



PUBLIC HEALTH MEDICINE ENVIRONMENT AND HEALTH GROUP (PHMEHG) SUBMISSION:

CONSULTATION ON AIR QUALITY -**REVISION OF EU RULES**

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On behalf of the

PUBLIC HEALTH MEDICINE ENVIRONMENT AND HEALTH GROUP (PHMEHG)

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Preamble

Public Health Medicine Environment and Health Group

The Public Health Medicine Environment and Health Group (PHMEHG) is recognised as a significant group within the Health Service Executive (HSE) for working to promote the health and well-being of all in the Irish state on matters pertaining to Environment and Health. The PHMEHG works to ensure that the public's health is improved through sustained and determined efforts of its members.

The efforts of the PHMEHG are enhanced by our vision for a healthy Ireland and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, and governments.

Health is human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the PHMEHG.





Introduction

The Public Health Medicine Environment and Health Group (PMHEHG) is a recognised principal organisation of Public Health Physicians in the Health Service Executive (HSE) in Ireland working to promote the health and well-being of all residents of Ireland. It is the preeminent voice for the environment and health in Ireland.

PHMEHG welcomes the opportunity to provide input to the European Union (EU) Consultation on changes to the <u>Ambient Air Quality Directives</u>. Poor air quality is a major but poorly recognised cause of significant ill health and mortality globally and in Ireland.¹ Major sources in Ireland are domestic burning of fossil fuels, energy generation, and industry and diesel vehicle emissions.²

Poor air quality is well established as a key health threat in urban environments across the world. In particular, over the past 20 years since the current standards were set in Ireland, a vast body of medical and scientific research has emerged, linking air pollutants with health problems. The literature confirmed a causal association between air pollutants and increased all-cause mortality and incidence of heart disease, stroke, lung cancer, low birth-weight, respiratory disease, and type II diabetes.^{3,4} This situation in Ireland served as a major impetus for the introduction of the 'smoky coal ban' legislation.⁵ This has contributed in initially progressively lower then overall consistently lower air pollution levels being recorded in designated areas under this legislation, and also importantly has been reflected in improvements in ambient air quality-related morbidity and mortality.^{5,6}

In addition, the introduction of transport-restrictions due to the COVID-19 pandemic to assist with control of contagion, also led to reductions in transport use, which resulted in decreases in ambient transport-related air pollutants (TRAPs).⁷ Medical co-benefits have also included

¹ Quintyne KI, Sheridan A, Kenny P, O'Dwyer M. Air Quality and Its Association with Cardiovascular and Respiratory Hospital Admissions in Ireland. Ir Med J. 2020 Jun 11;113(6):92.

² Environmental Protection Agency (**EPA**) 2020. *Air Quality in Ireland 2019*. Available URL: https://www.epa.ie/publications/monitoring--assessment/air/Air-Quality-In-Ireland-2019.pdf (Accessed: 27th October 2021).

³ Willocks LJ, Bhaskar A, Ramsay CN, Lee D, Brewster DH, Fischbacher CM, Chalmers J, Morris G, Scott EM. *Cardiovascular disease and air pollution in Scotland: no association or insufficient data and study design?* BMC Public Health. 2012 Dec;12(1):1-6.

⁴ Fu M, Kelly JA, Clinch JP. Residential solid fuel use: Modelling the impacts and policy implications of natural resource access, temperature, income, gas infrastructure and government regulation. Applied Geography. 2014 Aug 1;52:1-3.

⁵ Kelly I, Clancy L. *Mortality in a general hospital and urban air pollution*. Ir Med J. 1984 Oct;77(10):322-4. ⁶ Goodman PG, Rich DQ, Zeka A, Clancy L, Dockery DW. *Effect of air pollution controls on black smoke and sulfur dioxide concentrations across Ireland*. Journal of the Air & Waste Management Association. 2009 Feb 1;59(2):207-13.

