



Workshop Report “Stopping children’s chemical contamination”

16 April 2007, 14h00 – 17h00
Primate’s Palace, Bratislava, Slovakia

Programme

14h00-14h15: Welcome and introduction, scope & objectives of the workshop
Monica Guarinoni, Health & Environment Alliance

14h15- 14h25: Hazardous chemicals in children’s products
Helen Lynn, Women in Europe for a Common Future

14h25-14h45: New realisations about chemicals’ impact on human health and the Chemicals Health Monitor Project
Lisette van Vliet, Ph.D., Toxics Policy Advisor, Health & Environment Alliance

14h45-15h05: Reducing chemical contamination through the Children’s Environment and Health Action Plan for Europe (CEHAPE)
Christian Schweizer, Project Officer, Children’s health and environment programme WHO European Centre for Environment and Health

**15h05-15h15: Questions & Answers
Introduction of World Café**
Sonja Haider, Women in Europe for a Common Future

15h15-15h30: Coffee break

15h30-16h30: World Café: *World Cafe conversations are a simple method of creating a lively, progressive and cooperative dialogue. Questions, which are relevant for finding solutions to the defined issue, form the basis of the discussion. In groups of four, participants contribute with their different expertise and opinions.*

16h30-17h00: Discussion & agreement on policy recommendations for the EU Health Strategy.
Moderator: Lisette van Vliet, Health & Environment Alliance

I. Overview

In the framework of the European Public Health Alliance conference “Health in the Enlarged EU”, the Health and Environment Alliance (HEAL) and Women in Europe for a Common Future (WECF) held a workshop on the effects of chemicals on children’s health and related policy developments. The workshop aimed to:

- raise awareness of the health effects of chemical contamination and latest scientific evidence focusing on the special vulnerability of children;
- build knowledge on the EU and Pan-European political and legislative frameworks on chemicals
- get feedback from participants on perceptions of chemical contamination in new Member States; share ideas, knowledge and experience;
- provide policy recommendations on the EU Health Strategy

There were approximately 40 participants from 15 different countries including old and new EU Member States. Represented organizations included patients’ groups, public health faculties, health professionals’ associations and environment & health NGOs.

II. Presentations

Welcome and introduction, scope & objectives of the workshop: *Monica Guarinoni, HEAL*

Ms. Monica Guarinoni addressed the aims and objectives of workshop, and briefly introduced the organisers to the participants.

The Health and Environment Alliance (HEAL), formerly EPHA Environment Network (EEN) is an organisation with membership of 50 citizens’, patients’, women’s, health professionals’ and environmental organisations across Europe in 20 countries. HEAL is also a partner in the Green 10 group of Brussels-based environmental NGOs. HEAL broad remit is to advocate environmental protection as a means to improve people’s health, to enhance public information and participation, and to mobilize stakeholders across different sectors on key environment and health issues. Current policy priorities include the EU Environment and Health Action Plan, the Pan European Environment and Health process, Mercury, EU chemicals policy and REACH implementation, Pesticides, Climate change and Public Participation.

WECF, Women in Europe for a Common Future, is a network of over 80 women’s and environmental organizations in more than 30 countries throughout Central Asia and Europe. WECF works from the needs and vision of its individual members to find local solutions, while simultaneously influences policy internationally. WECF’s overarching goal is a healthy environment for all, achieved, through work of the workgroups: Safe Chemicals, Safe Food, Safe Energy, and Safe Water. WECF political priorities regarding chemicals include the EU Lisbon Agenda, the Environment and Health Action Plan, CEHAPE, and REACH, amongst others.

Hazardous chemicals in children’s products: *Helen Lynn, on behalf of WECF*

Ms. Helen Lynn introduced participants to the topic by explaining that many (hazardous) chemicals are found in people’s homes, present in everyday products. Hazardous substances that are commonly used as chemical additives in consumer products can leach out of the product over time. These same chemicals are consistently found, for example, in breast milk and blood, which demonstrates their wide, uncontrolled and undesired dispersion. The substances are linked to a wide range of health effects, including effects on the reproductive, immune, and nervous system, as well as behavioural development. Low-dose exposures of hazardous substances to a developing foetus or child can result in permanent irreversible damage or can cause negative impacts on their health.



Lynn went on to explain reasons why “**children are not little adults,**” including that their skin surface is three times greater than adults given their size, and also children have a higher fat concentration, and many toxic chemicals are fat soluble. Risk assessments are generally being done on “adults” so it may be there are no safe levels when it comes to standards for exposure. When it comes to protecting vulnerable groups, Lynn explained we cannot protect only fetuses and pregnant women; when a woman is pregnant, it’s too late! Fat tissue in breasts starts developing from

birth, and considering fat-soluble chemicals, breast milk contamination can start well before becoming pregnant. One study showed 1/3 of breast milk samples contained DDT in concentrations as high as the foetus’ own sex hormone. It is important to note that this contamination should be seen as a warning to stop chemical contamination, but should not prevent women from breast feeding, which still remains the best option for children’s health.

