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# Introduction to Global Environmental Health

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# Types of environmental risks

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- Chemical
  - Air pollution, pesticides, plasticizers (e.g. phthalates) and plastic components (e.g. bisphenol A), flame retardants, disinfection byproducts, toxic waste
- Biological
  - Bacteria, viruses, parasites
- Physical
  - Noise
  - Ionizing and non-ionizing radiation
  - Built environment
- Socioeconomic
  - Neighborhood safety
  - Accessibility and connectivity

# What is pollution?

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“Unwanted, often dangerous, material that is introduced into the Earth’s environment as the result of human activity, that threatens human health, and that harms ecosystems.”

# Outline for today

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- Global burden of disease due to pollution (chronic exposure)
  - Quantification, distribution, cost
- Emerging threats / Results from our group
- Environmental policy
- Where do we go from there?



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# **Quantification of disease burden due to pollution**

# Main causes of mortality globally, 2015

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- 1) Ischaemic heart disease
- 2) Stroke
- 3) Lower respiratory infections
- 4) Chronic obstructive pulmonary disease
- 5) Trachea, bronchus and lung cancers
- ...
- 9) Tuberculosis
- 13) HIV/AIDS
- 26) Malaria

**Similar in lower-middle income countries**

# Main causes of mortality in low-income countries, 2015

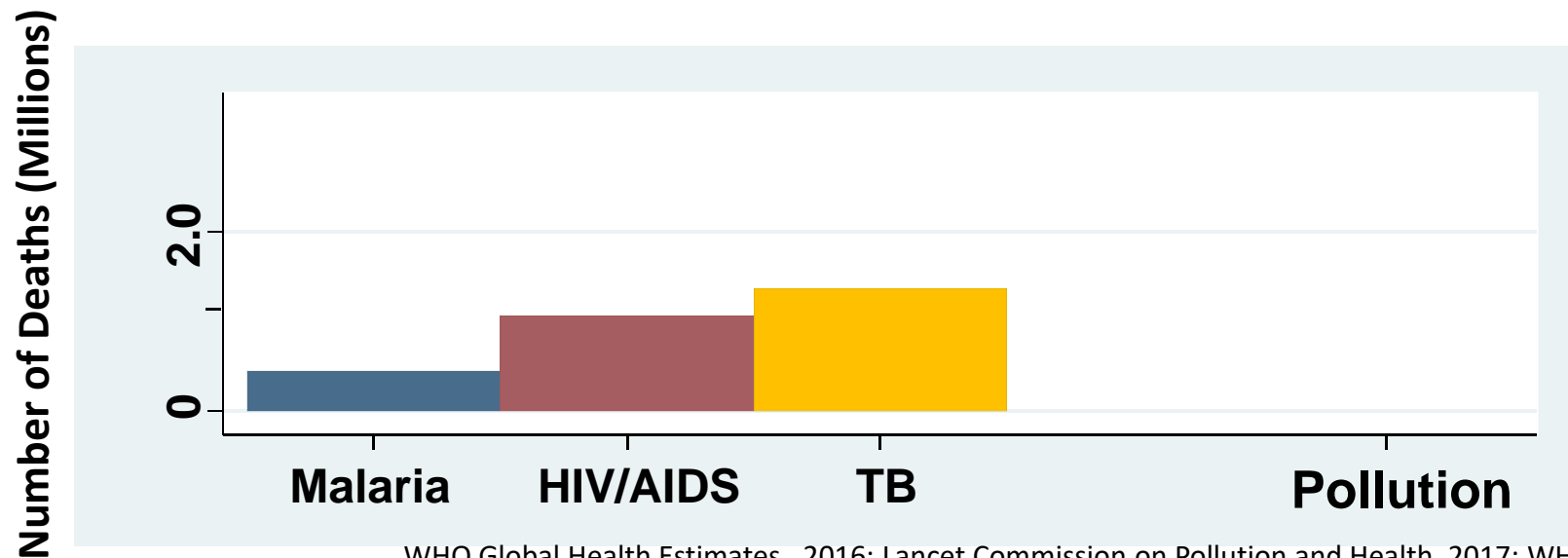
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- 1) Lower respiratory infections
- 2) Diarrhoeal diseases
- 3) Stroke
- 4) Ischaemic heart disease
- 5) HIV/AIDS
- 6) Tuberculosis
- 7) Malaria

**Major investments in research and prevention on these, for good reasons**

# Global Causes of Mortality, 2015

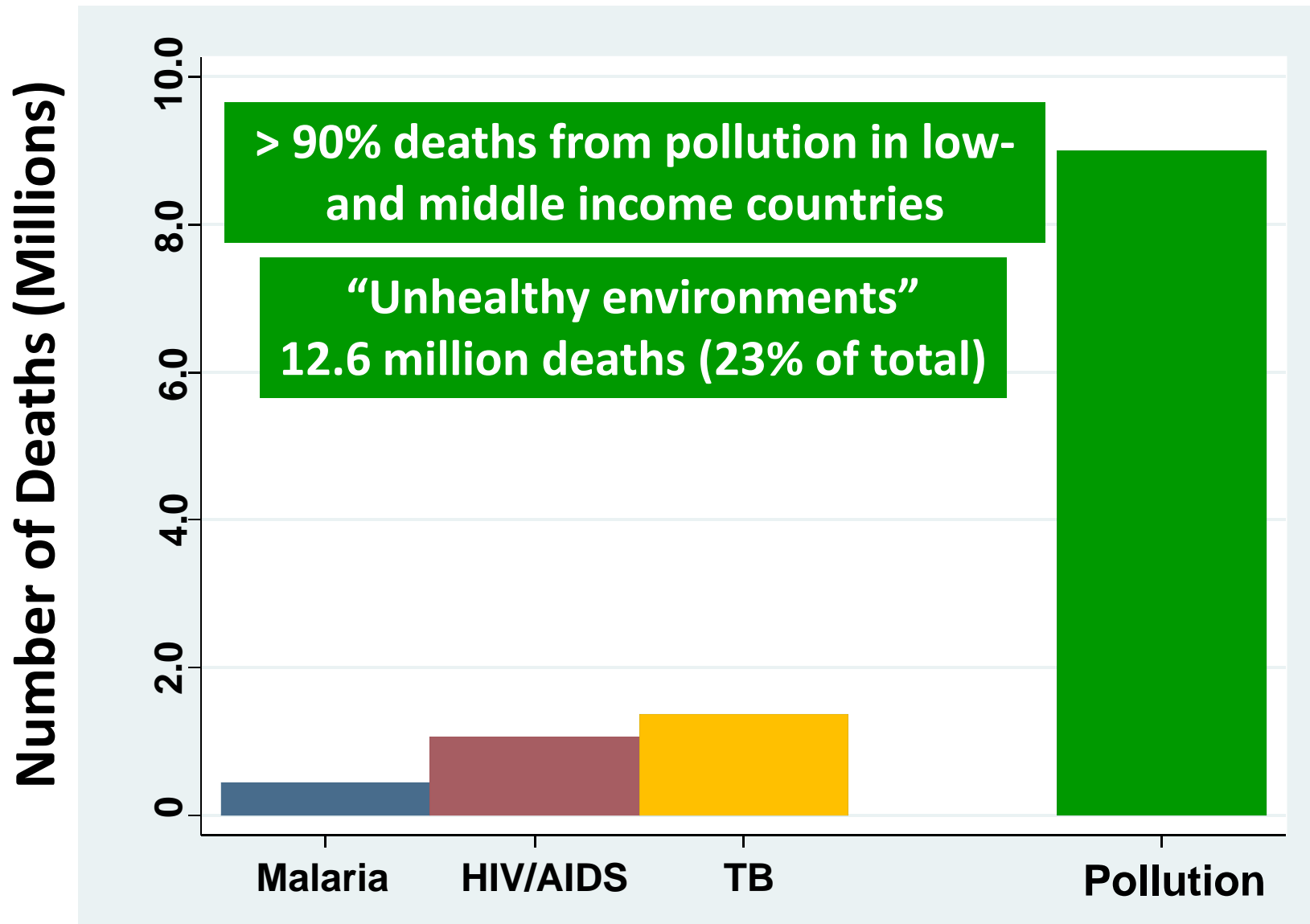
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WHO Global Health Estimates , 2016; Lancet Commission on Pollution and Health, 2017; WHO, 2014



# Pollution caused 9 million deaths in 2015



# Lancet Commission on Pollution and Health, 2017

## The Lancet Commission on pollution and health

*Philip J Landrigan, Richard Fuller, Nereus J R Acosta, Olusoji Adeyi, Robert Arnold, Niladri (Nil) Basu, Abdoulaye Bibi Baldé, Roberto Bertolini, Stephan Bose-O'Reilly, Jolvey Boufford, Patrick N Breyse, Thomas Chiles, Chulabhorn Mahidol, Awa M Coll-Seck, Maureen L Cropper, Julius Fobil, Valentin Fuster, Michael Greenstone, Andy Haines, David Hanrahan, David Hunter, Mukesh Khare, Alan Krupnick, Bruce Lanphear, Bindu Lohani, Keith Martin, Karen V Mathiasen, Maureen A McTeer, Christopher J L Murray, Johanita D Ndahimanaanjara, Frederica Perera, Janez Potočnik, Alexander S Preker, Jairam Ramesh, Johan Rockström, Carlos Salinas, Leona D Samson, Karti Sandilya, Peter D Sly, Kirk R Smith, Achim Steiner, Richard B Stewart, William A Suk, Onno C P van Schayck, Gautam N Yadama, Kandeh Yumkella, Ma Zhong*

- “Pollution is one of the great existential challenges of the Anthropocene epoch.”
- “Like climate change, biodiversity loss, ocean acidification, desertification, and depletion of [...] water supply, pollution endangers the stability of the Earth’s support systems and threatens the continuing survival of human societies.”
- “Yet, despite its great and growing magnitude [...] pollution has been largely overlooked in [...] global health agendas and [...] has] received little attention from either international agencies or philanthropic donors.”

