Case Id: 43274bef-9708-4759-9150-9f57d67390f0

Public Consultation on Defining criteria for identifying Endocrine Disruptors in the context of the implementation of the Plant Protection Product Regulation and Biocidal Products Regulation

Fields marked with * are mandatory.

1. Information about you

All your answers to questions in sections 2, 3 and 4, are intended to be published on the web, together with some of your personal data (please read the specific privacy statement before answering the following questions). Please note that answers to questions 1.2 to 1.6, as well as 1.8 to 1.10 will not be published.

How would you like your contribution to appear?*

- (●) **Under the name supplied** (I consent to the publication of all the information in my contribution, and I declare that none of it is subject to copyright restrictions that would prevent publication)
- ( ) **Anonymously** (I consent to the publication of all the information in my contribution, except my name/the name of my organisation, and I declare that none of it is subject to copyright restrictions that would prevent publication)
- ( ) **I ask for confidential treatment of my contribution and do not give consent for publication** (the contribution will not be published and its content may not be taken into account. In any case, the contribution will be subject to the rules on access to documents, Regulation (EC) No 1049/2001)

1.1. Your full name:*

Helen Lynn

1.2. Your e-mail address for correspondence:*

info@allianceforcancerprevention.org

1.3. Your gender:*

( ) Male (●) Female

1.4. Your age:*

- ○ 15-24
- ○ 25-39
- ◉ 40-54
- ○ 55-64
- ○ 65+

1.5. Your level of education (highest degree obtained):*

- ○ Primary school
- ○ Secondary school
- ○ Technical college or similar
- ◉ University
- ○ Post/-University
- ○ Still in full time education

1.6. Your occupation:*

- ◉ a. Self-employed
- ○ b. Employee
- ○ c. Not in formal working arrangement
- ○ d. Other

1.6.a. If self-employed, please specify:*

- ○ Farmer, forester, fisherman
- ○ Owner of a retail or service outlet, craftsman
- ○ Professional (lawyer, medical practitioner, accountant, architect)
- ○ Manager of a company
- ◉ Other

1.7. I'm replying as a(n):*

- ○ a. Individual/citizen/consumer
- ◉ b. On behalf of an organization

1.7.b.1. If responding on behalf of a(n) organisation/association/authority/company/body, please provide the name:*

Alliance for Cancer Prevention

1.7.b.2. Is your organisation listed in the EU transparency register?*

- ○ a. Yes
- ◉ b. No
- ○ c. Do not know

1.7.b. Please specify the organisation you represent:*

- ○ i. Public authority
- ○ ii. Academic/Research institution
- ○ iii. Hospital / Health institution
- ○ iv. Private company
- ○ v. Agricultural producers (farmers)
- ◉ vi. Consumer / Non-Governmental Organisation
- ○ vii. Industrial or trade association
- ○ viii. Other

1.7.b.vi(1). If consumer/non-governmental organisation, please specify members:*

- ○ International
- ◉ National
- ○ Local

1.7.b.vi(2). If consumer/non-governmental organisation, please specify actions:*

- ○ Environmental concerns
- ○ Consumer concerns
- ○ Worker concerns
- ○ Human rights concerns
- ◉ Other

1.7.b.vi(2): If other, please specify.*

A multi-stakeholder group working towards cancer prevention. We challenge the existing emphasis on control and treatment of cancer, instead highlighting the importance of including primary prevention, particularly in relation to environmental and occupational risk factors.

1.8. Your location:*

UK - United Kingdom

1.9. Would you say you live in a ...?*

- ◉ Metropolitan zone
- ○ Other town/urban centre
- ○ Rural zone
- ○ Do not want to answer

1.10. Were you or your organisation involved in scientific issues in relation to endocrine disrupting chemicals in the last 3 years and in which way? *(more than one answer possible)**

- [ ] Direct experimental scientific research
- [x] Review of scientific research
- [x] Use of scientific research for safety assessments
- [x] Use of scientific research for regulatory purposes
- [ ] Lobbying
- [ ] Other
- [ ] Not involved

1.11. Were you or your organization directly involved in/affected by the EU legislation mentioned below in the past 3 years? *(more than one answer possible)**