Lynn then took a practical look at some basic baby and child care products. A popular brand of baby Shampoo “**No more tears**” is marketed as safe, but a look to the ingredients in a product register warns: “keep away from eyes!”. Although these chemicals are mostly in very small doses, they represent a problem as children are subject to cumulative, low-dose exposure. Souvenir T-shirts with prints contain many different chemicals, e.g. cadmium, lead, formaldehyde which aid softening of the PVC used to put the designs on the shirts (or other products). In the process, the chemicals end up in the product, contaminate workers, and end up in the environment. Looking at food, e.g. apples, as many as 41 different pesticides were present in apple samples in the EU. The average consumer does not know this, as one cannot smell, see, or taste the pesticides, most of which are on the skin of the apples. In the UK, children have been advised to eat them often to stay healthy, but there was no advice about washing or peeling. Lynn also discussed chemicals in baby bottles, children’s rain gear showing samples of the culprits and safer alternatives.

The presentation caused concern among some participants who were hearing such things for the first time, as well as affirmation from participants who had experienced first hand the effects of chemicals on children in their work (e.g. child dermatology). When asked what some safe companies are, Van Vliet noted that this is often a product and country-specific answer. Much information is available on websites, but finding answers requires some legwork on the part of the consumer. Choices must be made.

New realisations about chemicals’ impact on human health and the Chemicals Health Monitor Project: *Lisette van Vliet, Ph.D., Toxics Policy Advisor, HEAL*

Ms. Lisette van Vliet took the discussion further by looking at the general trends in scientific knowledge regarding chemicals and their effects on the public. She explained it is not only about the dose, but timing, duration and pattern of exposure, and effect of combinations of exposures (the so-called cocktail effect) are also of critical importance. Some of the ‘high potency at low level’ chemicals are widespread in consumer products and are already present in our bodies. “**We are now in the middle of a scientific revolution**” in toxicology. Discoveries are showing that many chemicals interfere with the ‘biochemical messaging systems’ that direct the biological development of plants, animals and humans. Research shows that many different chemicals can disrupt the normal chemical messages from hormones and other growth factors without damaging the genes. At the same time, discoveries about the sensitivity of humans during periods of rapid growth and development highlight the need to develop public health policies that protect vulnerable groups from exposure to chemicals at levels previously considered unharmed. We are even learning that the current body burden is reducing the IQ level of populations; even very small changes in this level can have huge effects when looked at on a large-scale for the entire population.

DEHP is a phthalate used to soften plastic, unnoticeable for the individual and has been officially classified as a reproductive toxin. This chemical leaches from feeding tubes for neonatal children in extensive care units. One would question if it is better to let a child die now, rather than help the child survive using such tainted equipment, and there is little doubt here. But the fact is there are already plenty of plastics available without this toxicant so industry arguments about risk-benefit necessitating the useful phthalate containing plastics are misleading. There are many resources on diseases and their possible chemical causes, but one notable one is from the Collaborative on Health and Environment (CHE), which has information on diseases like cancer, Parkinson's, asthma, and learning and development disabilities. The database is searchable by disease, chemicals, and disease clusters (<http://database.healthandenvironment.org/>).

Van Vliet concluded by introducing the new HEAL Chemicals Health Monitor project which has the goal of ensuring a strong and effective implementation of the EU Chemicals legislation (REACH), making sure the contribution of civil society is reflected in policymaking, and helping establish a greater collaboration between the health and scientific community with environmental groups. It also aims to promote the precautionary principle and "right to know" principle, and seeks to publicize links between chemicals, human exposures, and diseases through bio-monitoring.

Reducing chemical contamination through the Children's Environment and Health Action Plan for Europe (CEHAPE): *Christian Schweizer, Project Officer, Children's health and environment programme, WHO- European Centre for Environment & Health*

Mr. Christian Schweizer brought the discussion to the pan-European level by looking at what is being done through the Children's Environment and Health Action Plan for Europe (CEHAPE). He explained that it is rather a new concept that children are not scaled down adults; that they have different exposures, different absorptions, different environments, developmental issues, longer life expectancy, etc. He also noted that children are politically powerless.

Schweizer explained that CEHAPE was a commitment of Member States in WHO Europe to put the topic of children's environmental health at the top of the agenda. ***Its intent is to protect children***, provide a framework for priority action, and to aid countries regarding action. This commitment was adopted at the Budapest Ministerial Conference on Environment and Health in 2004 and a mid-term review will occur in Vienna in June 2007 to assess the progress made towards the Budapest commitments, as well as to present good practices of governmental and NGO activities on children's environment and health.