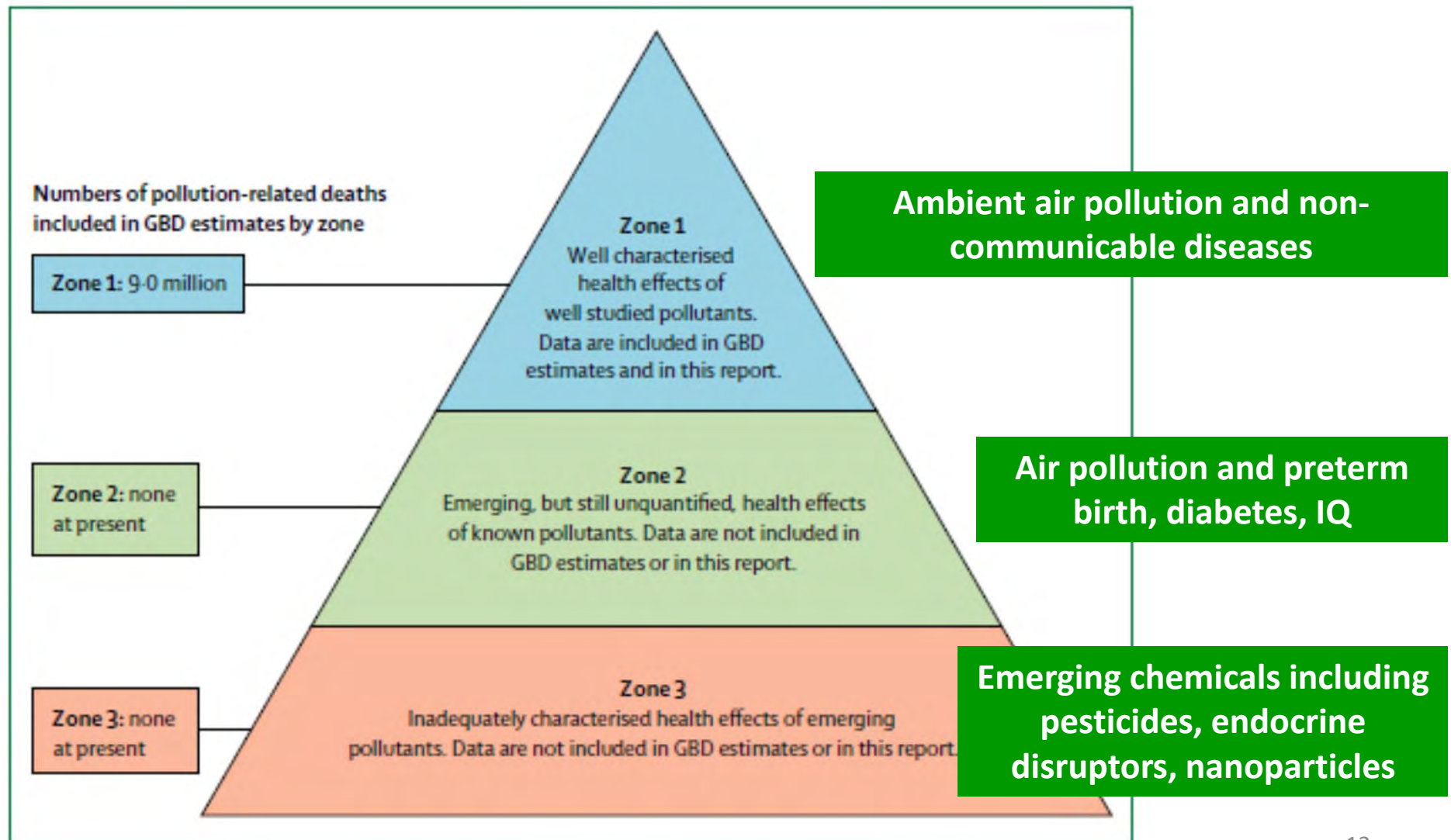


# Pollution risk factors examined by the Lancet Commission

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- Air Pollution
  - Household air pollution
  - Ambient fine particulate and ozone pollution
- Water Pollution
  - Unsafe sanitation
  - Unsafe water sources (chemical risks not included)
- Soil Pollution
  - Chemicals, lead and mercury in known contaminated sites
- Occupational pollution
  - Carcinogens
  - Particulates, gases and fumes

# The health effects of few pollutants has been well-characterized – Is this the tip of the iceberg?



# Number of deaths by pollution source examined

	GBD study best estimate (95% CI)	WHO best estimate (95% CI)
Air (total)	6.5 (5.7–7.3)	6.5 (5.4–7.4)
Household air	2.9 (2.2–3.6)	4.3 (3.7–4.8)
Ambient particulate	4.2 (3.7–4.8)	3.0 (3.7–4.8)
Ambient ozone	0.3 (0.1–0.4)	..
Water (total)	1.8 (1.4–2.2)	0.8 (0.7–1.0)
Unsafe sanitation	0.8 (0.7–0.9)	0.3 (0.1–0.4)
Unsafe source	1.3 (1.0–1.4)	0.5 (0.2–0.7)
Occupational	0.8 (0.8–0.9)	0.4 (0.3–0.4)
Carcinogens	0.5 (0.5–0.5)	0.1 (0.1–0.1)
Particulates	0.4 (0.3–0.4)	0.2 (0.2–0.3)
Soil, heavy metals, and chemicals	0.5 (0.2–0.8)	0.7 (0.2–0.8)
Lead	0.5 (0.2–0.8)	0.7 (0.2–0.8)
Total	9.0	8.4

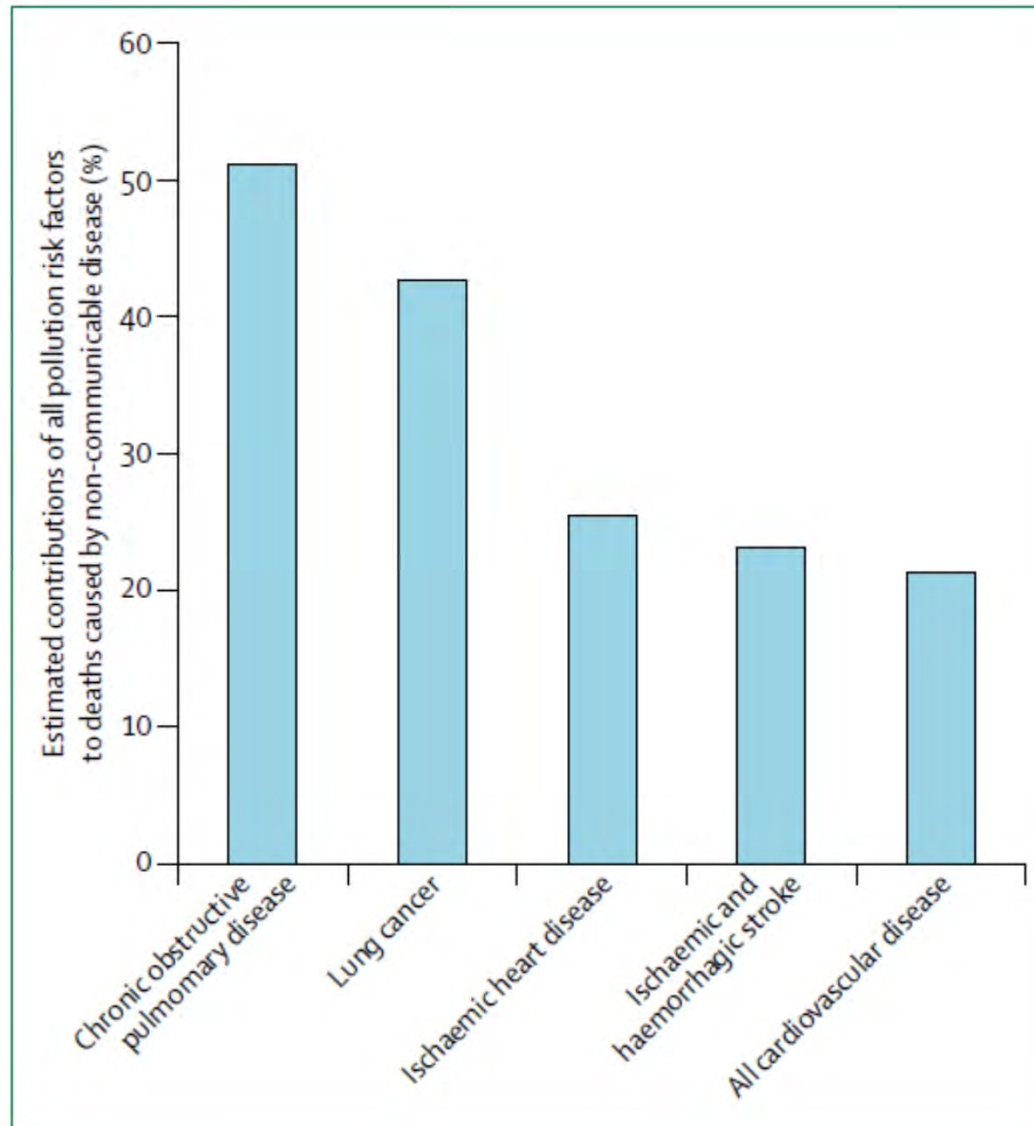
Note that the totals for air pollution, water pollution, and all pollution are less than the arithmetic sum of the individual risk factors within each of these categories because these have overlapping contributions—eg, household air pollution also contributes to ambient air pollution and vice versa.

**Table 1: Global estimated deaths (millions) due to pollution risk factors from the Global Burden of Disease study (GBD; 2015)<sup>42</sup> versus WHO data (2012)<sup>99, 101</sup>**



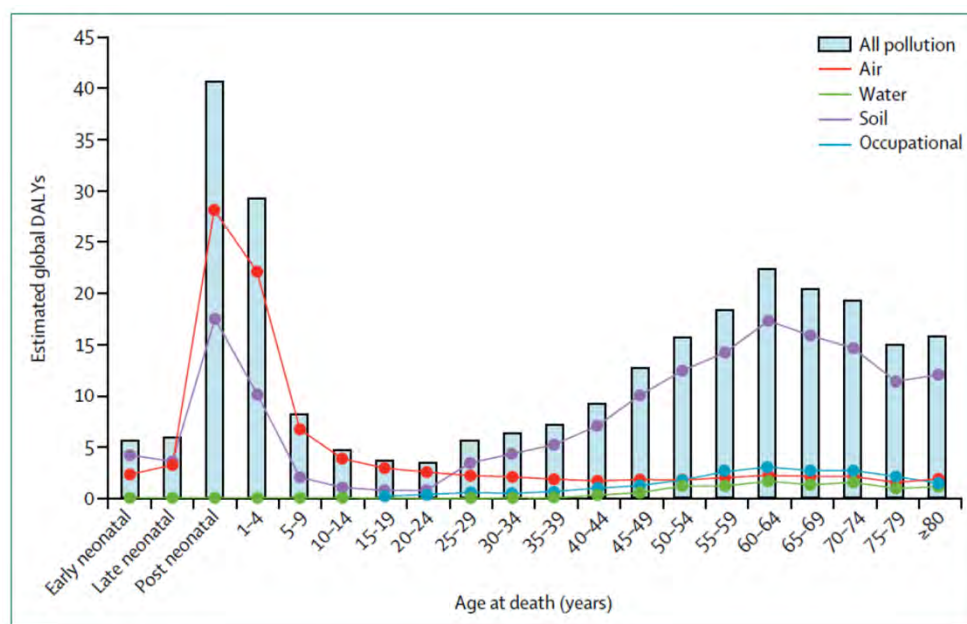
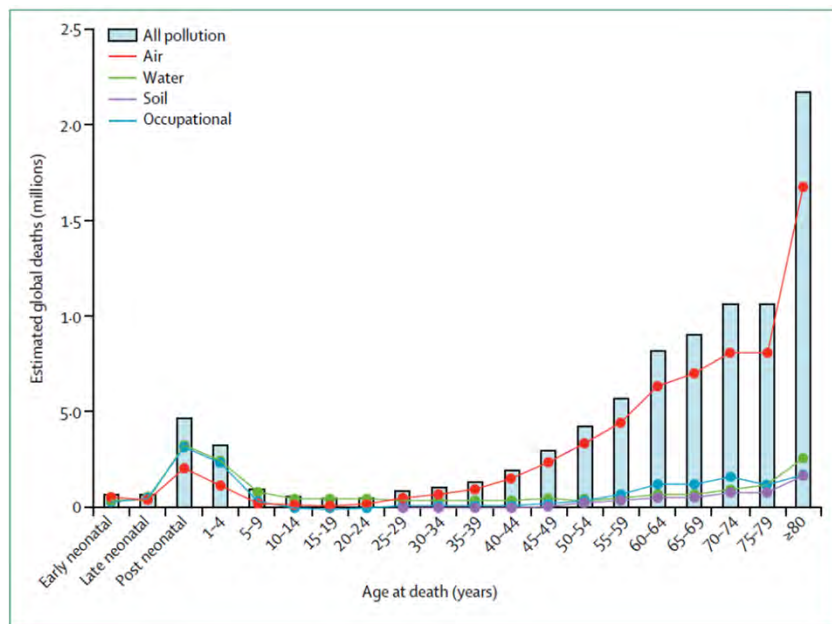
# Contribution of pollution to mortality due to non-communicable diseases, 2015