- [ ] Classification and Labelling (Regulation 1272/2008)
- [x] REACH (Regulation 1907/2006)
- [ ] Plant Protection Products (Regulation 1107/2009)
- [ ] Biocides (Regulation 528/2012)
- [ ] Water Framework Directive (2000/60/EC)
- [x] Cosmetics (Regulation 1223/2009)
- [x] Chemicals Agents Directive (98/24/EC)
- [ ] Other
- [ ] Not involved

1.12. In what context have you been made aware of the discussions about endocrine disrupting chemicals?*

- ( ) Media for the general public
- ( ) Scientific publications
- (•) As part of my profession
- ( ) Schools, universities, etc.

2. Options for criteria for determination of endocrine disrupting properties

The roadmap defines 4 different options for the establishment of criteria for determination of endocrine disrupting properties.

2.1. Questions regarding option 1 *(No policy change (baseline). The interim criteria set in the plant protection products and biocidal products regulations continue to apply. No other criteria are specified).*

2.1.1. Have you conducted or are you aware of an assessment of substances which would be identified as endocrine disruptors according to option 1?*

- (●) Yes
- ( ) No

If yes, please describe the methodology(ies):*

4,000 character(s) maximum

The Alliance for Cancer Prevention (ACP) is aware 2008 study from KEMI – the Swedish Chemical Inspectorate – Interpretation in Sweden of the impact of
the "cut-off" criteria adopted in the common position of the Council concerning the Regulation of placing plant protection products on the market (document 11119/08).
http://www.kemi.se/Documents/Bekampningsmedel/Docs_eng/SE_positionpapper_annenII_sep08.pdf

The EU should note that the American Public Health Association has issued a resolution to tackle endocrine disrupting chemicals as a public healh issue in relation to breast cancer incidence and EDC exposure.
http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/07/14/55/breast-cancer-and-occupation

The Breast Cancer and the Environment: Prioritizing Prevention: Interagency Breast Cancer and Environmental Research Coordinating Committee (IBCERCC) report specifically mentioned the action of EDCs in relation to breast cancer.
http://www.niehs.nih.gov/about/assets/docs/ibcercc_full_508.pdf

If yes, please describe the outcome(s) of the assessment(s):*

4,000 character(s) maximum

The KEMI reported that a total of 271 substances were evaluated and of these 15 were identified as having endocrine disrupting properties. Of these 13 are still
approved within the EU. The KEMI study found 15 EDCs, depending on how and whether their methodology is interpreted to conform to the option 1 criteria
(Carcinogenic category 2 + Toxic to reproduction category 2; or Toxic to reproduction category 2 + toxic to endocrine organ) .
“Interpretation of criteria for CMR ED & PBT in PPP”, 22 Sept 2008, Kemi
http://www.kemi.se/Documents/Bekampningsmedel/Docs_eng/SE_positionpapper_annenII_sep08.pdf

The APHA resolution states: "The science linking breast cancer and occupation in particular is growing. Researchers have identified commonly used chemicals that induce breast tumors in test animals. Animal studies link chemicals that mimic reproductive hormones to elevated breast cancer rates. Other animal and human studies link chemical exposures to increased breast cancer rates, including two recent investigations focused on occupational hazards. But the latter are the exception. Studies that attempt to identify and characterize workplace agents linked to breast cancer, as well as intervention studies focusing on the use of less toxic processes and substances, are limited. In what might be construed as a case of gender and social class bias, many research and funding agencies have ignored or downplayed the role of occupational studies despite their relevance to prevention efforts. The APHA calls on the U.S. Surgeon General to declare that there is an association between known classes of chemicals (certain EDCs) and breast cancer, and that women working with these chemicals are particularly at risk. The declaration should emphasize precautionary prevention policies and the importance of identifying the workplace and other environmental hazards that contribute to breast cancer. "

Please provide the reference(s) if possible

2.1.2. Are you aware of any assessment(s) of substitutability of the identified substances?*

- (●) Yes
- ( ) No

If yes, please describe the methodology(ies):*

4,000 character(s) maximum

There are numerous studies looking at the viability of reduced pesticide use, including Integrated Pest Management, which it is important to note. Three by PAN Europe.