CEHAPE is divided into four Regional Priority Goals (RPGs), generally explained as:

- RRG 1: Improve water supply and sanitation to reduce gastrointestinal diseases
- RPG 2: Work for better mobility, transport, built environment (setting-oriented RPG) to prevent accidents, injuries, trauma and obesity
- RPG 3: Ensure cleaner out and indoor air to improve respiratory health
- RPG 4: Prevent and reduce hazards from chemicals, physical agents, (non) ionizing radiation, occupational risks and noise that endanger the life and health of European citizens.

In the context of the workshop, Schweizer explained further about RPG 4:

"Reducing the risk of disease and disability arising from exposure to hazardous chemicals (such as heavy metals), physical agents (e.g. excessive noise) and biological agents and to hazardous working environments during pregnancy, childhood and adolescence."

WHO activities include the development of a table of child-specific actions, a list of actions scrutinized for effectiveness and to provide guidance for countries, intended to be very practical and specific, as

well as capacity building (e.g. train the trainers), further study of the environmental burden of disease (EBD) and development of environment and health indicators (ENHS2). This last point will be important in the June 2007 review and enable a comparison and rating of the results achieved in each country.

There have been good developments and very practical case examples including a Polish project to tackle lead. Parents were educated and bio monitoring occurred, all with positive results that showed people just were not aware of the dangers associated with lead. Another project involved removing phthalates from medical equipment in Austria. Many other examples can be found at: www.euro.who.int/childhealthenv/relatedsites/20020734_1.

III. World Café and Final Discussion

World Café: Sonja Haider, WECF

The world café concept aims to provide a simple method of creating a lively, progressive and cooperative dialogue. Questions, which are relevant for finding solutions to the defined issue, form the basis of the discussion. In groups of four, participants contribute with their different expertise and opinions.



The two questions discussed were:

1. “As an individual, what can you do to protect children’s health against hazardous chemicals in your environment?”



The aim of this question was to encourage participants to develop an own approach to tackle the risks regarding chemicals in their own environment. A lot of options have been raised and discussed. Many participants expressed the will to be a good example themselves, for example by buying sustainable products and especially organic food. They stated the wish to share information and raise awareness in their environment (family, friends, neighbours, colleagues, patients and parents). Furthermore, they mentioned the need for daily hygiene and the use of alternatives to pharmaceutical products.

2. You have just been elected to the European Parliament campaigning on environment and health: what is the first initiative you would take to protect children’s health?

Answering this question enabled the organizers to see whether all issues were covered in the draft recommendations for the EU Health Strategy. Also, it provided an interesting indication on which issues really mattered to participants.

Participants expressed their views and emphasized that existing legislation on chemicals needs to be tightened. Further calls included promoting (even via subsidies) organic farming; banning GMOs and adopting stricter regulations on pesticides. As politicians, they would enable the consumer to make a thoughtful choice in providing clear and understandable information on product ingredients. Also the practice of current advertisement has to be changed or even forbidden. They would encourage tests, and particularly bio-monitoring tests, to be done at low/no cost to get more information and transparency about arising problems. Vaccination and pharmaceutical legislation and practice should change to a more sustainable and healthy way.

**Discussion & agreement on Policy Recommendations for the EU Health Strategy:
Moderator, Lisette van Vliet, HEAL**

Lisette van Vliet presented the Draft Recommendations for the Workshop to be approved by the participants and presented to the European Commission Directorate General for Health and Consumer Protection (DG SANCO) in preparation for the EU Health Strategy. The recommendations were sent in advance to all participants. The main elements of the recommendations can be summarized as follows:

- identifying environmental health as a “core issue;”
- ensuring the precautionary principle serves as a basis for health and environment related decision-making processes;
- giving special attention to vulnerable groups;
- including the environment in the “health in all policies” theme;
- and ensuring public awareness and participation.

Discussion points included:

- Inclusion of concern with GMOs and pharmaceuticals
- Inclusion of environmental training to curricula for medical doctors and toxicologists
- Addition of the Lisbon Agenda to “health in all policies”
- Inclusion of definition of the precautionary principle according to the European Environment Agency

The Draft Recommendations will be finalized and included in the final recommendations from the “Health in the Enlarged EU” conference to DG SANCO.

For further information:

Health and Environment Alliance (HEAL): www.env-health.org

Women in Europe for a Common Future (WECF): www.wecf.eu

WHO CEHAP: www.euro.who.int/childhealthenv/policy/20020724_2

CHE Chemicals and disease database: <http://database.healthandenvironment.org/>