

PM Matters - What More Do We Need to Know?

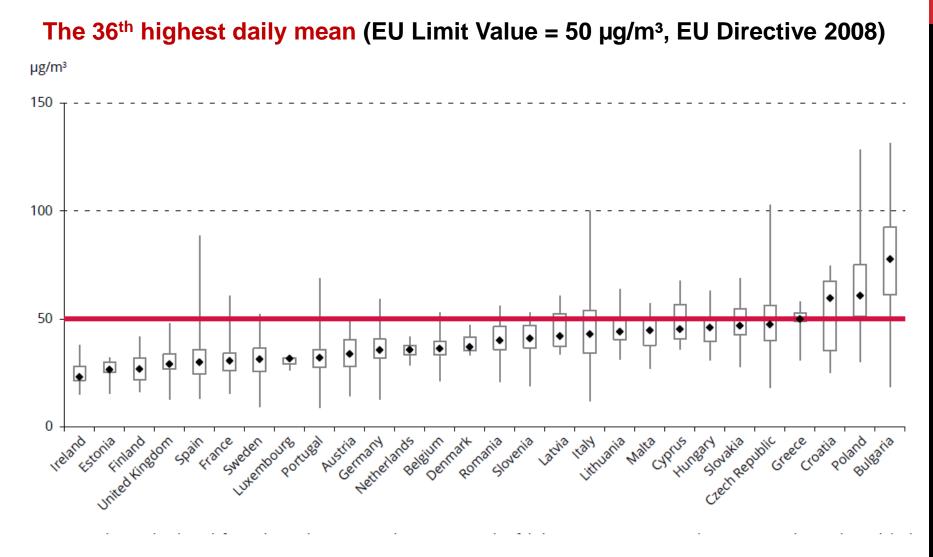
Air Pollution and Regulatory Challenges Ahead in the EU: Research That Can Make a Difference

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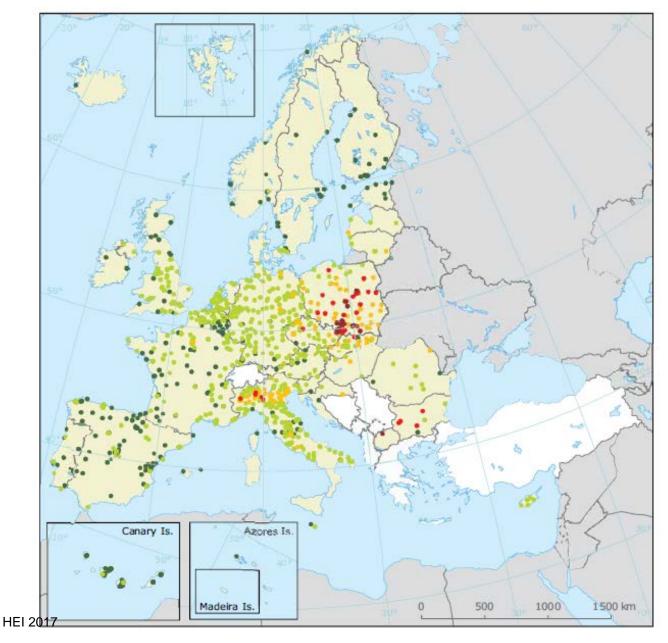


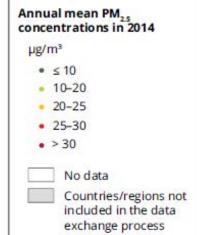
Visiting Professor, Kings College London

PM₁₀ concentrations in relation to the daily limit value in 2014 in the EU-28



Annual mean PM_{2.5} concentrations, 2014



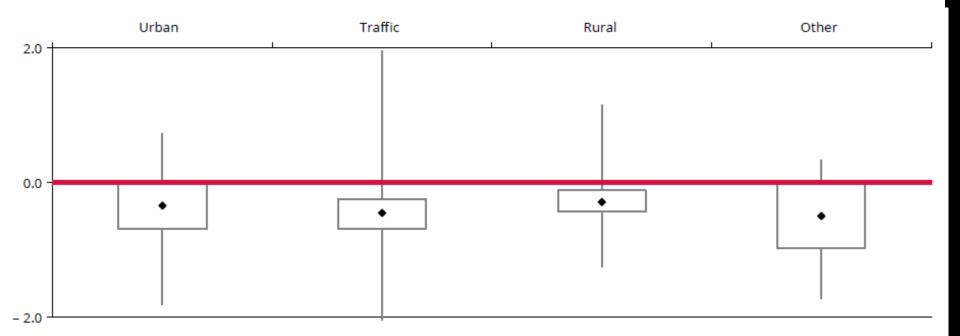


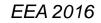
PM_{2.5} annual mean Limit Value = 25 μg/m³