⁷ Central Statistics Office (CSO) 2021. *Transport Bulletin*. Available URL: https://www.cso.ie/en/statistics/transport/transport/bulletin/ (Accessed: 27th October 2021).





reductions in acute respiratory admissions (in children > adults).⁸ These findings have highlighted how simple transport measures can have such a significant public health impact and have been widely reported in recent literature.^{9,10}

Before examining the changes to the Ambient Air Quality Directives (AAQD) in the EU, it is important to briefly recap why there are requirements for air quality standards and what can be achieved through them grounds the main points and recommendations that will result from this consultation.

Air quality standards used to be thought of as defining a level of air quality that was safe – that below the given threshold for ambient air pollutants, there would be no health effects. This aligns with the term **NOAEL** standing for **No Observable Adverse Effect Level**, widely used in toxicology. It is still how the public views air quality standards, despite the science now showing this notion to be mostly false, as for many ambient air pollutants; there is no lower threshold of effect. So if there is no safe level, what is the purpose of a standard?

Standards define a maximum level of pollution that is regarded as acceptable to the community or governments, conferring a level of risk of adverse effects that it prepared to countenance, and does this uniformly across the EU. Demonstration that some countries exceed the standard gives strong support to regulators to take action to improve air quality (especially due to transboundary impacts), and it gives the non-expert community guidance to demand action if the regulators fail to proceed promptly.

If the newly proposed AAQD levels are not accepted, the standards set above the current WHO exposure levels serve no purpose, except to allow environmental regulators to keep issuing reports to the public that there is no problem or risk to human health. A more appropriate approach where air quality is causing a common or a serious health problem is to set the standard at a level that will highlight problems in the most polluted parts of the EU, regions and communities, to guide efforts for abatement.

⁸ Quintyne KI, Kelly C, Sheridan A, Kenny P, O'Dwyer M. *COVID-19 transport restrictions in Ireland: impact on air quality and respiratory hospital admissions.* Public Health. 2021 Sep 1;198:156-60.

⁹ Skirienė AF, Stasiškienė Ž. *COVID-19 and air pollution: measuring pandemic impact to air quality in five European countries.* Atmosphere. 2021 Mar;12(3):290.

¹⁰ Gualtieri G, Brilli L, Carotenuto F, Vagnoli C, Zaldei A, Gioli B. *Quantifying road traffic impact on air quality in urban areas: A Covid19-induced lockdown analysis in Italy.* Environmental Pollution. 2020 Dec 1;267:115682.





PHMEHG Response to the Consultation

Part 1: About you

Language of contribution:

• English

Submitting this contribution as:

• Public authority

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Country of origin:

Ireland

Organisation name:

• Health Service Executive (HSE)

Organisation size:

• Large (250 or more)

Scope:

National

Sectors that PHMEHG are active in:

- Health care
- Public Health
- Scientific research

Contribution publication privacy settings:

Public

Your name, the type of respondent that you responded to this consultation as, your country of origin and your contribution will be published.

Contribution publication privacy settings:

Public





Organisation details and respondent details are published: The type of respondent that you responded to this consultation as, the name of the organisation on whose behalf you reply as well as its transparency number, its size, its country of origin and your contribution will be published. Your name will also be published.

 \times I agree with the personal data protection provisions





Part 2: General questions section

How important is having good air quality to you?

• Very important

How concerned are you about the levels of air pollution to which you are usually exposed?

• Very concerned

Are you concerned about the following impacts that air pollution may have in your local area?

	Not at all	To some extent	To a large extent	Fully	No opinion
Impacts on health of the general population					
Impacts on health of the general population			V		
Impacts on health of vulnerable groups (including children, elderly, people with pre- existing health conditions)			Ø		
Impacts on businesses and small/medium enterprises (including lost work days due to air pollution)		Ø			
Impacts on agriculture and crops (including on plant growth and animal health)					
Impacts on natural environment (including pollution of water bodies, or reduced biodiversity)		Ø			
Impacts on buildings and infrastructure (including corrosion or discoloration of buildings)	Ø				

Which air pollutants are you concerned about?