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# Global DALYs by pollution source and age of death

- Air pollution: Primarily kills older people but disease burden larger in children
- Water pollution: Primarily kills children



# Health effects of air pollution (PM<sub>2.5</sub>)

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- Strong evidence for:
  - Myocardial infarction
  - Hypertension
  - Congestive heart failure
  - Arrhythmia
  - Cardiovascular mortality
  - Chronic obstructive pulmonary disease
  - Lung cancer
  
- Emerging evidence
  - Premature birth
  - Low birth weight
  - Diabetes
  - Impaired cognition (children)  
neurodegenerative disease (adults)
  - Attention-deficit/hyperactivity disorder
  - Autism





# Water pollution

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- 2.4 billion people use inadequate sanitation facilities
- Total deaths: 1.8 million in 2015 (mostly children < 5 years)
  - Diarrhoeal disease (70% of deaths)
  - Parathyphoid and thyphoid fever (28% of deaths)
  - Lower respiratory tract infections (2% of deaths)

**Chemicals in water not considered**

# Chemicals found in water

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- Chemicals found in water may include:
  - Pharmaceuticals
  - Hormones
  - Pesticides
  - Industrial chemicals
  - “Household” chemicals (detergents, bisphenol A, phthalates)
  - Endocrine disruptors

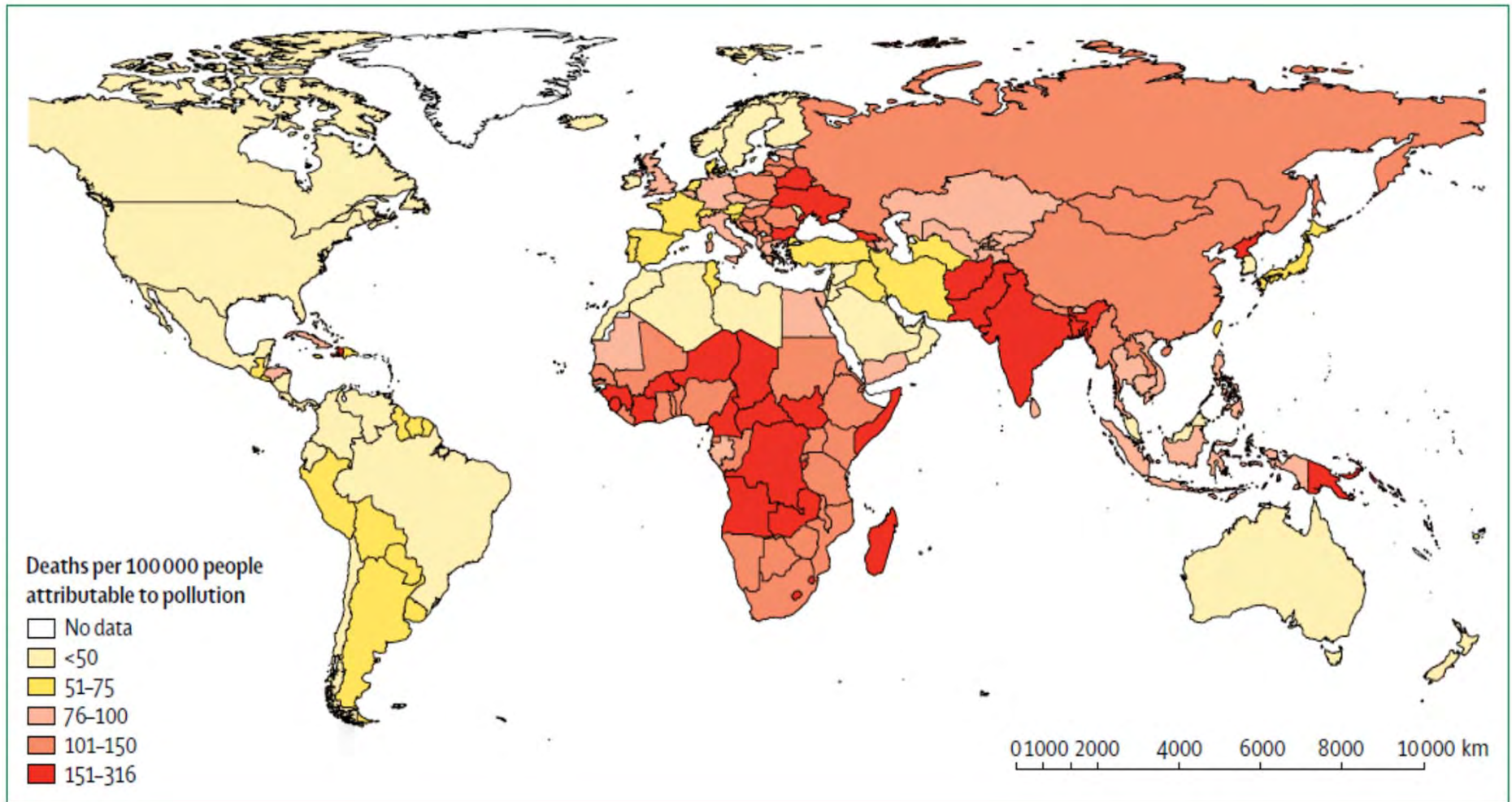
**Standard water treatment not effective in removing chemicals**

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# **Distribution of disease burden due to pollution**

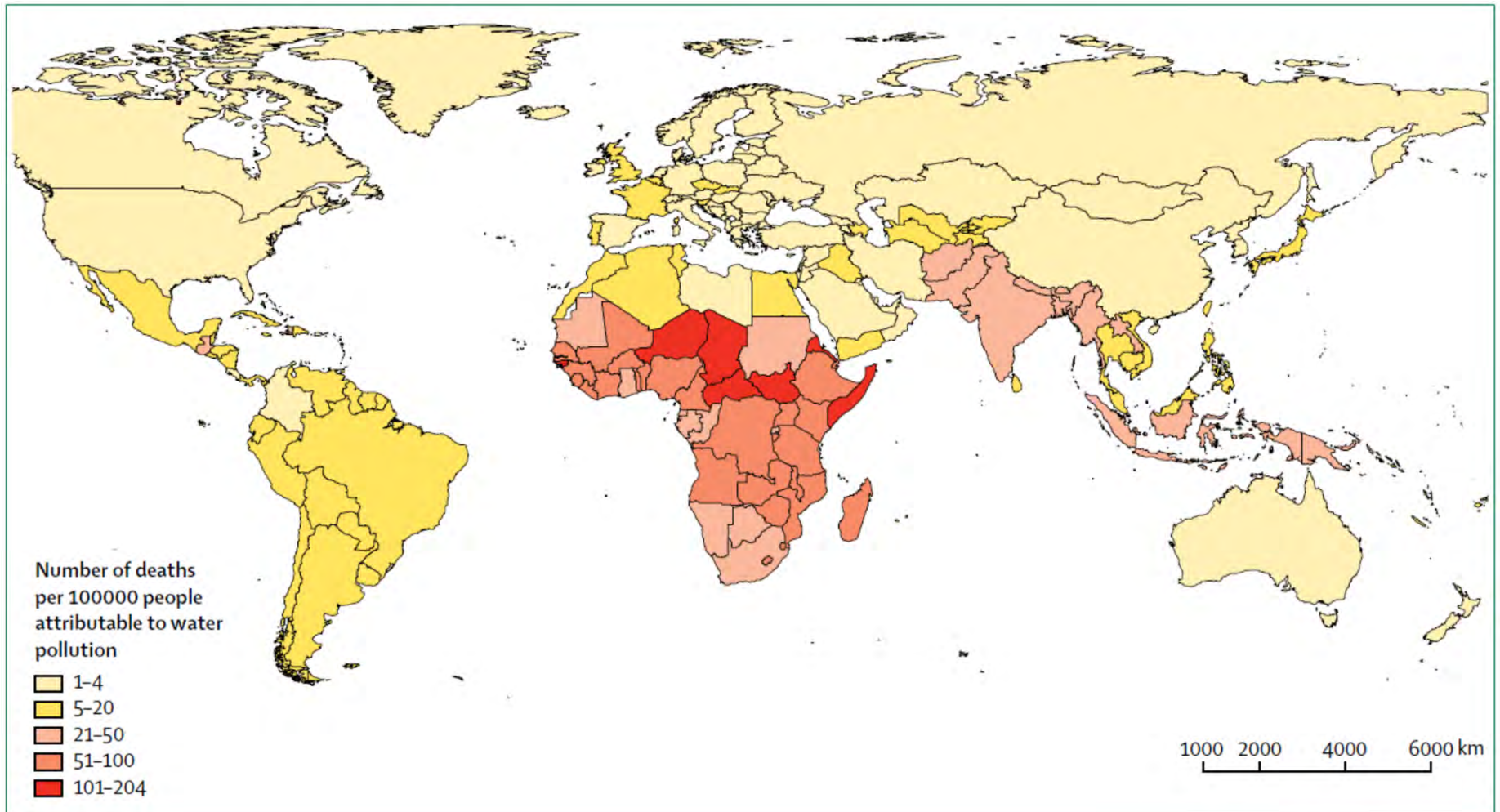
# Most deaths due to pollution occur in vulnerable populations

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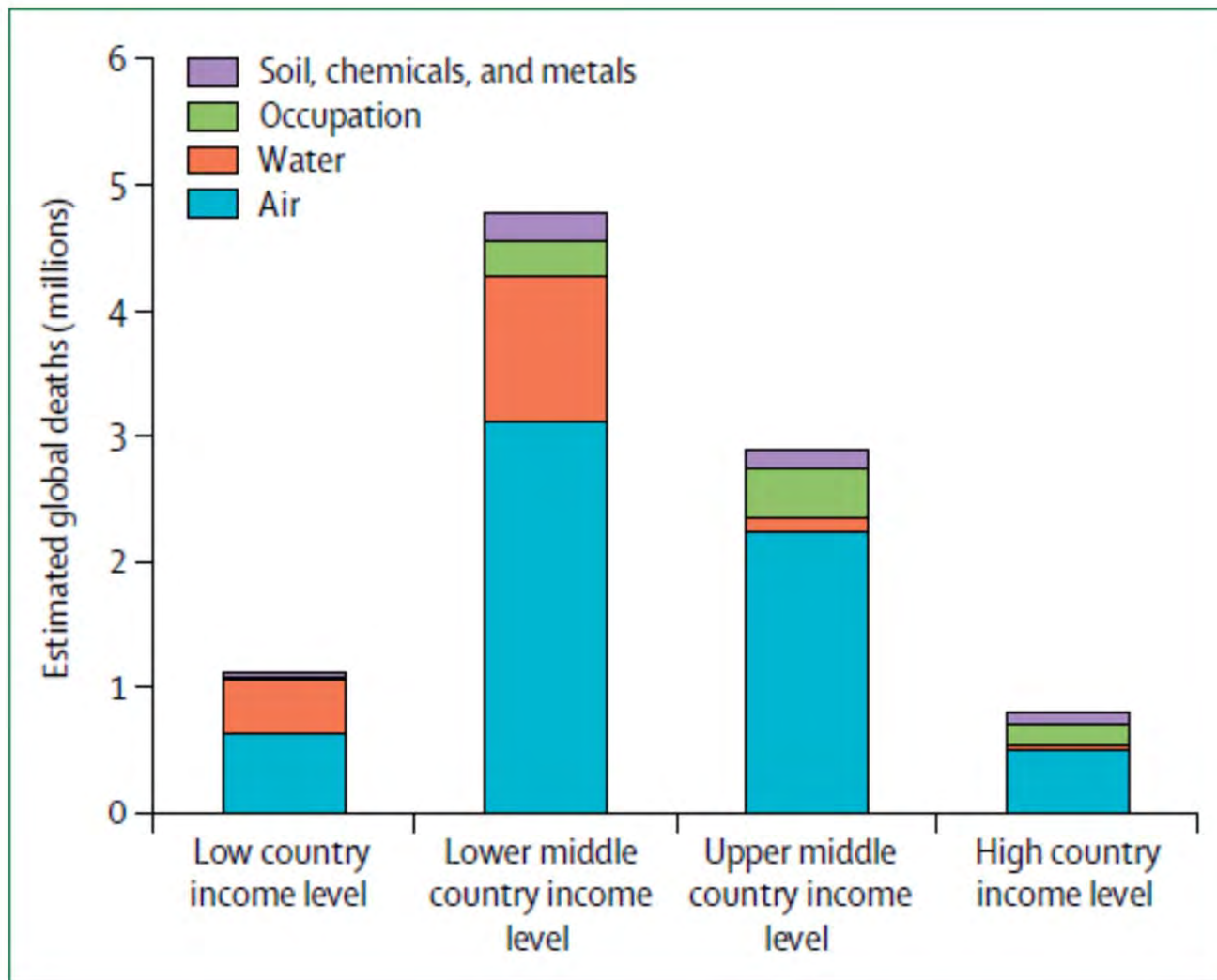


