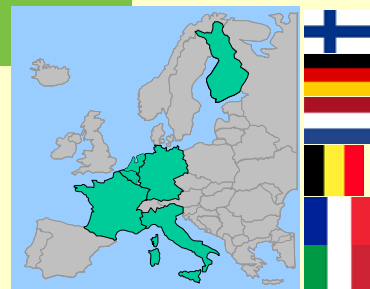# Europe leads the management of chemical risks – with marginal impact on environmental burden of disease

The EBoDE Working Group

REACH sets EU as the global leader in the management of the risks of man made chemicals. Its target is that population average lifetime risk of death from exposure to chemicals is less than 1/100 000. The current risk of death from ambient air particulate matter is 100 times higher.

Implications on environmental health policy

1. In Europe the environmental burden of disease (EBD) for the selected risks is currently estimated to be about 1/10 of the total BoD (Poster 3).

2. The highest environment-related health benefits are delivered by those policies which target the highest EBD:s and prevent the highest fraction of this.

3. Properly targeted and followed-up environmental health policies, such as the coal burning ban in Dublin (1990) and the smoking ban in public places in Rome (2005), have demonstrated significant and immediate population level reductions in death and disease.

4. Science based attributable EBD assessments should, therefore, be utilised to prioritise environmental health policy actions.

5. Attributable EBD:s should be estimated for the environmental stressors of the highest interest at European and national levels, for the general population and the most vulnerable subpopulations.

6. Environmental health policies should focus increasingly on those exposures which are responsible for the higher EBD:s, e.g. ambient and indoor air pollution, noise and radon (Poster 1).

7. Policy accountability should be established by setting verifiable targets for exposure reductions and health benefits and by respective follow-up programmes (see 3.) for policy implementation.

Public health is not the only policy criterion!

A policy with only small expected public health benefit may still be advisable, if

- it delivers significant *individual health* benefits for a subpopulation,
- the policy is *easy* to implement and *affordable*,
- is *not invasive*, i.e. does not significantly interefere with the lives of the majority, and
- is easily *accepted* by most.

Even policies with high public health benefits can only succeed if they are supported by the population.

Success of a policy depends on:
- *Trust* on the body which develops and implements the policy is essential for its public acceptance.
- *Fairness*. An otherwise sound policy is doomed if it is seen to distribute benefits and burdens unfairly.

Three philosophical concepts emerge from cultural basis:

- *parity*, in which each individual or group is treated equally;
- *priority*, giving the burden to those most deserving of it; and
- *proportionality*, sharing of the burden according to need or contribution.