- Fine particulate matter (PM_{2.5});
- Particulate matter (PM₁₀);
- Sulphur dioxide (SO₂);





- Nitrogen dioxide (NO₂);
- Ground-level ozone (O_3) ;
- Carbon monoxide (CO)
- Polycyclic aromatic hydrocarbons (including benzo(a) pyrene);
- Ultra-fine particles;
- Black carbon and/or elemental carbon; and
- Non-methane volatile organic compounds (i.e. organic compounds capable of producing photochemical oxidants by reaction with nitrogen oxides in the presence of sunlight).

Would you like to see more action to improve air quality? And if so, to what

Yes, a significant increase in action and ambition to tackle air pollution

At what level should further action be taken?

- 1. European
- 2. National
- 3. Regional
- 4. International
- 5. Local/city

To what extent would you be willing to change your own way of living to contribute to improving air quality in your country / region / city?

	Not at all	To some extent	To a large extent	Fully	No opinion
Driving less by car, including in cities			Ø		
Driving smaller or fuel-efficient cars			Ø		
Using more public transport, walking, cycling				\square	
Impacts on businesses and small/medium enterprises (including lost work days due to air pollution)			Ø		
Changing my habits in residential heating			Ø		
Investing in sustainable heating				$\overline{\square}$	





systems			
Improving the energy efficiency of my home		Ø	
Making conscious consumption choices to reduce emissions		Ø	
Other			\square

Policy area 1:

Closer alignment of the EU air quality standards with scientific knowledge including the latest recommendations of the World Health Organization (WHO).

Do you think that EU air quality standards should be made more stringent to bring them in line with the updated World Health Organization Air Quality Guidelines and latest scientific evidence?

• Partly – EU air quality standards should be made more stringent, but only partially aligned with the latest WHO recommendations.

Where (at which locations) should EU air quality standards apply?

• At all locations where there is fixed habitation or there are commercial facilities, as well as at all locations to which members of the public have access (including, for example, roads and sidewalks).

How quickly should any revised EU air quality standards be achieved?

• By 2025 at the latest.

Do you have any other comments regarding the consideration to amend the EU's air quality standards (this could capture existing achievement of or options to amend the standards, and the feasibility or impacts of such options)?

• Before any consideration is given to amending the EU's air quality standards, it is important to note that there is no threshold below which air pollutants are safe. As a guide, we would like to suggest firstly strengthening ambient air quality standards across Europe, and continue to extend the ambient air quality monitoring network to allow for more accurate determination of 'hotspots'. This will allow for more uniform application of proposed air quality standards, and will provide best information for determining the human health impacts.





Policy area 2:

Improving the current air quality legislative framework (including aspects such as penalties and public information).

Do you believe that the current provisions on penalties in the Ambient Air Quality Directives are sufficient for Member States to comply with EU air quality standards?

• No.

Do you believe that the Ambient Air Quality Directives should facilitate access to justice, including compensation for health damages due to air pollution (suffered by groups and/or individuals)?

• Partly – stronger facilitation of access to justice related to air pollution.

How well informed do you feel about air quality in your country / region / city?

• Somewhat informed.

Which of the following types of information would you want to have easier access to?

- (Real-time) air quality data / Up-to-date average concentrations;
- Annual reports specifically targeted to the general public Air pollution forecasts;
- Air quality plans and measures the authorities are taking to improve air quality Air quality monitoring networks (e.g. location of monitoring stations, pollutants monitored, etc.);
- Information on whether air quality standards are respected;
- Air quality benchmarks that allow comparison with other cities/regions Access to downloadable historical data sets;
- Information on specific precautions and preventative actions; and
- General information on short term & long term health risks of air pollution Alert/targeted messaging during high pollution events.

Are there any other elements related to the legislative framework of the Ambient Air Quality Directives (i.e. around defining the types of air quality standards and actions exceedances trigger, governance and enforcement of actions at MS level, and around information provided to the public) that you would consider effective in facilitating the achievement of its objectives?