# Most deaths due to water pollution occur in sub-Saharan Africa

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# Most deaths in rapidly-developing lower-middle income countries



## Lower-middle income countries

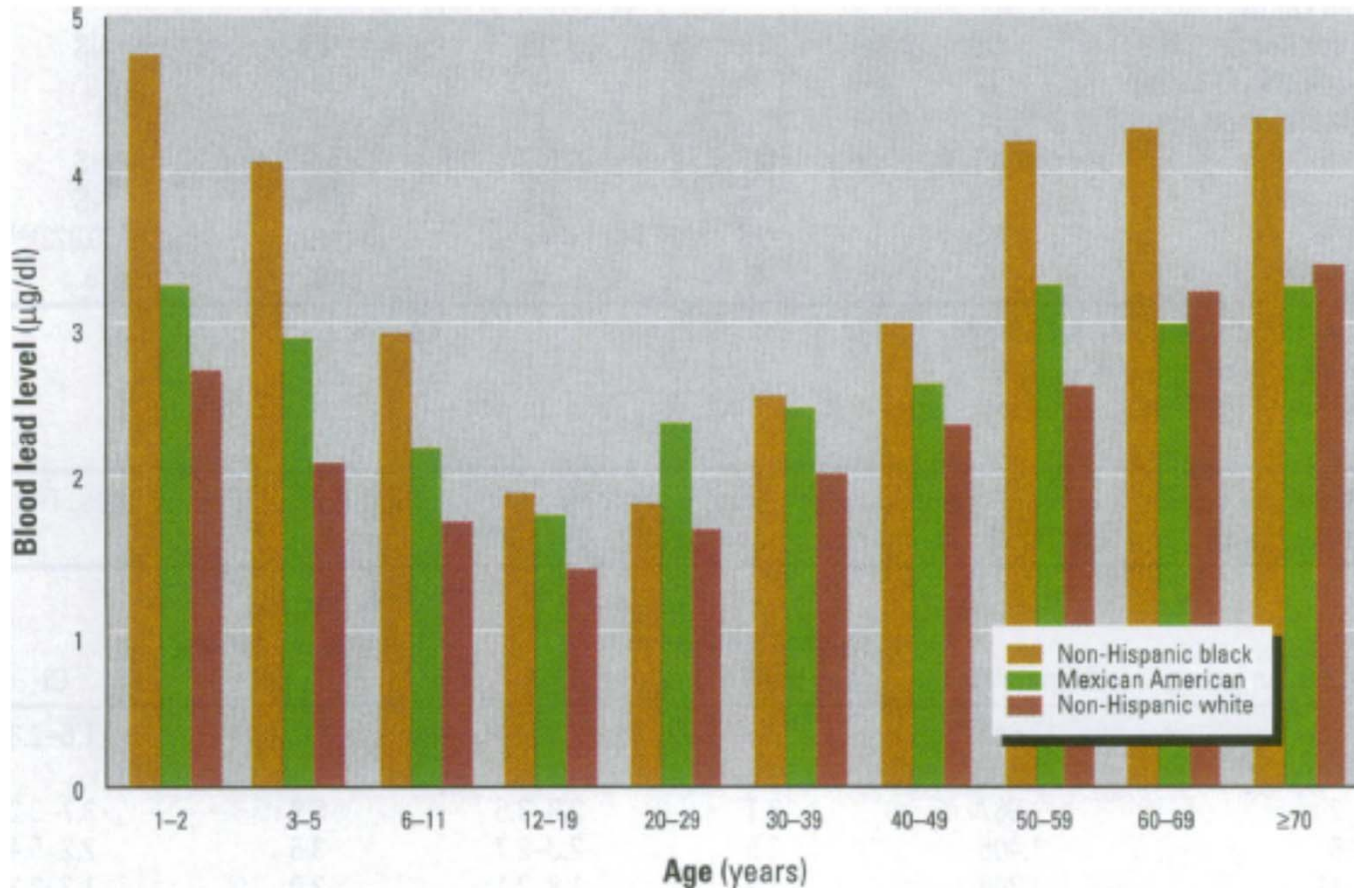
- Bangladesh
- Cambodia
- Cameroon
- Ghana
- Honduras
- Indonesia
- Kenya
- Pakistan
- Philippines
- Ukraine
- Vietnam



# Blood lead levels in U.S. 1991-1994

Blood lead higher in:

- Children and elderly
- Minorities



# Children are not little adults

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## In comparison with adults, children...

- Have higher breathing rates
- Consume more food per unit body weight
- Have higher skin surface to volume ratios
- Have lower detoxifying capabilities



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# **Costs of disease burden due to pollution**

## **Costs of pollution likely high but insufficient data for full accounting**

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- Health care costs due to air pollution \$US 100 billion in 2013 for high-income countries
- Costs of lost productivity due to pollution \$US 53 billion in 2015 for high and upper-middle income countries

# Controlling pollution is cost-effective

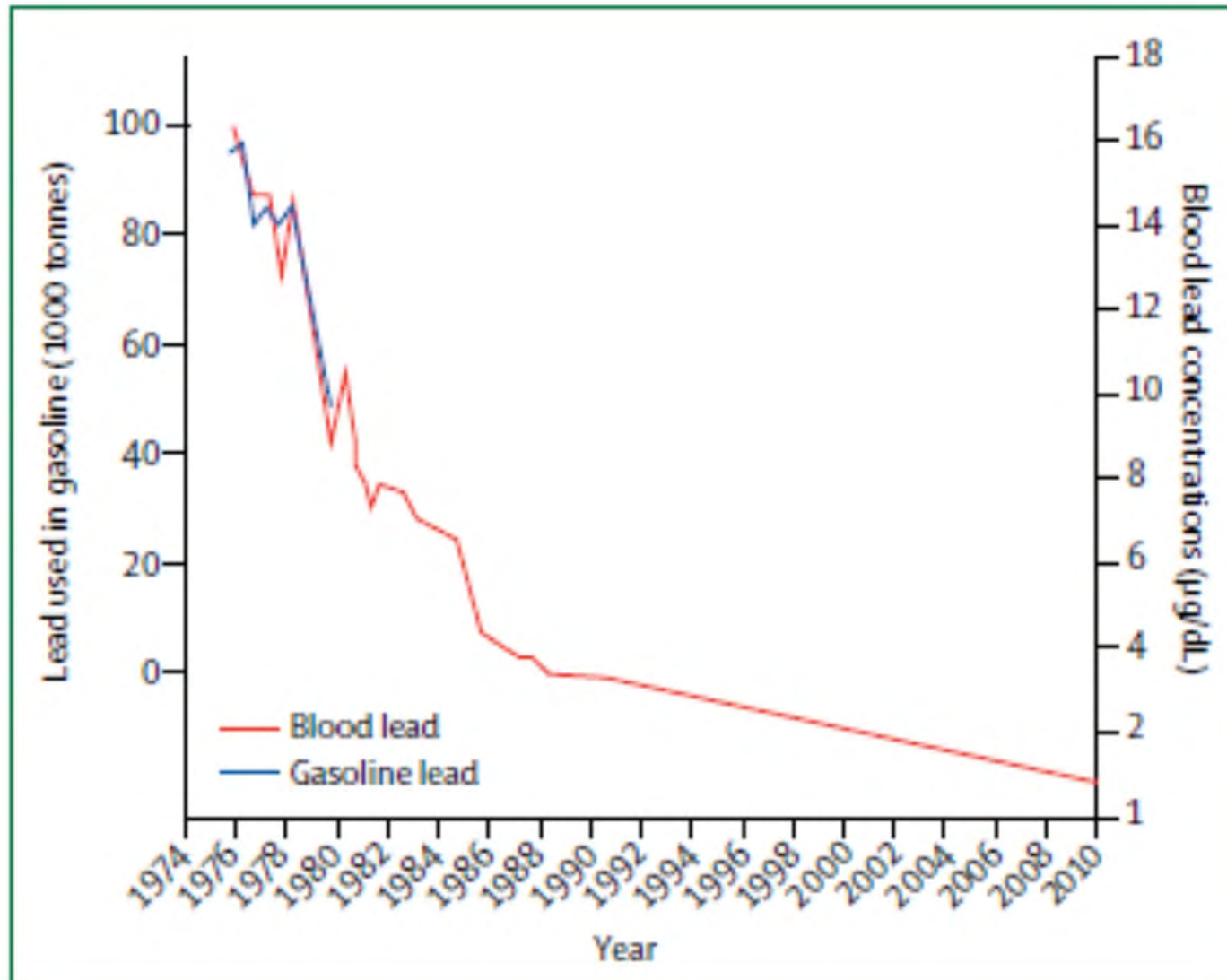
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- In USA, US\$ 30 in benefits per US\$ 1 invested in air pollution control
  - Total benefit since 1970: \$1.5 trillion