WHO AQG =10 µg/m³ AQG = Air Quality Guideline EEA 2016

Trends in PM_{2.5} annual mean concentrations by station type, EU, 2006-2014

µm/m³ per year





Clean Air Policy Package for Europe

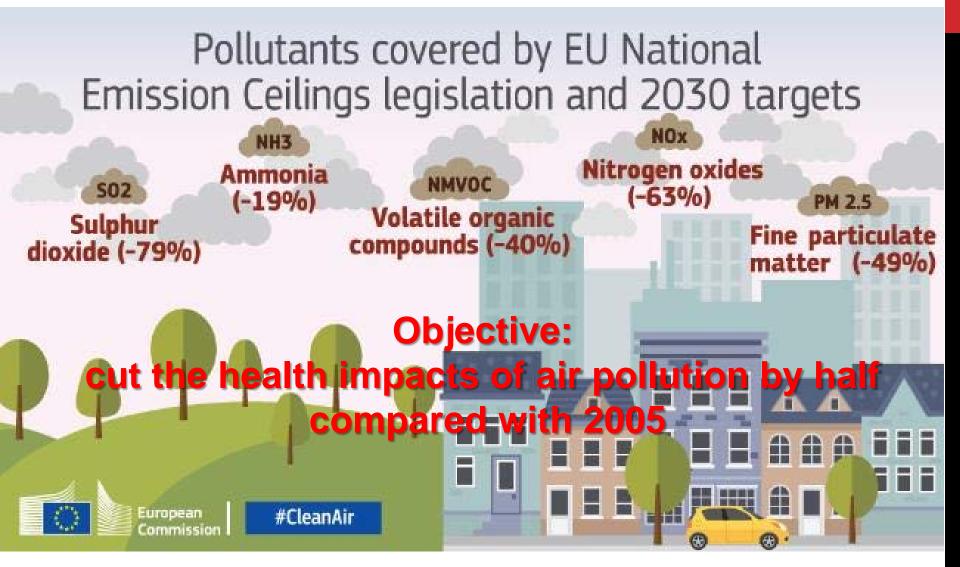
- Review of the Clean Air for Europe policy from 2005 conducted in 2011-2014
- Update on health effects (WHO, 2012-2013)
 - Review of evidence on health aspects of air pollution REVIHAAP
 - Health risks of air pollution in Europe HRAPIE
- **Cost-benefit analysis** (Holland 2014, IIASA 2013)
- Policy discussion setting objectives for 2025-2030







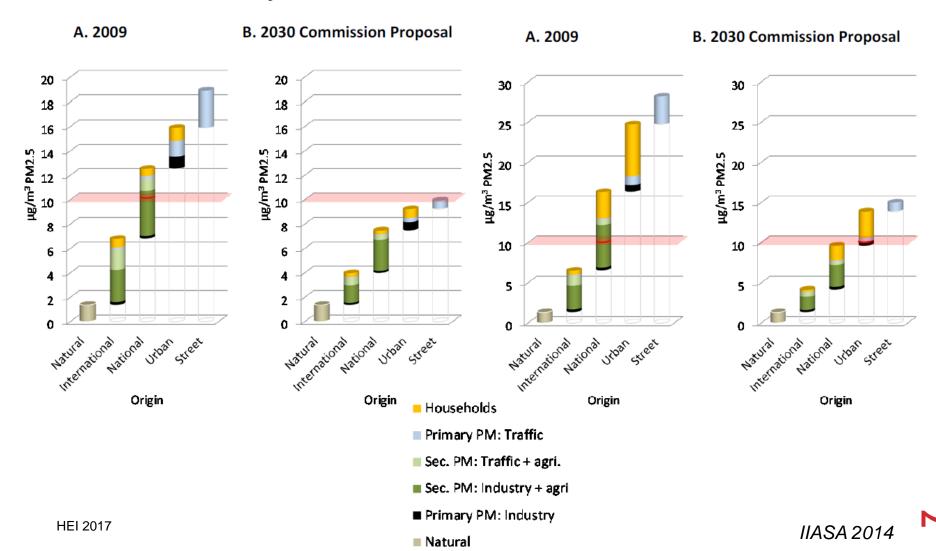
National Emission Ceiling Directive 2016/2284/EU