• The PHMEHG has no commentary on this question.





Policy area 3:

Strengthening of air quality monitoring, modelling and plans.

Do you see a need to strengthen further the assessment of air quality?

- Yes, we need additional monitoring where pollution may be a concern Yes, we need additional monitoring of background concentrations (i.e. average pollution levels);
- Yes, we need additional monitoring at locations with pollution peaks due to industrial emissions;
- Yes, we need additional monitoring at locations with pollution peaks due to traffic emissions; and
- Yes, we need to ensure detailed modelling of air quality across the EU.

Do you have any comments regarding the improvements of monitoring, modelling and the content of air quality plans (e.g. existing effectiveness, options to improve these elements, and the feasibility or impacts of such options)?

• The PHMEHG supports the improvements of monitoring, modelling and the content of air quality plans that include impact to human health considerations, and not just focusing on economic analysis of the value of health damage compared with predicted abatement costs.





Part 3: Specialised questions section

Please indicate if you would like to answer this more specialised questions section on your views on air quality measures and their impacts.

• Yes, I would like to reply to this section with more specialised questions (to Part 3).

How important are the following options for policy area 1* to improve the effectiveness of the Ambient Air Quality Directives?

*Closer alignment of the EU air quality standards with scientific knowledge including the latest recommendations of the World Health Organization (WHO).

	Of high importance	Of medium importance	Of low importance	Not at all important	No opinion
a) Ensure achievement of existing EU air quality standards	Ø				
b) Align EU air quality standards with World Health Organization recommendations	Ø				
 c) Mandate that all air quality standards are met in general (i.e. based on the average exposure of the general population) 	Ø				
d) Mandate that all air quality standards are met everywhere (i.e. including at 'pollution hotspots' such as roadside or downwind from industry)	Image: section of the content of the				
e) Establish legally enforceable limit values for all air pollutants		V			
f) Set aspirational long-term objectives to meet all World Health Organization (WHO) recommendations (i.e. as per updated WHO Air Quality Guidelines)		Ø			

Please explain your answer, if you wish:

1. Ensure achievement of existing EU air quality standards





- The PHMEHG has no commentary on this question.
- 2. Align EU air quality standards with World Health Organization recommendations
- The PHMEHG has no commentary on this question.
- 3. Mandate that all air quality standards are met in general (i.e. based on the average exposure of the general population)
- The PHMEHG has no commentary on this question.
- 4. Mandate that all air quality standards are met everywhere (i.e. including at 'pollution hotspots' such as roadside or downwind from industry)
- The PHMEHG has no commentary on this question.
- 5. Establish legally enforceable limit values for all air pollutants
- The PHMEHG has no commentary on this question.
- 6. Set aspirational long-term objectives to meet all World Health Organization (WHO) recommendations (i.e. as per updated WHO Air Quality Guidelines)
- The PHMEHG has no commentary on this question.

• The PHMEHG has no commentary on this question.

How important are the following options for policy area 2* to improve the effectiveness of the Ambient Air Quality Directives?

* Improving the current air quality legislative framework (including aspects such as penalties and public information).





	Of high importance	Of medium importance	Of low importance	Not at all important	No opinion
a) Make it easier to adjust EU air quality standards to the evolving technical and scientific progress	Ø				
b) Further define the different types of air quality standards and the actions their exceedances would trigger	☑				
c) Expand requirements for action by national / regional / local authorities in case of exceedances		Ø			
d) Establish additional provisions for air quality plans, including on who to involve in their preparation		Ø			
e) Expand the provision on penalties related to air pollution	$\overline{\mathbf{Q}}$				
f) Add provisions for access to justice and for compensation for health damage from air pollution		Ø			
g) Expand the requirements on the provision of information (e.g. on health impacts)	Ø				

Please explain your answer, if you wish:

- a) Make it easier to adjust EU air quality standards to the evolving technical and scientific progress
- The PHMEHG has no commentary on this question.
- b) Further define the different types of air quality standards and the actions their exceedances would trigger
- The PHMEHG has no commentary on this question.
- c) Expand requirements for action by national / regional / local authorities in case of exceedances