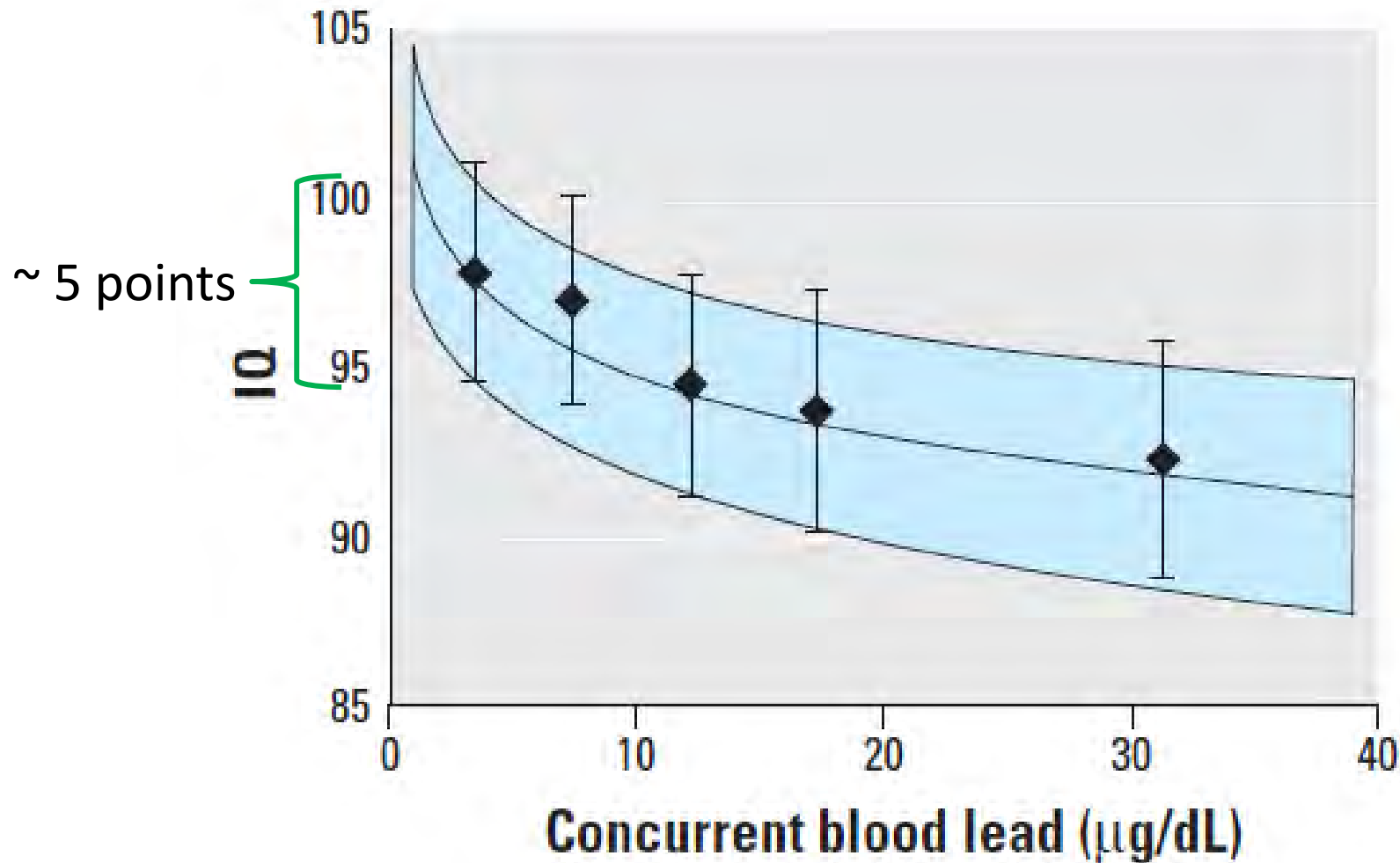
# A well-known public health success: The removal of lead in gasoline

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# Lead related to reduced IQ in children aged 5 – 10 years

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# Benefits of removing lead from gasoline

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- Lead removal increased IQ by 2-5 points in children born since 1980
- Gain represents US\$ 200 billion for each annual cohort
  - Total to date: US\$ 6 trillion

# Consequences of inaction

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- Under “business as usual” scenario, mortality due to air pollution estimated to increase by 2.4 million (50% increase)
- Consequences of inaction not evaluated for other environmental risks.

# Outline for today

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- Global burden of disease due to pollution (chronic exposure)
  - Quantification, distribution, cost
- **Emerging threats / Results from our group**
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# Chemical contaminants

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- How many chemicals synthesized since 1950s?
  - **140,000**
- We are exposed to about 5,000 of these
- How many of these 5,000 chemicals have been tested for safety?

# Some emerging contaminants

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- Bisphenol A
  - Hard plastics and food and beverage cans
- Flame retardants (polybrominated diphenyl ethers; PBDEs)
  - Stuffed furniture, construction materials, electronics
- Phthalates
  - Soft plastics, personal care products
- Perfluorinated compounds
  - Anti-stain and anti-stick products (Scotchguard, Teflon, Gore-Tex)
  - Microwaveable popcorn!



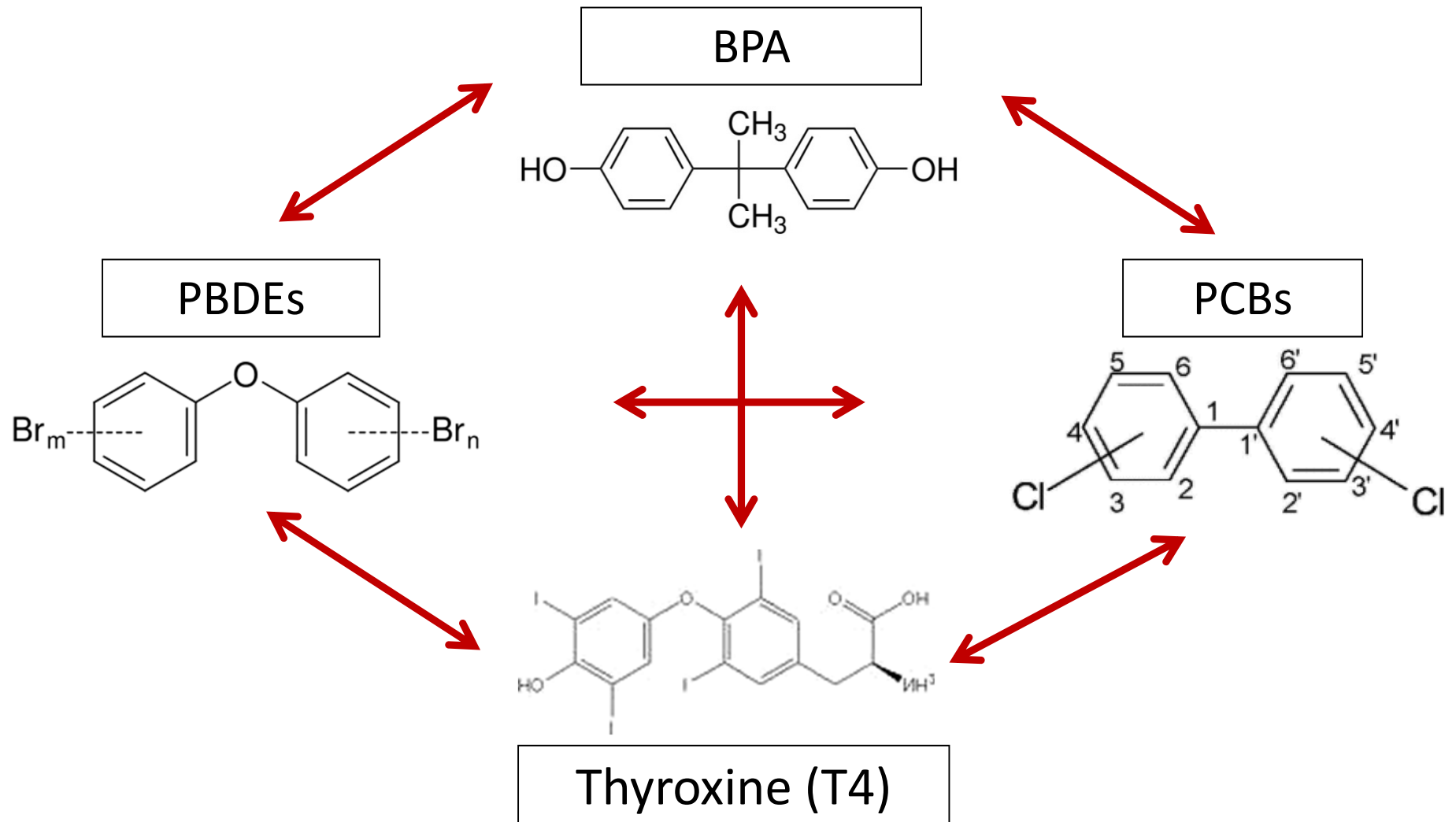
# Endocrine Disruption Hypothesis

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- Proposes that some chemicals may **interfere** with hormones synthesis, elimination and/or action
- Hormones act at **very low** concentrations (part per trillion)
- Exposure to **very small** amounts of certain chemicals may have **profound and permanent** effects on child development.

# PCBs, PBDEs, BPA & Thyroid Hormone

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# Developmental Effects of Hypothyroidism

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**Cretinism:** Caused by iodine deficiency-related hypothyroidism



# Objective

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**Is maternal exposure to PCBs, PBDEs and/or BPA associated with thyroid function in pregnant women and neonates?**



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# Who is at greatest risk of exposure to PBDEs?

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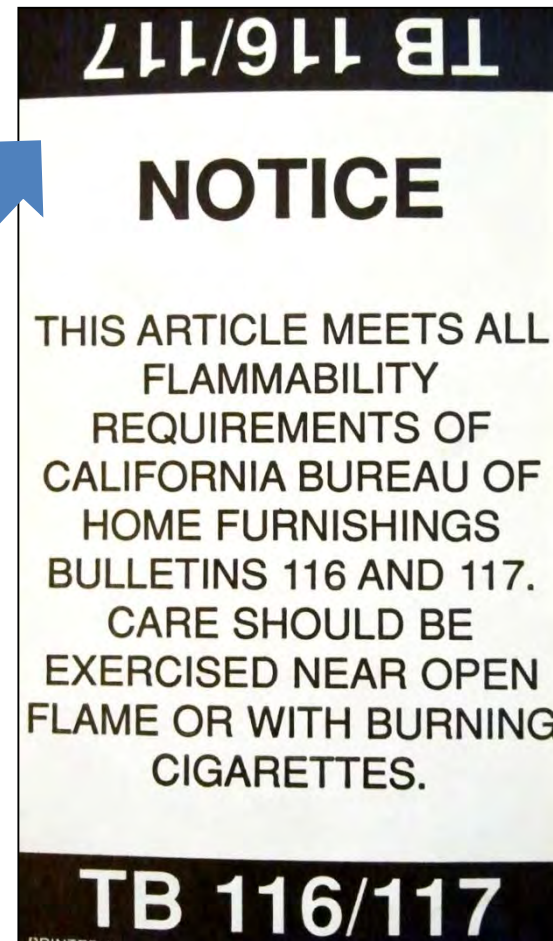
- North American Residents
- Californians in Particular