Endocrine Disrupting Biocides. Pan Germany. Jan 2014. http://www.pan-germany.org/download/biocides/ED-Biocides_backgroundpaper_PAN-Germany_F.pdf

PAN Europe, Reducing Pesticide use across the EU, 2013, http://www.pan-europe.info/Resources/Reports/PANE%20-%202013%20-%20Reducing%20pesticide%20use%20across%20the%20EU.pdf

PAN Europe, "NAP Best Practice: Meeting the challenge, protecting health, environment & biodiversity. Sustainable use of pesticides: Implementing a National Action Plan. http://www.pan-europe.info/Resources/Reports/NAP_best_practice.pdf

If yes, please describe the outcome(s) of the assessment(s):*

4,000 character(s) maximum

PAN Germany provides a list of 27 potential endocrine disruptors including several active substances in wood preservatives and household insecticides. According to the rules of the EU biocidal regulation, biocides with those endocrine-disrupting properties are subject to an exclusion process if these properties may cause adverse effects to human health or the environment. To date, however, uniform criteria for identifying endocrine disruptors (EDs) are lacking.

Please provide the reference(s) if possible

2.1.3. Are you aware of any assessment(s) of the socio-economic impact if the identified substances were regulated without further risk assessment?*

- (●) Yes
- ( ) No

If yes, please describe the methodology(ies):*

4,000 character(s) maximum

The ACP is aware of a report done by HEAL - HEALTH COSTS in the European Union: How much is related to EDCs?
HEAL, 2014
http://www.env-health.org/IMG/pdf/18062014_final_health_costs_in_the_european_union_how_much_is_realted_to_edcs.pdf

The Cost of Inaction - A Socioeconomic analysis of costs linked to effects of endocrine disrupting substances on male reproductive health. Nordic Council of MInisters 2014.
http://norden.diva-portal.org/smash/record.jsf?pid=diva2%3A763442&dswid=-2821

If yes, please describe the the outcome(s) of the assessment(s):*

4,000 character(s) maximum

HEAL report. One of the main outcomes was that the EU health savings up to 31 billion per year possible from reducing EDC exposures. This is described in more detailed later in the form.

The outcome of the Nordic study estimated the cost of male reproductive health
problems from yearly exposure to EDCs: Assuming that EDs constitute 2, 20 or 40% the total costs for the selected health effects are 3.6, 36.1 or 72.3
million Euros/year of exposure in the Nordic countries, this corresponds to 59, 592 and 1,184 million Euros/year at EU level.

Please provide the reference(s) if possible

2.1.4. Please, provide us with any other comments you may have regarding option 1:

4,000 character(s) maximum

ACP does not agree with option 1 for several reasons.
We need EDC criteria which apply across all sectors – to protect both public and workers health along with the health of our wildlife and environment. The current interim criteria set out only apply to pesticides and biocides but types of EDCs and routes of exposures vary widely and for those working with products containing EDCs, or in workplaces where exposure to EDCs is likely, there is particular concern in terms of cumulative and multiple exposure routes. EDCs can be found in many consumer products such as cosmetics and cleaning products, construction materials, DIY products and food and product packaging to name but a few. Many people work with these products on a daily basis and so allowing for much greater exposure.
We are concerned that the definition of the interim criteria would not cover all those EDCs which are not carcinogenic or toxic to reproduction but which contribute to metabolic or neurological disruption leading to mental disorders, obesity and diabetes. The current interim criteria would not cover neurological or metabolic hormone disruptors so they are not scientifically satisfactory. There also needs to be an agreed definition of 'toxic to the endocrine organ'.

The interim criteria do not come close to the definition outlined in the Commission Roadmap of June 2014 on Defining Criteria for identifying EDCs where it states "there is general consensus on the WHO/IPCS (2002) definition of an endocrine disruptor".

TEDX – The Endocrine Disruption Exchange (TEDX) maintains an on-line list of potential endocrine disruptors- http://endocrinedisruption.org/endocrine-disruption/tedx-list-of-potential-endocrine-disruptors/overview. Some of the chemicals in the TEDX List are carcinogens and/or reproductive toxicants and thus may be identified as EDCs under Option 1. However there are many other chemicals on the list that do not have carcinogenic or reproductive toxicity and would not therefore be readily identified by the interim criteria. Additionally, the interim criteria apply only to pesticides and biocides. Currently 563 (58%) of the chemicals in the TEDX List are neither.