- The PHMEHG has no commentary on this question.
- d) Establish additional provisions for air quality plans, including on who to involve in their preparation
- The PHMEHG has no commentary on this question.
- e) Expand the provision on penalties related to air pollution
- The PHMEHG has no commentary on this question.
- f) Add provisions for access to justice and for compensation for health damage from air pollution
- The PHMEHG has no commentary on this question.
- g) Expand the requirements on the provision of information (e.g. on health impacts)
- The PHMEHG has no commentary on this question.

• The PHMEHG has no commentary on this question.

How important are the following options for policy area 3* to improve the effectiveness of the Ambient Air Quality Directives?

* Strengthening of air quality monitoring, modelling and plans.

	Of high importance	Of medium importance	Of low importance	Not at all important	No opinion
a) Establish more detailed rules on the location of sampling points	V				
b) Expand monitoring requirements to broader set of harmful air pollutants		V			
c) Expand requirements for action by national / regional / local authorities in case of exceedances		Ø			





d) Further specify minimum			
elements required of air quality			
plans (e.g. cost-benefit analysis,			
projections, etc.)			

Please explain your answer, if you wish:

- a) Establish more detailed rules on the location of sampling points
- The PHMEHG supports appropriate representative sampling, which offers a good granular look at air quality across Europe.
- b) Expand monitoring requirements to broader set of harmful air pollutants
- The PHMEHG has no commentary on this question.
- c) Enable enhanced use of modelling for air quality assessment
- The PHMEHG supports the expansion of modelling for air quality assessment, and hope this can be linked to health outcomes.
- d) Further specify minimum elements required of air quality plans (e.g. cost-benefit analysis, projections, etc.)
- The PHMEHG has no commentary on this question.

Other

• The PHMEHG has no commentary on this question.

How feasible (i.e. technically, politically, from a cost perspective, etc.) would the following policy measures related to policy area 1* be to implement?

*Closer alignment of the EU air quality standards with scientific knowledge including the latest recommendations of the World Health Organization (WHO).

	High feasibility	Medium feasibly	Low feasibility	Not at all feasible	No opinion
a) Ensure achievement of existing		$\overline{\mathbf{A}}$			





EU air quality standards			
b) Align EU air quality standards with World Health Organization recommendations			
c) Mandate that all air quality standards are met in general (i.e. based on the average exposure of the general population)	Ø		
d) Mandate that all air quality standards are met everywhere (i.e. including at 'pollution hotspots' such as roadside or downwind from industry)	Ø		
e) Establish legally enforceable limit values for all air pollutants		V	
f) Set aspirational long-term objectives to meet all World Health Organization (WHO) recommendations (i.e. as per updated WHO Air Quality Guidelines)		V	

Please explain your answer, if you wish:

- a) Ensure achievement of existing EU air quality standards
- The PHMEHG has no commentary on this question.
- b) Align EU air quality standards with World Health Organization recommendations
- The PHMEHG has no commentary on this question.
- c) Mandate that all air quality standards are met in general (i.e. based on the average exposure of the general population)
- The PHMEHG has no commentary on this question.
- d) Mandate that all air quality standards are met everywhere (i.e. including at 'pollution hotspots' such as roadside or downwind from industry)





- The PHMEHG has no commentary on this question.
- e) Establish legally enforceable limit values for all air pollutants
- The PHMEHG has no commentary on this question.
- f) Set aspirational long-term objectives to meet all World Health Organization (WHO) recommendations (i.e. as per updated WHO Air Quality Guidelines)
- The PHMEHG has no commentary on this question.

• The PHMEHG has no commentary on this question.

How feasible (i.e. technically, politically, from a cost perspective, etc.) would the following policy measures related to policy area 2* be to implement?

* Improving the current air quality legislative framework (including aspects such as penalties and public information).