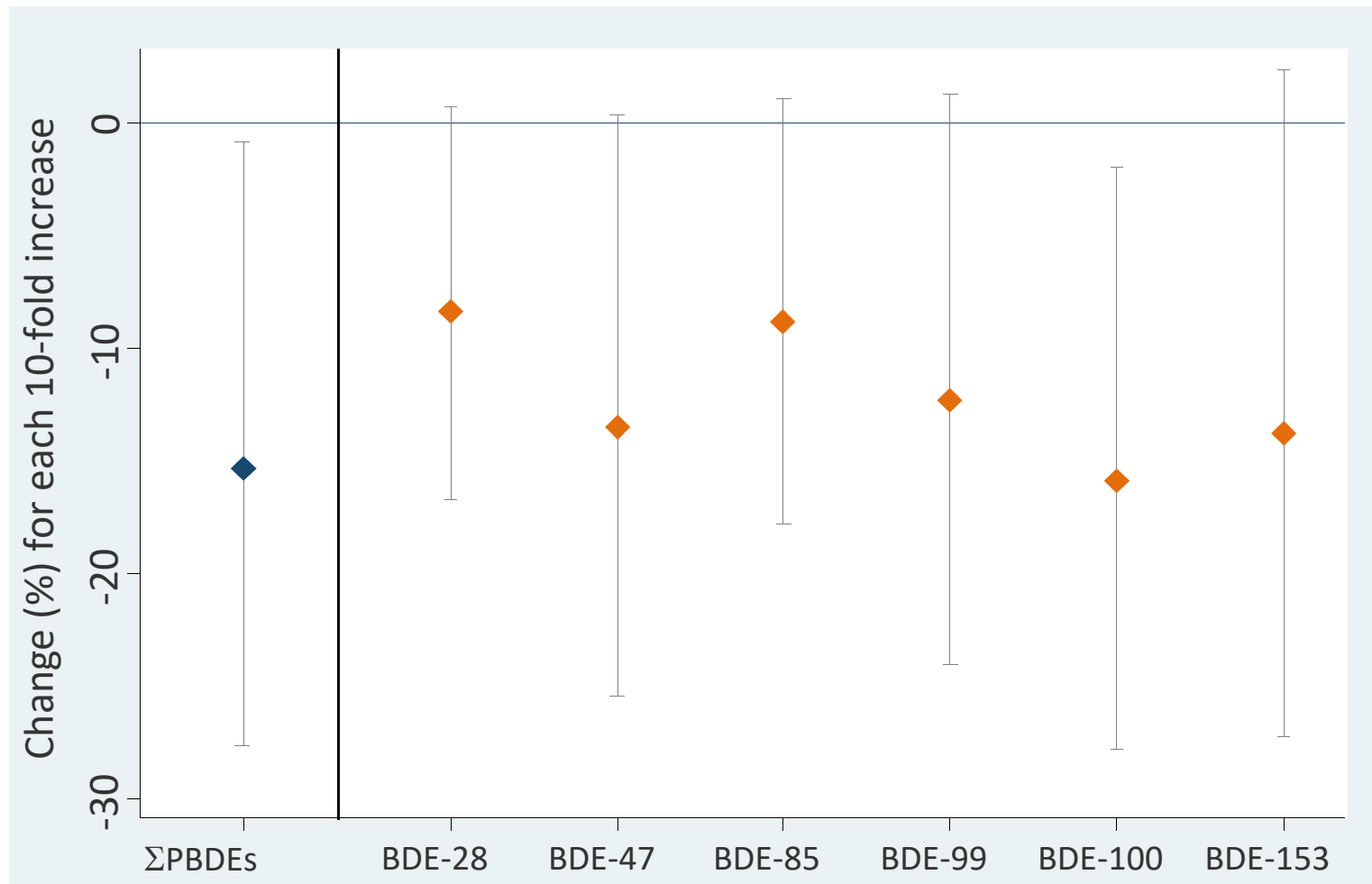


# Technical Bulletin 117

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# Association of Serum PBDEs & Maternal TSH



Adjusted for maternal age, race, education, income, country of birth, time lived in the U.S., pre-pregnancy BMI, gestational age at blood collection. Results were unchanged after the removal of outliers, selection bias correction and were independent of the lipid adjustment method.

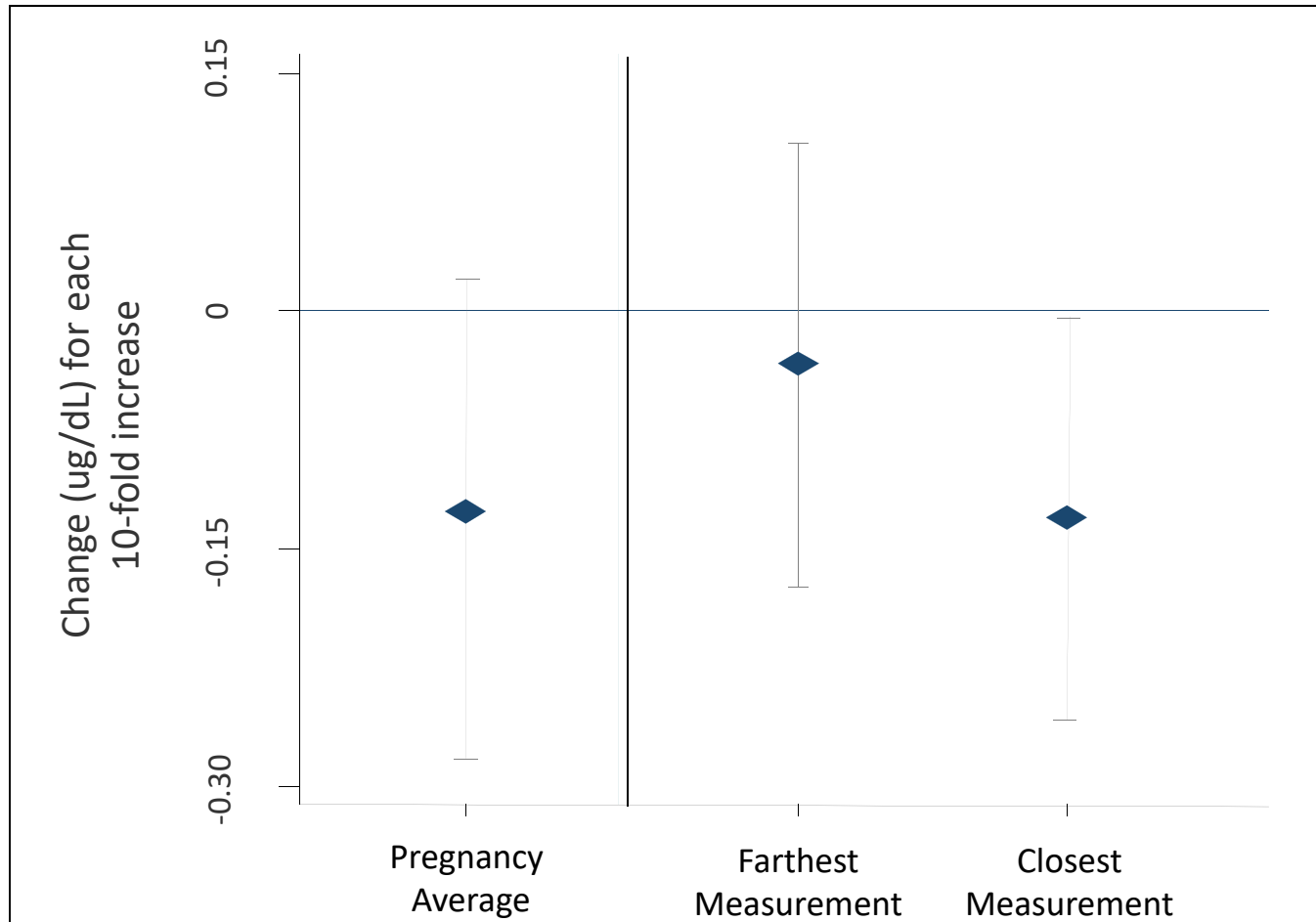
# Bisphenol A (BPA)

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# BPA & Maternal T4

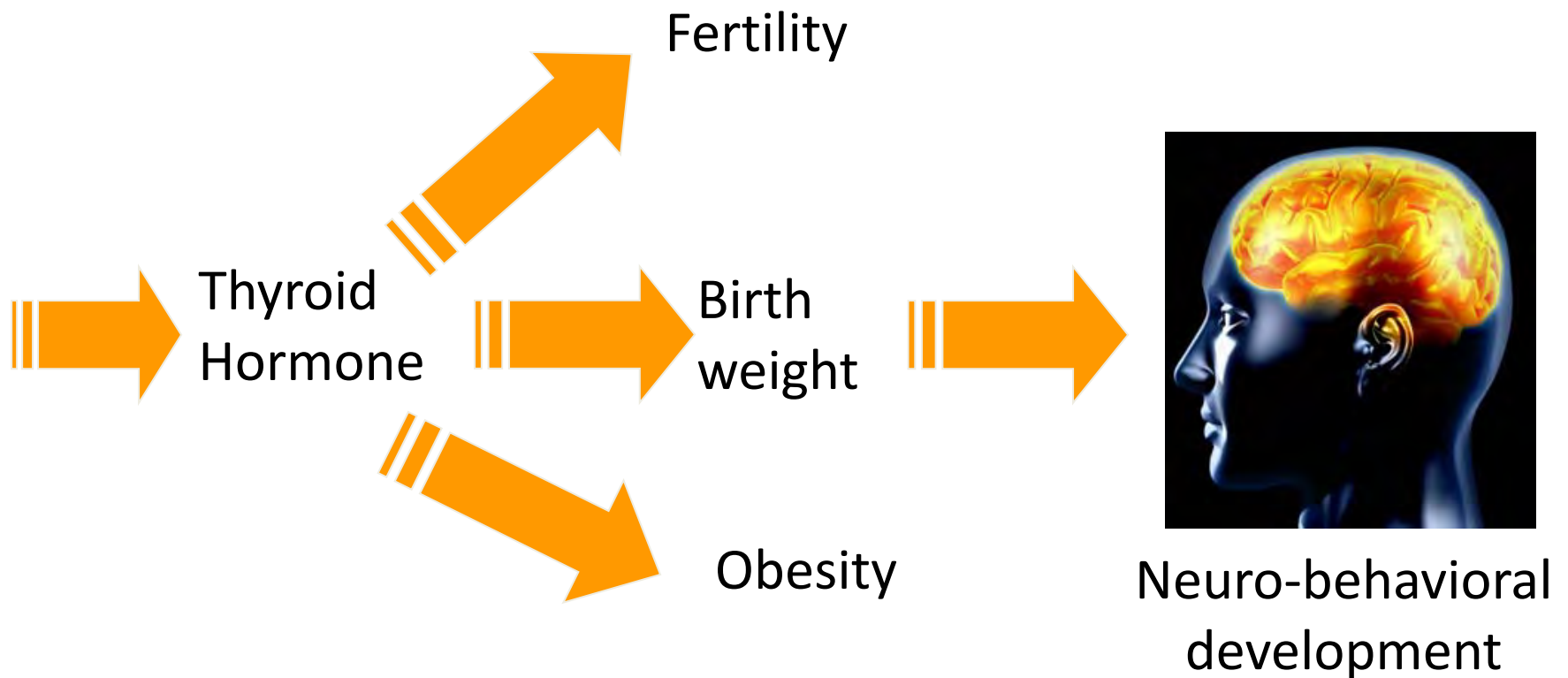
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Models adjusted for maternal age, education level, country of birth, poverty level,, alcohol and drug consumption during pregnancy, iodine intake, and HCB and PCB serum concentrations.

