Québec accessibility and disability law to include Accessible Air

Any new Québec universal accessibility legislation, and reforms to existing disability, human-rights and accessibility frameworks, should explicitly address barriers related to indoor air and chemical exposures. Accessible Air should be incorporated into relevant standards, regulations, government accessibility plans and implementation mechanisms. Rights must be practical and enforceable, with clear institutional responsibility and meaningful avenues for remedy when accessibility is denied.

5. Create accessible, healthy and affordable housing

Recognize the housing needs of people with MCS in Québec housing policy and programs. Increase access to housing that uses the healthiest, lowest-VOC, least-toxic and fragrance-free options feasible for construction, renovation, cleaning and maintenance. Develop guidance for landlords, social housing providers and building managers; address exposure sources in common areas and neighbouring units; and support demonstration and scalable housing models, including initiatives such as ECOASIS.

6. Make Accessible Air and source control a government responsibility

Adopt source-control requirements and healthier procurement practices across government buildings and publicly funded institutions. Measures should include fragrance-free practices; lowest-emission, lowest-VOC and least-toxic products and materials; appropriate cleaning, pest-management, maintenance and renovation practices; indoor-air planning; and staff education. Ventilation and filtration are important, but should complement, not replace, control of pollution at its source.

7. Protect employment and economic participation

Strengthen workplace accommodation, job retention and return-to-work measures for people with MCS. Provide employers with clear guidance and practical support to create accessible workplaces and prevent avoidable job loss. Employment policy must recognize that people can be excluded from work not because they are unable to contribute, but because workplaces have not removed preventable environmental

barriers. Economic and disability-support programs should also reflect the real socioeconomic consequences of MCS.

8. Build MCS into Québec data, research, education and public policy

Improve Québec-specific surveillance and data collection on MCS, including prevalence, healthcare access, housing, employment, accommodation and socioeconomic outcomes. Support research and knowledge translation, and strengthen education for healthcare professionals, employers, housing providers, public servants and other sectors. MCS and Accessible Air should be considered in relevant health, disability, accessibility, housing, labour, environment and public-building initiatives.

9. Nothing about us without us

People with MCS must participate meaningfully in the development, implementation and evaluation of the laws, policies, standards, programs and services that affect them. Lived experience is expertise. Québec should establish ongoing mechanisms for participation by people with MCS and organizations representing them, including in work on Accessible Air, healthcare, housing, employment and accessibility reform.

The commitment we are asking parties to make

Will you commit, if elected, to working with ASEQ-EHAQ and people with lived experience of MCS to develop and implement a Québec Action Plan on MCS, recognize Accessible Air as an essential dimension of accessibility, and take measurable action on healthcare, housing, employment, accommodation rights, retaliation, law reform and full participation in society?

Evidence for action

ASEQ-EHAQ's election resource brings together Canadian prevalence data, peer-reviewed research and reports on MCS, healthcare access, accommodation, socioeconomic impacts, fragrance-free policies, indoor air quality and source control. These priorities are intended to translate that evidence into practical government action.

Selected evidence includes the 2026 peer-reviewed Canadian prevalence study; preliminary 2025 CCHS data; ASEQ-EHAQ's Accessible Indoor Air research; peer-reviewed studies on healthcare access, accommodation barriers, lived experience and fragrance-free policy evidence; and ASEQ-EHAQ's socioeconomic and built-environment work.

A call for measurable action

Recognition alone is not enough. The next Québec government should establish responsibilities, timelines, resources and measures of progress. People with MCS need to be able to see whether commitments have resulted in real changes in access to healthcare, housing, workplaces, public services and participation.

Accessible Air is accessibility. The evidence exists. The solutions are practical. Now Québec needs action.