	High feasibility	Medium feasibly	Low	Not at all feasible	No opinion
a) Make it easier to adjust EU air quality standards to the evolving technical and scientific progress		Ø			
b) Further define the different types of air quality standards and the actions their exceedances would trigger		Ø			
c) Expand requirements for action by national / regional / local authorities in case of exceedances			Ø		
d) Establish additional provisions for air quality plans, including on who to involve in their preparation			Ø		
e) Expand the provision on			$\overline{\checkmark}$		





penalties related to air pollution			
f) Add provisions for access to			
justice and for compensation for			
health damage from air pollution			
g) Expand the requirements on the			
provision of information (e.g. on			
health impacts)			

Please explain your answer, if you wish:

- a) Make it easier to adjust EU air quality standards to the evolving technical and scientific progress
- The PHMEHG has no commentary on this question.
- b) Further define the different types of air quality standards and the actions their exceedances would trigger
- The PHMEHG has no commentary on this question.
- c) Expand requirements for action by national / regional / local authorities in case of exceedances
- The PHMEHG has no commentary on this question.
- d) Establish additional provisions for air quality plans, including on who to involve in their preparation
- The PHMEHG has no commentary on this question.
- e) Expand the provision on penalties related to air pollution
- The PHMEHG has no commentary on this question.
- f) Add provisions for access to justice and for compensation for health damage from air pollution
- The PHMEHG has no commentary on this question.





- g) Expand the requirements on the provision of information (e.g. on health impacts)
- The PHMEHG has no commentary on this question.

• The PHMEHG has no commentary on this question.

How feasible (i.e. technically, politically, from a cost perspective, etc.) would the following policy measures related to policy area 3* be to implement?

* Strengthening of air quality monitoring, modelling and plans.

	High feasibility	Medium feasibly	Low feasibility	Not at all feasible	No opinion
a) Establish more detailed rules on the location of sampling points		$\overline{\checkmark}$			
b) Expand monitoring requirements to broader set of harmful air pollutants		Ø			
c) Enable enhanced use of modelling for air quality assessment			V		
d) Further specify minimum elements required of air quality plans (e.g. cost-benefit analysis, projections, etc.)			Ø		

Please explain your answer, if you wish:

- a) Establish more detailed rules on the location of sampling points
- The PHMEHG has no commentary on this question.
- b) Expand monitoring requirements to broader set of harmful air pollutants
- The PHMEHG has no commentary on this question.





- c) Enable enhanced use of modelling for air quality assessment
- The PHMEHG has no commentary on this question.
- d) Further specify minimum elements required of air quality plans (e.g. cost-benefit analysis, projections, etc.)
- The PHMEHG has no commentary on this question.

• The PHMEHG has no commentary on this question.

If you believe that some measures listed above are incoherent with EU strategies (e.g. the European Green Deal), incoherent with EU sectoral policies (e.g. on transport, energy or agriculture), or incoherent with national level policies, could you please briefly elaborate on your answer?

• The PHMEHG has no commentary on this question.





Part 4: Concluding questions & remarks

PHMEHG strongly support the review of the revision of EU Ambient Air Quality directives. Within Europe, the standards are currently heterogeneous, and do create health inequities, and will urgently need to be rectified before full alignment with newly proposed WHO recommendations.

PHMEHG recommends:

- 1. The introduction of homogenous ambient air quality monitoring across Europe.
- 2. Standards should be set according to the greatest health benefits that can be uniformly applied.
- 3. Alternative non-/minimally polluting options should be readily available and not more costly alternative that most European citizens cannot access them readily.
- 4. A detailed timeline for implementation of newly proposed WHO recommendations, to allow for realignment at a population level.
- 5. Greater education to the general public around impacts of poor air quality.

The PHMEHG appreciates the opportunity to make this submission and the opportunity to contribute to improved air quality and health outcomes for all citizens in Europe.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

Dr Keith Ian Quintyne Dr Regina Kiernan Dr Ruth McDermott Dr Ina Kelly Dr Caitriona Kelly