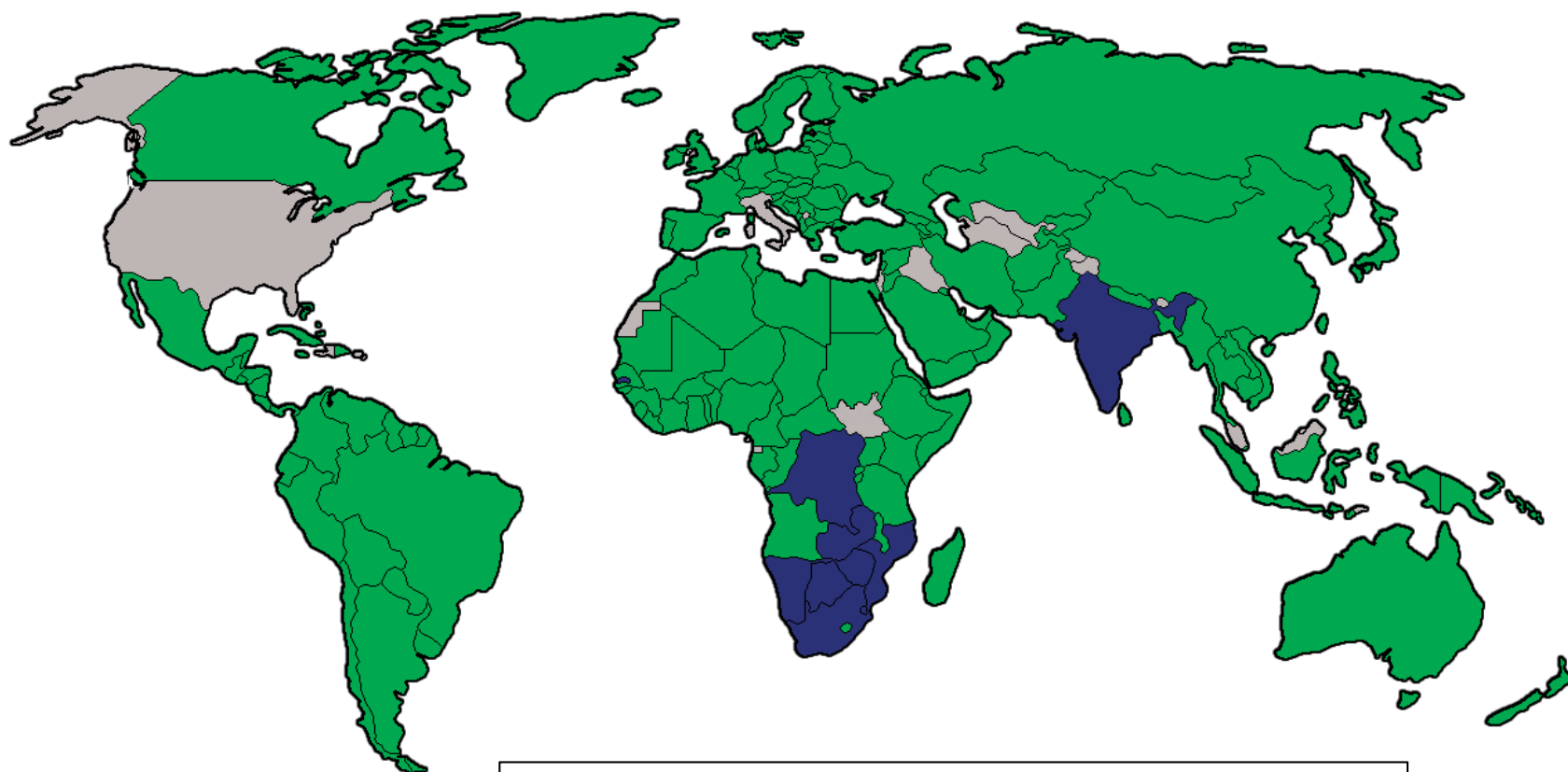
# Simplified Causal Diagram

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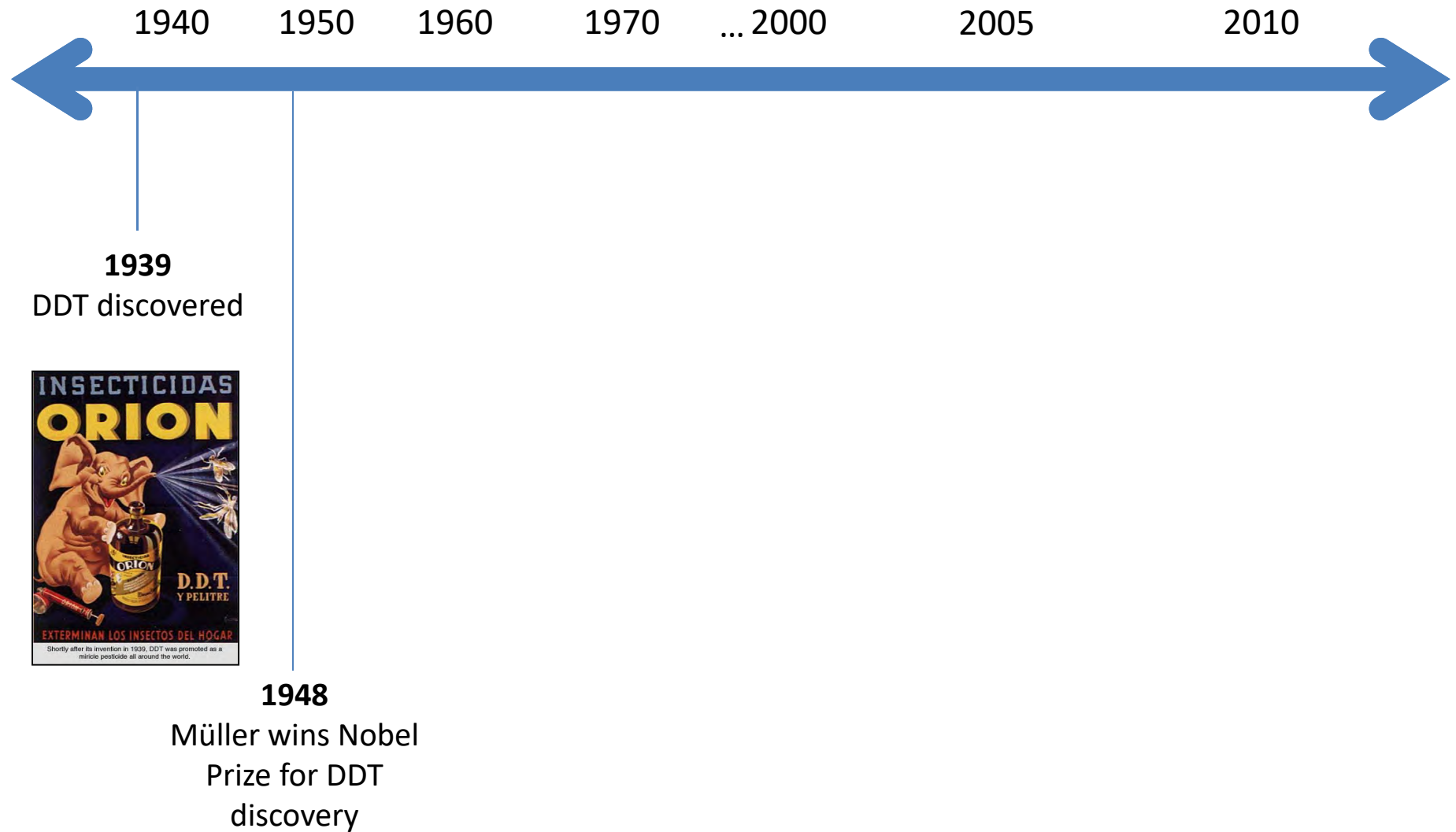
# DDT Use Under Stockholm Convention, 2014

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Green: Party to Stockholm Convention  
Grey: Not party to Stockholm Convention  
Blue: Countries notifying of DDT use

# History of DDT



# History of DDT

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Time Magazine, June 30, 1947