Source contributions to ambient $PM_{2.5}$ at urban traffic stations in Germany and Poland, in the base year 2009 and for 2030 assuming adoption of the Clean Air Policy Package

Germany

Poland



Strength of evidence on health effects of PM_{2.5}, NO₂ and O₃

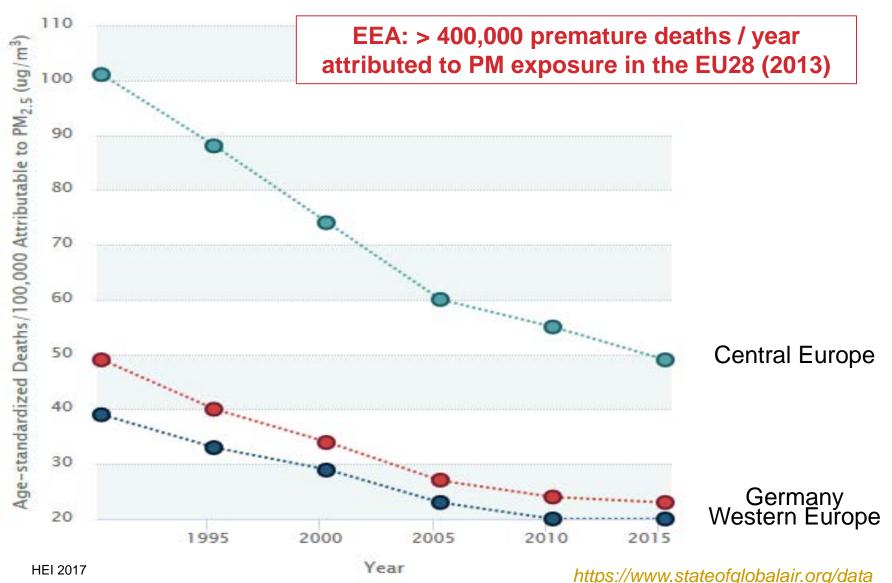
Systematic reviews:

- for PM: US EPA 2009 for NO₂: US EPA 2016 / Health Canada 2016 for O₃: US EPA 2013
- C causal
- L likely causal
- **S** suggestive for causal

Outcome	PM _{2.5}		NO ₂		O ₃	
	Long	Short	Long	Short	Long	Short
Total mortality	C/C	C/C	S/S	S/L	S/S	L/L
CV ¹ mortality	C/C	C/C				-/L
Respiratory mortality	C/-	C/C				-/L
Lung cancer	-/L/C ²					
Respiratory effects	L/L	L / C	L/L	C/C	L/S	C/C
CV ¹ effects		C/C				L/S

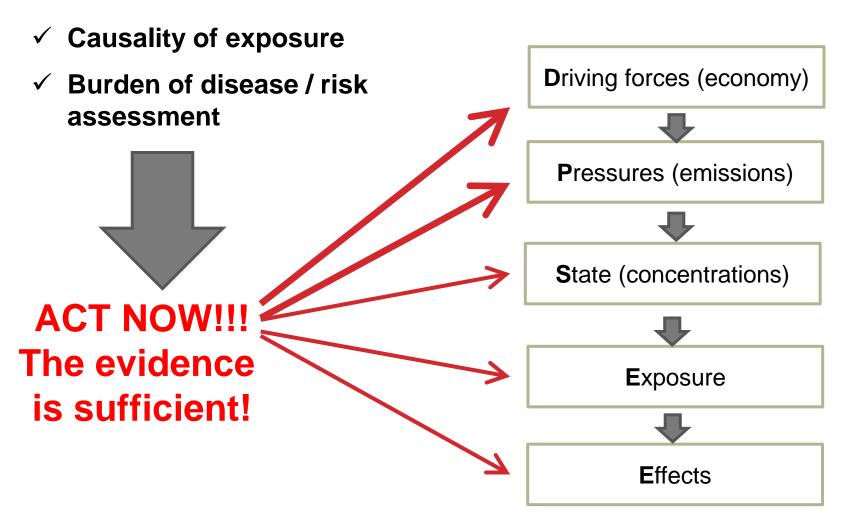
¹ CV = cardiovascular; ² IARC 2013 (Group 1)

Age-standardized death rates / 100,000 pop. attributable to PM_{2.5} in Europe



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Health-based reasons to reduce the health risk of air pollution in EU



Evidence: sufficient ≠ complete



Action

Knowledge

Demand for local evidence on health effects of air pollution

Arguments for local studies:

- Local exposure or health conditions differ from that in other settings;
- Need to convince local authorities and the public about the scale of air pollution problem with local data.