Pre-birth exposures are of grave concern given the extremely low doses at which EDCs can cause adverse effects especially in early pregnancy where women workers may be exposed without the afforded health and safety protection once pregnancy is confirmed. Research has shown that pre birth early exposure to EDCs can lead to cancers, reproductive and neurological disorders later in life – WHO State of the science of endocrine disrupting chemicals – 2012. The potential for multiple exposures pre-birth under option 1 is rife. Therefore we do not agree with option 1, all EDCs need to be identified.

2.2. Questions regarding option 2 *(WHO/IPCS definition to identify endocrine disruptors (hazard identification)*

2.2.1. Have you conducted or are you aware of an assessment of substances which would be identified as endocrine disruptors according to option 2?*

- (•) Yes
- ( ) No

If yes, please describe the the methodology(ies):*

4,000 character(s) maximum

There are various relevant studies:
The Endocrine Disruption Exchange (TEDX) Critical Windows of Development

http://endocrinedisruption.org/prenatal-origins-of-endocrine-disruption/critical-windows-of-development/overview

The EDCs including on the ChemSec SINList
http://www.chemsec.org/images/stories/2014/Full_SIN_Methodology_October_2014.pdf

If yes, please describe the outcome(s) of the assessment(s):*

4,000 character(s) maximum

See above.

Please provide the reference(s) if possible:

2.2.2. Are you aware of any assessment(s) of substitutability of the identified substances?*

- ( ) Yes
- (•) No

2.2.3. Are you aware of any assessment(s) of the socio-economic impact if the identified substances were regulated without further risk assessment?*

- (•) Yes
- ( ) No

If yes, please describe the the methodology(ies):*

4,000 character(s) maximum

As noted in 2.1.3, HEAL's assessment partly relates to the substances identified by this criteria option.
See HEAL report, Health Costs in the European Union: How much is related to EDCs?
http://www.env-health.org/IMG/pdf/18062014_final_health_costs_in_the_european_union_how_much_is_realted_to_edcs.pdf

See also Milieu Ltd, The benefits of strict cut-off criteria on human health in relation to the proposal for a Regulation concerning plant protection products, report for European Parliament, 2008. This study was before the final 'cut off' criteria for CMRs and EDCs had been agreed.
http://www.europarl.europa.eu/RegData/etudes/etudes/join/2008/408559/IPOL-JOIN_ET%282008%29408559_EN.pdf

See Norden 2014, The Cost of Inaction: A Socioeconomic analysis of costs linked to effects of endocrine disrupting substances on male reproductive health
http://www.norden.org/en/news-and-events/news/endocrine-disruptors-costthe-
eu-billions-every-year

If yes, please describe the outcome(s) of the assessment(s):*

4,000 character(s) maximum

For HEAL report:
HEAL's report found that if EDCs (some of which would be identified according to option 2) contribute to only 2-5% of the total health costs from endocrine-related chronic diseases, EU policy change such as the phasing out of these
hazardous substances and promoting safer alternatives could save Europeans up to €31 billion each year in health costs and lost productivity.
The costs for:
Breast Cancer is estimated at 16 billion euros.
Prostate Cancer is estimated at 9 billion euros.
Cryptorchidism & Hypospadias is estimated at up to 1.3 billion euros.
Attention Deficit Hyperactivity disorder is estimated at 0.7 billion euros (underestimated because it only covers minimum medical costs, not special schooling costs)
Autism is estimated at 226 billion euros.
Obesity is estimated at 81 billion euros.
Diabetes is estimated at 300 billion euros.

The report also found that the 13-31 billion euros potential savings each year
could be an underestimate because future costs are likely to be even higher than today's.

