



Human environmental health in the UK: Five strategic questions

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Context of meeting

Human environmental health

Flame retardants are an example of broad issues pervading UK human environmental health policy, research, and the interface between the two

No more whack-a-mole

With FRs as example, take a high-level perspective. Prevent similar problems with other chemical classes and environmental stressors continuously repeating themselves





#1

Improved product design?



Flammable furniture

Suboptimal design decisions

- Flammable materials
- Added fire retardants
- Widespread FR exposure
- Increased smoke density, toxicity
- Problematic substitutes





#2

Keeping abreast of evidence?

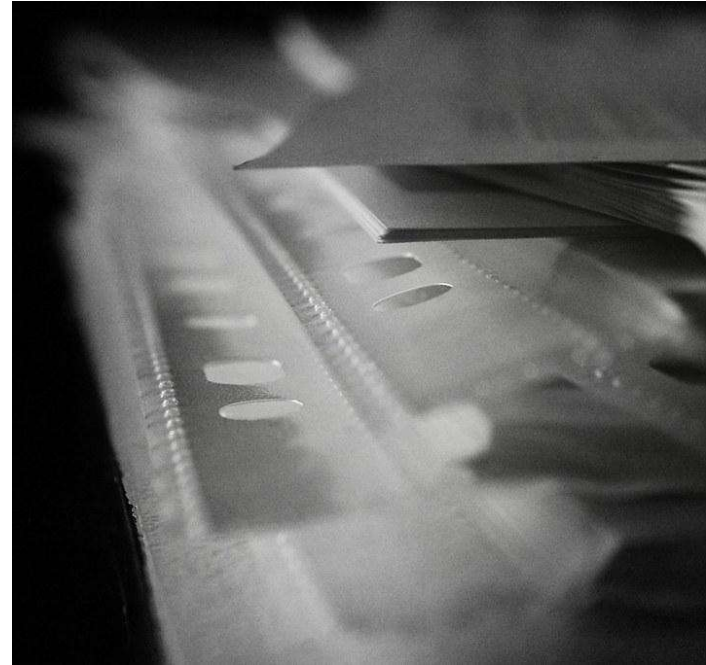




Changing evidence

Hundreds of chemicals

- 1000+ new studies on FRs annually
- Exponential growth in HEH research
- Ever-shifting evidence base
- Accurate, timely summaries needed
- Flagging changes in evidence






#3

Transparent prioritisation?





Flagging chemicals

Consistently, transparently

- Toxicity starts as poorly understood
- Concerns rise and recede
- Evidence rarely unequivocal
- Defining stepped thresholds for response
- Consistent application of process



#4

Utilising full breadth
of evidence?



Types of evidence

Appropriate balance

- Most evidence academic, uneven
- OECD standardised but limited
- Different stakeholders favour different evidence
- Comprehensive, balanced view





#5

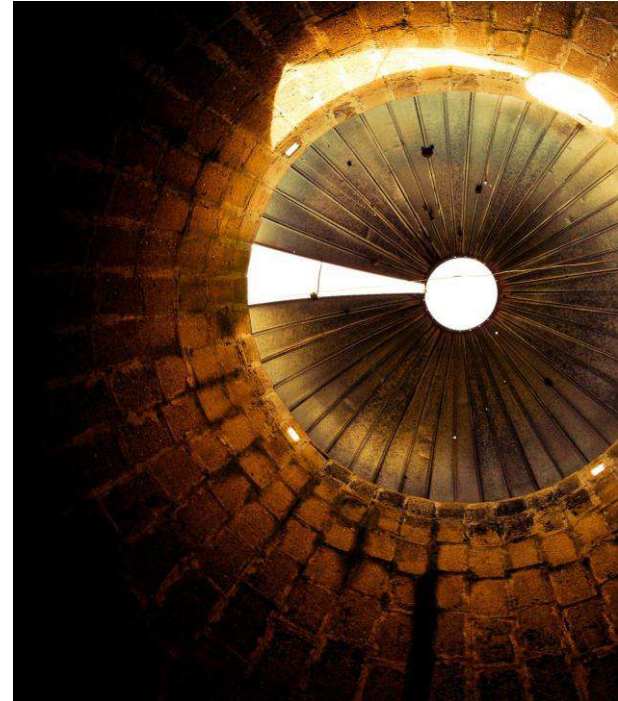
**Robust culture of human
environmental health?**



Establishing a culture

De-siloing HEH research, policy

- US, EU relatively strong culture of HEH
- UK few specialist researchers
- Lower public awareness, interest in issues
- Funding spread between health, environment
- Post-BREXIT & COVID opportunities e.g. HSA





Next: *your responses*

