



European Public Health Alliance – Environment Network (EEN) Policy paper

Communication from the Commission to the Council and the European Parliament **Community Strategy Concerning Mercury** COM(2005) 20 final

Introduction

Mercury is highly toxic, causing damage to the nervous system and is particularly harmful to the development of the unborn children in the form of methylmercury. It collects in human and animal bodies and can be concentrated through the food chain, especially in certain types of fish. The European Food Safety Agency has recommended that women who are breastfeeding, or who are or might become pregnant, should not “give undue preference to consumption of large predatory fish such as swordfish and tuna”.¹ Both the European and global food supplies have been contaminated by mercury, posing a significant risk to human health.

The EU Extended Impact Assessment **states that anywhere from 3 to 15 million people in Europe have mercury levels around the recommended limit** and a percentage have levels ten times as high, at which there are clear neurodevelopmental effects. It is clear concrete actions are needed to reduce exposure to mercury, especially for sensitive populations.

It is clear that Community action is necessary to address this growing problem and the Strategy published in February 2005 is a welcome step to protect human health and the environment.

Major Concerns

- 1. Extended Impact Assessment lacks information on magnitude of ill health among vulnerable groups and associated economic costs and the Strategy is weak on action to address these gaps.***

Although the EC Extended Impact Assessment (ExIA) does acknowledge that a percentage of the

¹ European Food Safety Agency, February 24, 2004:

http://www.efsa.eu.int/science/contam/contam_opinions/259_en.html. “In light of the conclusions of the CONTAM Panel, EFSA endorses the precautionary advice concerning fish consumption given by national food safety authorities in Member States in order to protect against the risks for the most susceptible life stages: the unborn child, breast-fed babies and young children. EFSA recommends that women of childbearing age (in particular, those intending to become pregnant), pregnant and breastfeeding women as well as young children select fish from a wide range of species, without giving undue preference to large predatory fish such as swordfish and tuna.”

population are near or above the RfD (Reference Dose) for mercury, it could significantly be strengthened in providing information on the extent of the health and neurodevelopmental impacts among vulnerable groups and associated economic costs. The ExIA states that in addition to the 1-5% of the general population who are estimated to be near the reference dose, "*large numbers of the Arctic population and Mediterranean fishing communities are above the US Benchmark Dose Limit (BMDL) of 10 times the RfD the level at which it is accepted there are clear neurological effects.*"

Despite the fact that the ExIA highlights that sensitive population groups, namely women of child-bearing age and children are exposed to "unacceptable levels" of methylmercury through diet, there is not enough focus on how the Community can contribute to lowering exposure in the proposed Strategy.

The Strategy itself could provide concrete actions to quantify the 'orders of magnitude' of the costs of mercury pollution to the EU, with a focus on health and reduced intellectual capacity due to neurodevelopmental impacts. An estimate, with recognition of the uncertainties involved, would have at least given decision makers the potential to consider the scale of the decisions they have to make (please see study from US²).

The Strategy could also provide more specific commitments towards research needs and monitoring and data collection necessary to ensure a full and thorough Health Impact Assessment in the future.

2. Mercury Strategy could be used to undermine or weaken existing regulatory guidelines or documents in progress

Two potential examples for non action are:

- No air quality legislation on mercury to be considered under the CAFE programme (Thematic Strategy on Air Pollution to be published by the Commission in 2005).
- SCALE: The human exposure assessment (biomonitoring), evaluations and monitoring to be carried out under the Environment and Health Action Plan are not guaranteed to include mercury as one of the pollutants to be considered despite recommendations from the EFSA that data from vulnerable groups on actual exposure is lacking.

Mercury strategy in more detail

The following provides more details on the Actions proposed in the Mercury Strategy which have the most potential for improvement of human health and reducing exposure to mercury in the immediate and long-term.

Action 4. *The Commission will review in 2005 Member States implementation of Community requirements on the treatment of dental amalgam waste, and will take appropriate steps thereafter to ensure correct application.*

EEN would like to ensure that the disposal of dental amalgam into all waste streams should be prohibited and all dental mercury should be trapped, collected and recycled.

Action 6. *In the short term the Commission will ask the Medical Devices Expert Group to consider the use of mercury in dental amalgam, and will seek an opinion from the Scientific Committee on*

² Economic Valuation of Human Health Benefits of Controlling Mercury Emissions from U.S. Coal-Fired Power Plants. Prepared by: Glenn Rice (ScD Candidate) and James K. Hammitt (Director), Harvard Center for Risk Analysis 718 Huntington Ave. Boston, MA 02115. Project Director Praveen K. Amar, Ph.D., P.E. Director, Science and Policy, NESCAUM Northeast States for Coordinated Air Use Management www.nescaum.org, February 2005

Health and Environmental Risks, with a view to considering whether additional regulatory measures are appropriate.

Considering the growing interest of the public in this issue, and the disparities which exist between Member States on usage of dental amalgams, this Action is of critical importance for Community attention. EEN advocates restrictions on the use and marketing of dental amalgams containing mercury and promotion of safer substitutes. It would also like to see an overview of the existing situation in terms of percentage of dental amalgams and substitutes being used across EU member states.

The Medical Devices Expert Group should provide the seek an opinion from the Scientific Committee on Health and Environmental Risks, taking into consideration the latest research on low levels of exposure through dental amalgams containing mercury and the impact on genetic and immunological susceptibility.