The Milieu study found that the Initial economic analysis indicates potential benefits are significant, that the cut-off criteria are intended to provide additional health protection for all EU citizens, but will have the most direct benefit on the farmers and agricultural workers who have the highest risk of pesticide exposures and associated health problems, due to their occupational and environmental situations. The study also found that due to the gravity of the potential health impacts and the high costs to society from low-level chronic damage to children from neurotoxicants, many experts have recommended adopting a precautionary approach to limiting children's exposure to such chemicals. (Here it is important to underline that some EDCs are considered to be able to disrupt neurological functions, including those that disturb normal thyroid functioning).

The Norden Study estimated that the cost of male reproductive health problems from yearly exposure to EDCs (at 20% etiological fraction) to be 1) 36 million euros in the Nordic countries; 2) 592 million euros for the EU 28 (discounted socio economic costs); 3) 1,267 million euros for the EU 28 (undiscounted socio economic costs). Testicular cancer in the EU 28 ranges between 25 and 499 million euros per year of exposure.

Please provide the reference(s) if possible

2.2.4. Please, provide us with any other comments you may have regarding option 2.

4,000 character(s) maximum

The ACP does not agree with option 2.

In option 2 the full WHO definition is shortened and 'potential endocrine disrupter' is omitted. If 'potential endocrine disrupters' is omitted and only confirmed EDCs are considered – this blocks full and effective consideration of the state of science and its translation into an EU regulatory classification. Using this partial definition would mean chemicals that need further investigation or research into whether they are EDCs or not would be excluded. This is unacceptable.

The EU pesticides and biocide law aims to ban both confirmed and suspected EDCs as the legal texts say 'may cause adverse effects'. So we need a definition that is not only for 'confirmed EDCs'.

Given the different kinds and amounts of data available for respective substances this option 2 lacks the possibility to differentiate between different levels of evidence which is very much needed when dealing with EDs potential, suspected or otherwise.

Option 2 would result in many chemicals not being identified as EDCs which would therefore go unregulated when in actual fact the research has not been done in relation to endocrine endpoints and adequately understanding their endocrine disrupting properties. This would allow continued use of these chemicals with resulting damage to human, environmental and wildlife health.

The full WHO needs to be adapted – the WHO/UNEP report – State of the Science of EDCs 2012 – highlights the global threat to our health and the health of our planet and wildlife from EDCs. Our ability to detect potential EDCs must not be compromised and we need to take a pro-active approach to all known, suspected and potential EDCs.

2.3. Questions regarding option 3 *(WHO/IPCS definition to identify endocrine disruptors and introduction of additional categories based on the different strength of evidence for fulfilling the WHO/IPCS definition)*

2.3.1. Have you conducted or are you aware of an assessment of substances which, in addition to those identified according to option 2, would be identified as suspected endocrine disruptors or endocrine active substances (Categories II or III) according to option 3?*

- ○ Yes
- ◉ No

2.3.2. Are you aware of any assessment(s) of substitutability of the identified substances?*

- ○ Yes
- ◉ No

2.3.3.Are you aware of any assessment(s) of the socio-economic impact if the identified substances were regulated without further risk assessment?*

- ○ Yes
- ◉ No

Please, provide us with any other comments you may have regarding option 3.

4,000 character(s) maximum

This is the ACP's preferred option which would best serve to protect public and workers health.

Option 3 will apply the WHO/IPCS definition and in addition three categories for confirmed, suspected and potential EDCs, which reflects the different levels of scientific evidence available while also affording transparency. Chemicals can be ranked accordingly and this follows the recommendation of the EP's own report on EDCs in March 2013.

Given the chemical tests currently available only cover parts of the endocrine system and are unable to encompass the whole lifecycle of potential exposures especially early exposures and late effects, the greater the scope for detecting EDCs and ensuring the level of proof required is not so high that substances won't be categorised and action delayed, the better. Concerns about 'human relevance' must not be downplayed without valid scientific justification and should not be used to disqualify a chemical. We should not have to wait for absolute proof of harm before precautionary action is taken. Maintaining this status quo on EDCs is no longer acceptable or practicle in terms of our health and human development.

The ACP notes that science has progressed significantly over the last couple of decades, yet strategies to address cancer and public health have remained in the 'scientific jurassic'. We are now experiencing an epidemic of cancer and diseases linked to our '21st century lifestyle and occupations'. How do we hope to stem this epidemic when current cancer strategies are based on science which does not currently address EDC exposure? Action form the EU will impact on current outdated cancer strategies and serve to push action on cancer prevention through reduced exposure to EDCs.