Arguments <u>against</u>:

- Insufficient power / quality of local study;
- Time, costs, expertise...
- Delay in coping with the problem.



Research to improve exposure – response functions

- Further studies in Europe and N. America: increase precision of health risk assessment (HRA), <u>especially in low exposure levels</u>;
- Studies in low/medium income regions:
 - increase confidence in HRA results in medium high exposures;
 - confirm applicability of exposure response function in local conditions;
- Identification of the role of PM components and sources (e.g. coal combustion, traffic, desert dust) focus on the most effective strategy to cope with pollution;
- Studies examining effects of multiple pollutants: enable consideration of possible confounding or synergistic effects of various pollutants.

Multi-disciplinary collaboration!



Studies on "novel" health outcomes affected by air pollution

- > Emerging fields: child development, cognitive effects, ...;
- Identify (new) susceptible / vulnerable groups;
- Complete burden of disease assessment (years lived with disability, productivity / wellbeing);
- Provide additional arguments for coping with pollution.

www.thelancet.com January 4, 2017

Living near major roads and the incidence of dementia, Parkinson's disease, and multiple sclerosis: a population-based cohort study

Hong Chen, Jeffrey C Kwong, Ray Copes, Karen Tu, Paul J Villeneuve, Aaron van Donkelaar, Perry Hystad, Randall V Martin, Brian J Murray, Barry Jessiman, Andrew S Wilton, Alexander Kopp, Richard T Burnett

Review article

Environ Res 2016

Exposure to air pollution and cognitive functioning across the life course – A systematic literature review

Angela Clifford^a, Linda Lang^{a,b}, Ruoling Chen^{a,b,*}, Kaarin J. Anstey^c, Anthony Seaton^d

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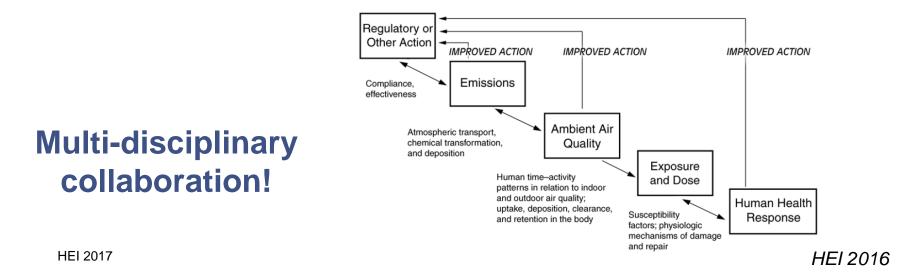
Studies to explain biological mechanisms of effects

- Epidemiologic studies of early indications of disease conditions, e.g.
 - Cardiovascular indicators;
 - Epigenetics?
 - Changes in brain?
 - ...
- Epi studies of vulnerable groups (cardiovascular disease, COPD patients, diabetics);
- Clinical controlled exposure studies;
- Exposome (including metabolic factors, hormones, oxidative stress, ...)?

Understanding of disease causation; Improvement of disease prevention.

Accountability research

- Monitoring of effects of intervention (changes in emissions, air quality, exposure and health);
- Use of randomized control design (when feasible);
- Identification of <u>conditions</u> of effective interventions (including social and environmental characteristics of the target population);
- Optimization of interventions from public health point of view;
- Information / communication / policy support for effective intervention.



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Conclusions

- 1. Primary (current) concerns:
 - Current health burden of air pollution;
 - Slow implementation of existing air quality legislation;
 - Challenges in achieving new emission reduction targets.

2. Research which can (?) make difference:

- Local evidence on health effects of air pollution;
- Improvement of concentration response functions to increase reliability and precision of health burden estimates;
- Identification, understanding and quantification of air pollution "novel" health effects – potential impact on burden of disease estimates;
- Identification of the most feasible, socially acceptable and effective approaches to air pollution reduction to comply with current EU legislation and beyond.