Restrictions on the use and marketing of dental amalgams should be fostered through voluntary incentives, technical assistance and mandates to require dentists to:

- Offer proven alternatives to amalgam fillings to patients
- Adhere to stringent best management practices
- Install amalgam separators to reduce mercury discharge by 95 percent or more
- Clean and replace mercury-laden pipes and plumbing fixtures
- Manage quantities of excess elemental mercury properly
- Submit annual reports on dental mercury reduction initiatives, including the quantities of mercury used and recycled

***Action 7.** The Commission intends to propose in 2005 an amendment to Directive 76/769/EEC13 to restrict the marketing for consumer use and healthcare of non-electrical or electronic measuring and control equipment containing mercury.*

The Commission has developed a working document proposing that new fever thermometers and other mercury containing measuring devices intended solely for consumer use (e.g. manometers, barometers, sphygmomanometers) should not be placed on the market. However, other categories of products exist, some for consumer uses and others for professional uses, which are not currently covered by the proposed amendment to Directive 76/769/EEC13 (or any existing Directive), but for which alternatives exist. We strongly urge the Commission to strengthen its proposed restriction to include all consumer and professional uses, with exemptions for a limited period of time and only where alternatives do not exist.

EEN would welcome a comprehensive initiative to restrict the marketing for consumer use and healthcare. In addition, the European Commission extended impact assessment refers to "collection and recovery of the mercury discarded from this area can be assumed to be much cheaper as the sources are limited in number and should have suitable waste management systems in place." EEN calls on the Commission and Member States to ensure adequate collection programmes and policies of existing measuring and control equipment containing mercury. The promotion of these kinds of policies can be highlighted at a European level both within existing health community networks and also as projects of best 'good' practice.

***Action 8.** The Commission will further study in the short term the few remaining products and applications in the EU that use small amounts of mercury. In the medium to longer term, any remaining uses may be subject to authorisation and consideration of substitution under the proposed REACH Regulation, once adopted.*

EEN awaits this further study, but would remind the Commission that under the Restriction of

Hazardous Substances Directive (2002/95/EC) the Commission is seeking exemptions for various uses of mercury.

EEN fully supports the substitution principle under REACH, in the above action, and therefore would call on the Commission to withdraw its support for only 'adequate control' of chemicals for use, in the current REACH proposal.

EEN would also fully support projects in DG Research to find safer alternatives for the marketing and use of all applications of mercury.

In this regard EEN would recommend that the Commission in its Technical Guidance Documents to REACH proposal make it clear as to the linkages between substitution principle and the mechanisms necessary to find safer alternatives for all uses of Mercury.

Action 11. In the short term, EFSA will investigate further specific dietary intakes of different types of fish and seafood among vulnerable subpopulations (e.g. pregnant women, children).

EEN sees this as one of the most pressing actions to be taken that is outlined the Mercury Strategy. EEN would welcome further EU commitment to funding and resources to investigate dietary intake and ensure awareness raising on the health problems associated with mercury and a healthy diet, highlighting in particular the concerns for vulnerable populations.

EEN, in line with recommendations from the EFSA CONTAM, calls on the Commission under the Environment and Health Action Plan 2004-2010 to ensure that mercury be considered as part of a wider environment and health monitoring system that includes a biomonitoring programme across Europe specifically considering vulnerable populations. It is essential in this respect to have formal coordination processes between DG Environment, DG Health and Consumer Protection and DG Research and relevant EU agencies, (JRC, ECB and EFSA), to consider exposure to mercury.

EEN would welcome any campaign activities and education programmes carried out under the Public Health Programme, RTD Programme, LIFE + Programme and Culture and Education Programme to ensure the education of health care professionals and providers and EU citizens about the risk of adverse human health effects attributable to exposure to mercury containing products and mercury exposure through fish consumption

Action 12. The Commission will provide additional information concerning mercury in food as new data become available. National authorities will be encouraged to give advice in the light of local specificities.

EFSA should begin a programme to test for mercury levels in fish throughout Europe, to include testing of large predatory fish. From this information, new fish advisories should be issued with particular emphasis on guidelines for vulnerable groups. The new guidelines must be widely publicised and highlight consumption recommendations for fish with high and low levels of mercury.

Background notes

EEN support the principles of the **The Ban Mercury Working Group** (www.ban.org/Ban-Hg-Wg/) an international coalition of public interest non-governmental organisations from around the world. The Mission of the Ban Hg-Wg is to act collectively in international forums and discussions to ensure that:

- Use of Mercury is phased out in both the South and the North and all mining must cease;
- Human and wildlife exposure to Mercury is reduced by the greatest extent possible;
- Mercury releases from all sources are subject to continuing minimisation, and ultimate elimination as feasible;
- World-wide Mercury supply and demand must be reduced simultaneously, and commodity transactions and global trade in Mercury must be monitored, reduced and eliminated;
- Long term storage facilities must be created and maintained to assure environmentally sound storage of existing quantities of Mercury; and
- In the interim, low income, disadvantaged and indigenous populations must not become a dumping ground for surplus Mercury, Mercury-based technologies or Mercury products and/or wastes, or otherwise disproportionately affected by Mercury.

Date: Brussels, June 16, 2005