2.4. Questions regarding option 4 *(WHO/IPCS definition to identify endocrine disruptors and inclusion of potency as element of hazard characterisation (hazard identification and characterisation)*

2.4.1. Have you conducted or are you aware of an assessment of substances which would be identified as endocrine disruptors according to option 4?*

- ○ Yes
- ◉ No

2.4.2. Are you aware of any assessment(s) of substitutability of the identified substances?*

- ○ Yes
- ◉ No

2.4.3. Are you aware of any assessment(s) of the socio-economic impact if the identified substances were regulated without further risk assessment?*

- ○ Yes
- ◉ No

2.4.4. Please, provide us with any other comments you may have regarding option 4.

4,000 character(s) maximum

This option is scientifically flawed and does not reflect the current science on EDCs. It is contrary to the policy advice the EC received in reports by the Join Research Centre (JRC) and the European Food Safety Agency (EFSA).
This option will not protect the public health and will minimise the number of chemicals barred from the market and so continually exposed us to EDCs where the potency factor is considered.
In terms of cancer and workplace exposures potency cannot be used to justify exposure. EDCs vary in strength and timing of exposure is much more important that the dosage. See Environmental and Occupational causes of Cancer New Evidence, 2005-2007. Richard Clapp. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2791455/
Canadian researchers found excesses of breast cancer among women in working in agriculture, automotive plastics, and the food canning industries who were exposed to EDCs in the workplace. There was an elevated breast cancer risk, up to 5 times higher than the controls among those working in certain sectors such as automotive plastics. J. T. Brophy et al., “Breast Cancer Risk in Relation to Occupations with Exposure to Carcinogens and Endocrine Disruptors: A Canadian Case-Control Study,” Environmental Health 11(87) (2012): 1-17, doi: 10.1186/1476-069X-11-87. http://www.ehjournal.net/content/11/1/87.
And DeMatteo R, Keith MM, Brophy JT, et al. Chemical exposures of women workers in the plastics industry with particular reference to breast cancer and reproductive hazards. New Solut. 2012;22:427-448.
The American Public Health Associated was so concerned as a direct result of this research that it passed a resolution on Breast Cancer and Occupation: The Need for Action. http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2015/01/07/14/55/breast-cancer-and-occupation
The resolution states there is sufficient evidence to warrant a precautionary approach and that breast cancer is a major public health concern. They note that action has been slow; “Despite significant scientific evidence about its known or suspected causes, research and prevention measures to identify and eliminate occupational and other environmental hazards and risk factors for breast cancer remain largely

overlooked…In what might be construed as a case of gender and social class bias, many research and funding agencies have ignored or downplayed the role of occupational studies despite their relevance to prevention efforts".
216 chemicals have been identified as mammary gland carcinogens in experimental animals, many of which have also been listed as potential endocrine disrupting chemicals (EDCs). These would not be considered if any other option other than option 3 was adopted by the EU.
In connection with EDCs, the old adage the dose makes the poison is no longer relevant. We now know that timing is more critical than dose. Hence legislation based on this dose related premise is outdated. EDCs can alter gene behaviour at extremely low doses and exposures pre-birth can program adult disease in later life. Experiments on high doses don't predict low dose response.

Option 4 is totally inadequate for purpose and it would lead to further ill health, cancers and reproductive and neurological problems which the EU could not afford morally, financially, or strategically.

3. Options for approaches to regulatory decision making

The roadmap defines 3 different options for approaches to regulatory decision making. Option A (no changes of the existing provisions in BPR and PPPR), Option B (introduction of further elements of risk assessment) where necessary and desirable to reduce potential socio-economic impacts, and Option C (introduction of further socio-economic considerations) where necessary and desirable to prevent adverse socio-economic impacts.

3.1. Have you conducted or are you aware of an assessment applying any of the 3 different options for regulatory approaches to decision making (option A-C) to substances identified as endocrine disruptors by any of the options for defining criteria (option 1-4)?*

- (●) Yes
- ( ) No

If yes, please describe the methodology(ies)*

4,000 character(s) maximum

see below.

