

Time to grab the chance to protect European citizens' health from EDCs

Exposure to endocrine disrupting chemicals (EDCs) is ubiquitous. These substances which interfere with normal hormone action can be found in food; in metal cans, plastic food packaging or containers; in day-to-day personal care products; in clothes, electronic and consumer products, and in the air we breathe. The European Commission is currently working on a proposal for revised criteria meant to establish the identification of chemicals with endocrine disrupting properties. As an international non-profit healthcare payers association, AIM underlines the vital importance of a proper set of criteria and of citizen empowerment when it comes to safeguarding European health and guaranteeing the sustainability of our healthcare systems.

The high incidence and the increasing trend of endocrine related diseases in humans can no longer be neglected: reduced fertility, genital malformations, adverse pregnancy outcomes, obesity and type 2 diabetes, pediatric asthma, childhood leukemia, and global rates of endocrine-related cancers have dramatically increased over the past decades. While these non-communicable diseases have both genetic and environmental components, the increases in incidence cannot solely be explained by genetics. Identifying those environmental factors is thus key to improving human health.¹ Furthermore, reducing exposure would undoubtedly have positive effects on healthcare sys-

tems and economies as a whole. Indeed, the rising cost of chronic diseases directly impacts the ability to provide health care services to the population. It is of vital interest to ensure that European policy effectively addresses preventable causes of disease, including reduction of exposure to endocrine disruptors.

To control and enable proper prevention of exposure to these substances, evidence-based proof is needed. While some of the harmful effect on health of some EDCs has been soundly demonstrated², significant knowledge gaps exist and there is a clear need for strong epidemiological evidence. As WHO puts it in its State of the Science of Endocrine Disrupting Chem-

1 WHO, State of the science of endocrine disrupting chemicals, Geneva: 2012

2 See:

Chemical Exposures During Pregnancy, Scientific Impact Paper No.37 (2014), Royal College of Obstetricians and Gynecologists (RCOG)

Committee Opinion on Exposure to Toxic Environmental Agents (2013) states: "Reducing exposure to toxic environmental agents is a critical area of intervention for obstetricians, gynecologists, and other reproductive health care professionals." American College of Obstetricians and Gynecologists (ACOG)

Neurodevelopmental Disorders and Prenatal Residential Proximity to Agricultural Pesticides: The CHARGE Study (Environmental Health Perspectives, 2014)

Neurodevelopmental effects in children associated with exposure to organophosphate pesticides: a systematic review (Neurotoxicology, 2013)

Reduced birth weight in relation to pesticide mixtures detected in cord blood of full-term infants (Environment International, 2012)

icals—2012 report, “[t]hese knowledge gaps hamper progress towards better protection of the public and wildlife”. Of the over 1300 chemicals³ known or suspected to be capable of interfering with “hormone receptors, hormone synthesis or hormone conversion, only a small fraction of these chemicals have been investigated in tests capable of identifying overt endocrine effects in intact organisms” and, even more alarming, the great majority of the chemicals which are currently commercially used have not been tested at all.⁴

Aware of the urgency of the situation, the European Commission published, in June 2016 – that is, three years later than legally required, a proposal for a set of scientific criteria to identify chemicals with endocrine disrupting properties. These criteria are required by and will be used in the implementation of the EU pesticides law⁵, and biocides law⁶ and will also have influence on, or later be legally taken up,

in other EU laws such as industrial chemicals (which end up in daily consumer items), personal care products (cosmetics), water quality, and others. Unfortunately, the Commission’s original proposal for identification and the subsequent revisions fails to properly protect the public from chemicals which constitute a threat to human health. By setting an overly rigid and high level of proof required and encouraging abandonment of the ‘precautionary principle’, it misses the very purpose of the regulations. The Commission also included alongside the criteria a change to the derogation from the prohibition on EDCs in pesticides, which would allow substances on the market that otherwise would not be authorized - a change which would definitely put European citizen’s health at risk. In addition, the European Commission proposed a major amendment to its identification proposal that would excuse identification for a whole set of endocrine disruptors.⁷

Given the significance of these criteria and their possible consequences for public health:



AIM calls for a set of criteria to identify endocrine disruptors that is based on sound scientific evidence –both toxicological and epidemiological studies. These criteria should be ‘horizontal’, and not merely tailored to the laws on plant protection products and biocides, but made suitable for use in laws governing other products, sectors and environmental compartments (such as water), as was committed to in the 7th Environmental Action Programme, Article 50.⁸

3 <http://endocrinedisruption.org/enews/the-tedx-list-of-potential-endocrine-disruptors-has-grown>

4 WHO, State of the science of endocrine disrupting chemicals, Geneva:2012

5 Regulation (EC) No 1107/2009 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 21 October 2009 concerning the placing of plant protection products on the market and repealing Council Directives 79/117/EEC and 91/414/EEC

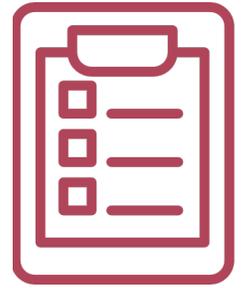
6 Regulation (EU) No 528/2012 of the European Parliament and of the Council of 22 May 2012 concerning the making available on the market and use of biocidal products

7 Section B .2.e. in the Biocides delegated act proposal of December 2016. « If the mode of action of the active substance being assessed, ... acts by regulating moulting and/or growth of harmful organisms via their endocrine system, it shall not be considered for the identification of the substance as endocrine disruptor with respect to non-target organisms. »

8 EU (2013), Decision No 1386/2013/EU of the European Parliament and of the Council of 20 November 2013 on a General Union Environment Action Programme to 2020 ‘Living well, within the limits of our planet’, OJ L 354/187, 28.12.2013.

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AIM demands **categories** to enable ranking the substances according to the different weight of evidence (endocrine disruptors, suspected endocrine disruptors, endocrine active substances). This is not only in keeping with the established practice of ranking carcinogens, mutagens, and reproductive toxicants, it also allows different laws to vary in formulating provisions for specific categories, hence fulfilling the commitments in the 7th Environment Action Programme.



AIM calls for the application of the '**precautionary principle**'. The criteria ought to include both those substances 'known to cause an adverse effect' and those '**presumed** to cause an adverse effect', in order better to protect public health and to avoid establishing burdens of proof differing between carcinogens, mutagens and reproductive toxicants on the one hand, and endocrine disruptors on the other.

AIM calls on the Commission to examine the effects of diseases and disabilities caused by EDCs and of the replacement of these by less harmful products in other areas than just human health (e.g. employment, agriculture, international trade, ...). Indeed, **working on a 'transversal' basis** is key, as the relationship between EDCs and human health damage is too important to be treated only by DG Environment. Instead, AIM recommends that it be discussed in other Directorates-General as well, such as DG SANTE and DG EMPL.



AIM calls on the Commission to **raise public awareness** of the issue and produce a series of evidence-based recommendations to populations and more particularly to vulnerable groups such as pregnant women and young children. Knowing that "zero" exposure is not possible, limiting hazards by empowering citizens to make healthier choices and to avoid unhealthy ones is a crucial part of the equation.

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AIM is the umbrella organisation of health mutuals and health insurance funds in Europe and in the world. Through its 64 members from 31 countries, AIM provides health coverage to 240 million people in the world and 209 million in Europe through compulsory and/or complementary health insurance and managing health and social facilities. AIM strives to defend the access to healthcare for all through solidarity-based and non-for profit health insurance. Its mission is to provide a platform for members to exchange on common issues and to represent their interests and values in the European and international Institutions.



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