If yes, please describe the outcome(s) of the assessment(s):*

4,000 character(s) maximum

The ACP does not support proposals to change existing pesticides and biocides laws. The best way forward is regulatory option A (adhering to the existing provisions of the Pesticides and Biocides regulations which prohibit EDCs) to reduce exposure to endocrine disrupting pesticides and biocdies.

The ACP opposed the EU commissions proposed regulatory options B and C. These are unacceptable because they would undermine the democratically agreed rules in the EU Pesticides law adapted by the elected European parliamentarians and national government in 2009 and in the Biocides law in 2011.

Please provide the reference(s) if possible:

3.2. Have you conducted or are you aware of an assessment of the socio-economic impact of the 3 different options for regulatory approaches to decision making (option A-C) for substances identified as endocrine disruptors by any of the options for defining criteria (option 1-4)?*

- ○ Yes
- ◉ No

4. Other information

4.1. Please provide any other data or information that could help the Commission to conduct its impact assessment.

4,000 character(s) maximum

For EDCs, the ACP considers there is no safe levels, effects have been shown at very low concentrations, lower than the concentrations thought to be 'safe' and to which millions of women and men are exposed to in our workplace, homes and in the wider environment every day. Risk assessments do not work for EDCs and this is of particular relevance to potential cumulative, daily low level exposures in the workplace. There are safer alternatives not just substitutes but alternatives to suing EDCs and many of the EDCs in current use are not intrinsic to life. They are used to make non-essential products which go on to pollute throughout their lifecycle of use through to disposal, for example cosmetics or one use disposable items. These products have the ability to pollute from cradle to grave exposing working populations across their lifecycle during manufacture, usage and disposal. They also expose our wildlife and environment to needless contamination.

There is recognition for the highest attainable standard of health for a child and the need for state parties to take appropriate measures to ensure that the child is protected from the dangers and risks of environmental pollution is enshrined in the Convention on the Rights of the Child, exposures to carcinogens, EDC's, reproductive and neurological toxins pre-birth violates this right - Convention on the Rights of the Child. (article 24 and 27). This is not currently happening due to the continually exposure to EDCs pre and post birth.

The only solution is a thorough commitment to complete regulatory action, to reduce exposures across the board. We need criteria which clearly identify all EDCs where ever they are found in the workplace, home or in the wider environment, criteria which exclude a potency filter only this way can the EU ensure a reversal of the long term threat to health and environment from EDCs.

Many EDCs are linked to cancer and continual needless exposure (due to lack of action on the EDC strategy and criteria) to these chemicals will contribute many new cancer cases to an already overwhelming epidemic. The EU and our beleaguered health services cannot cope.

Continual exposure to EDCs makes our current cancer strategies unfit for purpose, inadequate, fragmented and therefore unsustainable. EDCs affect all the systems that participated in how we are constructed in the womb and how we are functioning today. The very same chemicals that threaten our future health and are many of the same ones which threat our climate, polluting from cradle to grave.

Our exposure to EDCs is ubiquitous and has been called a 'global threat to health' given their intrinsic ability to interfere with our hormones hence efforts to regulate and control our exposure to them would have unwelcome global ramifications for industry. But this is no excuse not to regulate. EDCs have been linked to cancer, reproductive and developmental disorders, cardiovascular disease, neurodevelopmental disorders in children, asthma and allergies, diabetes and obesity.

The ACP believes this consultation was not truly accessible to the public given the use of complex terminology that excludes members of the general public from contributing. We question the purpose of such a consultation on these grounds. Also the consultation excluded the socio-economic, health and safety, environmental and political benefits and savings gained as a direct result of reducing exposure to EDCs. Not to mention the reduction in treatment and care costs and the unmeasurable positive impact on human suffering as a result of actually controlling all known, suspected or probable EDCs.

Given the EU had commissioned and received considerable scientific evidence put forward by respected scientists supporting the value of properly regulating EDCs, what was the added value of such a consultation?

Please provide the reference(s) if possible:

Contact

✉ EC-consultation-endocrine-disruptors@ec.europa.eu