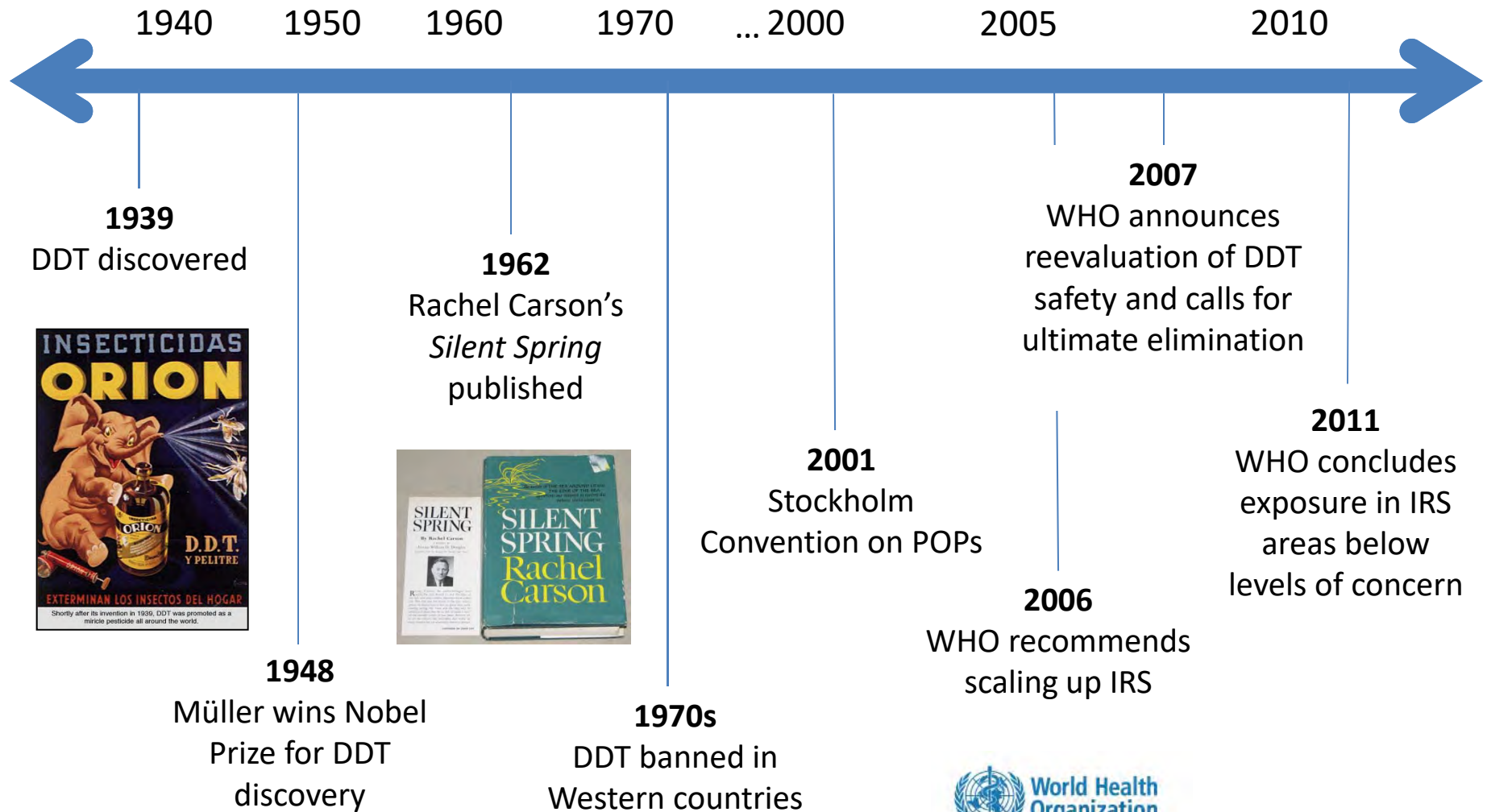
# Widespread Use of DDT

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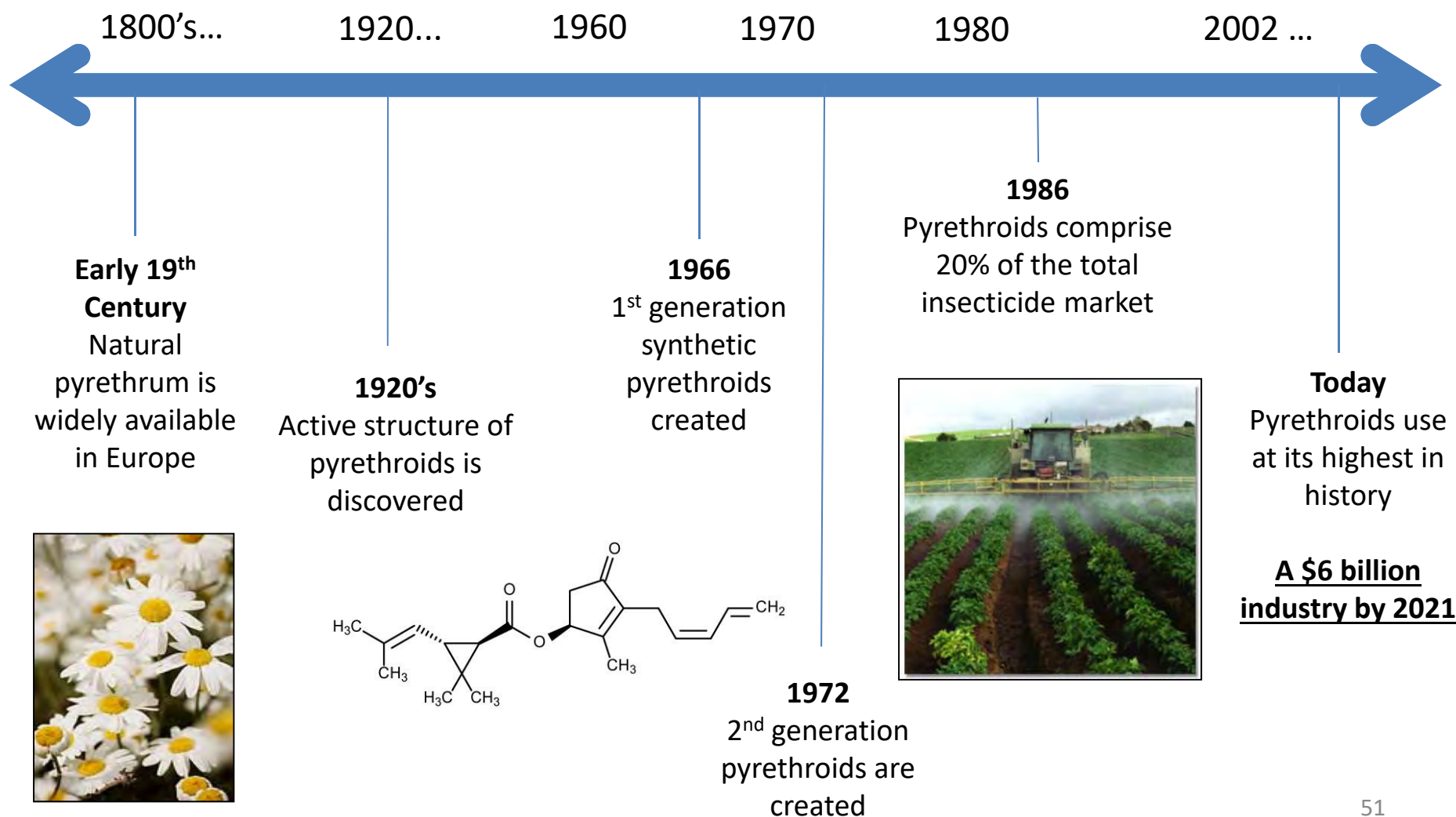


DDT being sprayed on Long Island beaches in 1945

# History of DDT

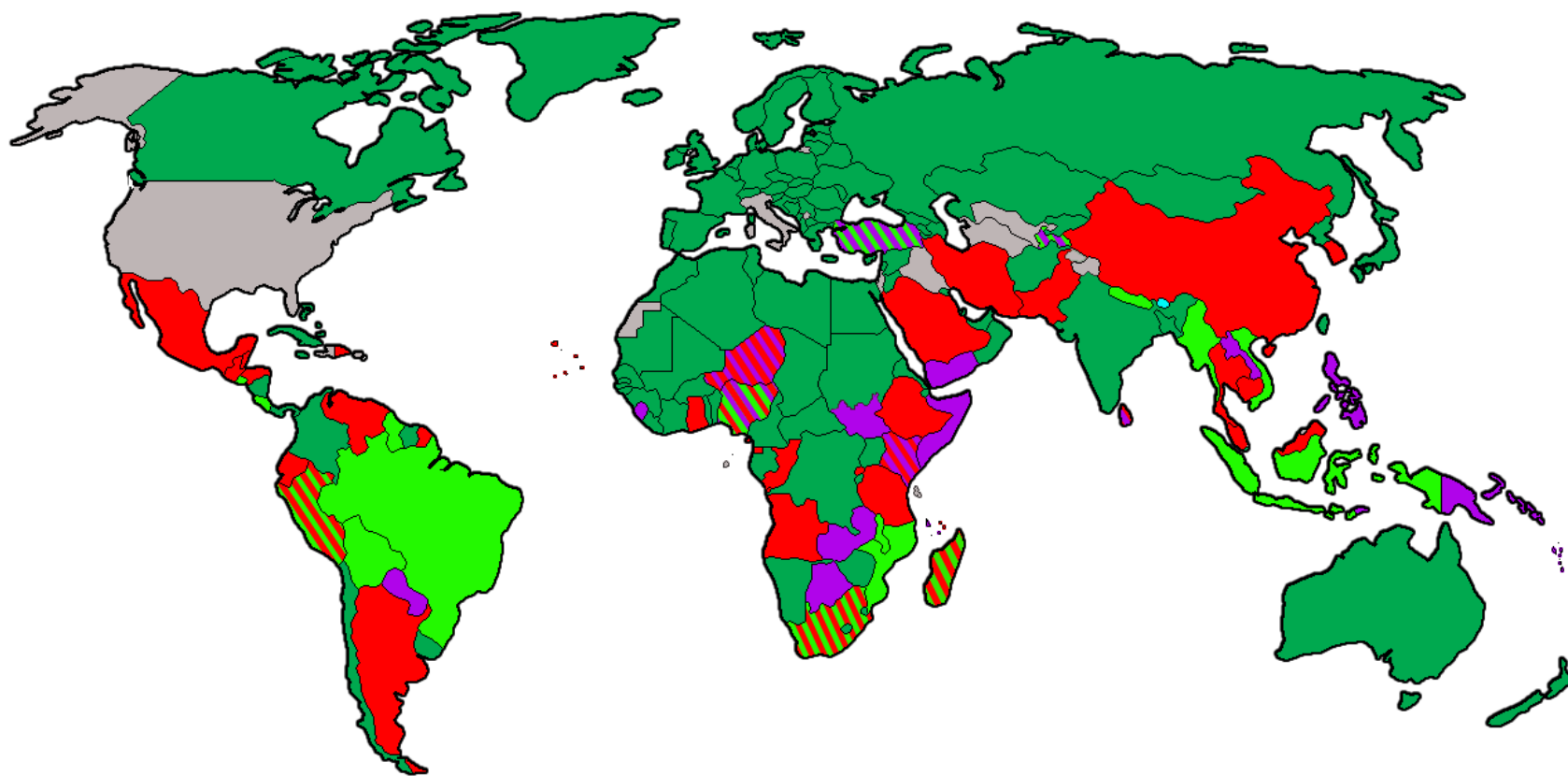


# History of Pyrethroids



# Pyrethroid use for malaria control

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Light Green: alpha-Cypermethrin  
Red: Deltamethrin  
Purple: lambda-Cyhalothrin  
Blue: Cyfluthrin

# Some facts about DDT/DDE and pyrethroids

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- DDT/DDE are persistent in humans and the environment
  - Half-life: 4-12 years
- DDT/DDE bioconcentrate in fat and biomagnify up the food chain
- Pyrethroids are nonpersistent
  - Half-life: 5-13 hours
- DDT/DDE and pyrethroids cross the placenta
  - Fetuses are exposed
- DDT/DDE and pyrethroids are excreted in breast milk
  - Infants are exposed



# **An Important Piece of the Puzzle is Missing: Health Effects in Children from IRS Areas**

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# The **VHEMBE** Study

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Venda

Health

Examination of

Mothers,

Babies and their

Environment



**A birth cohort study located in the  
Vhembe district of Limpopo, South Africa**

# VHEMBE study objectives

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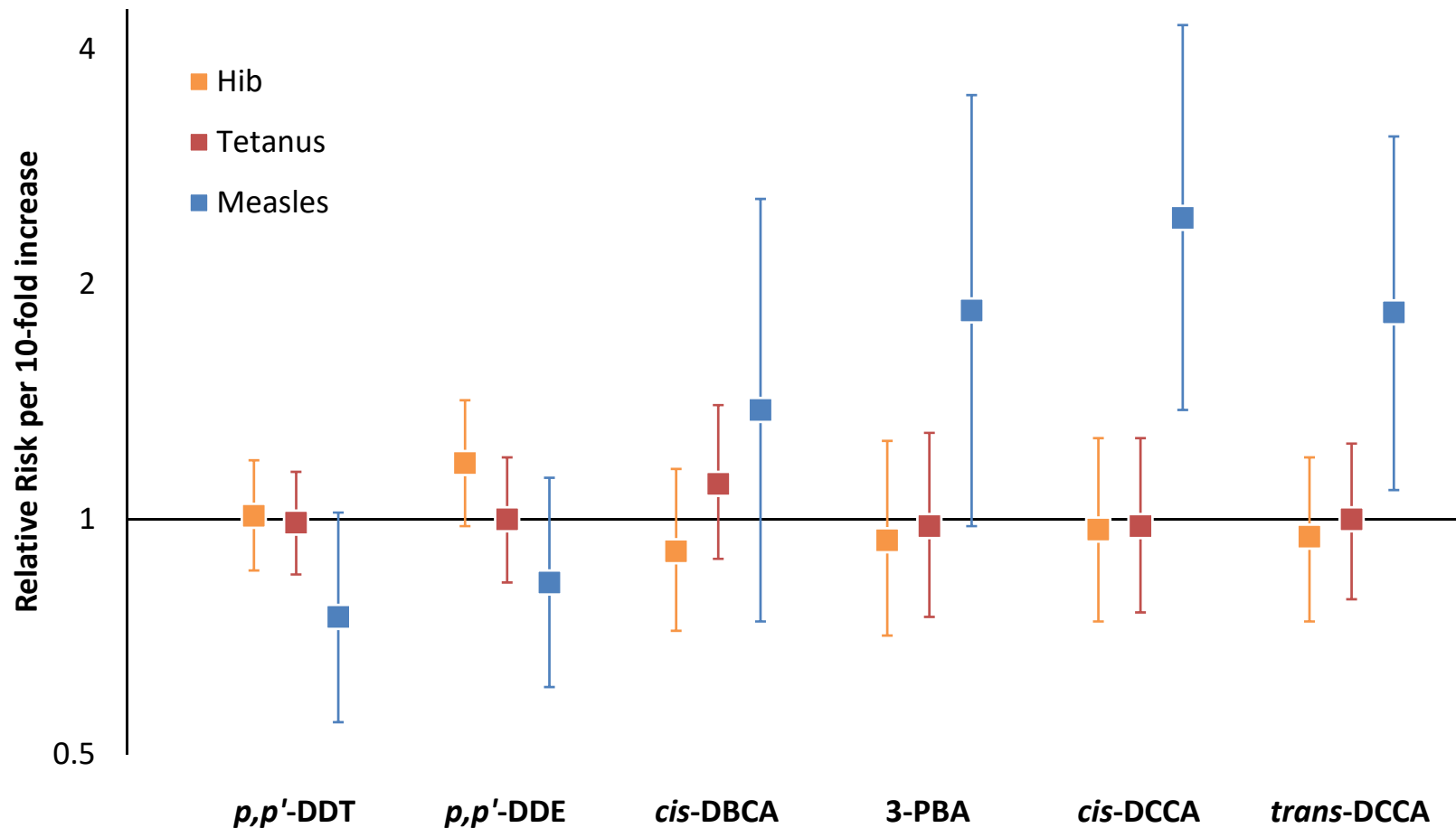
- To determine whether exposure to pyrethroids and/or DDT is associated with:
  - Fetal growth (birth size, gestational duration)
  - Disruption of the endocrine system
  - Altered growth/body composition
  - Impaired neurodevelopment
  - Altered immune function (increased infection and allergies, inhibited vaccine response)



# Study Site: Thohoyandou, Vhembe district



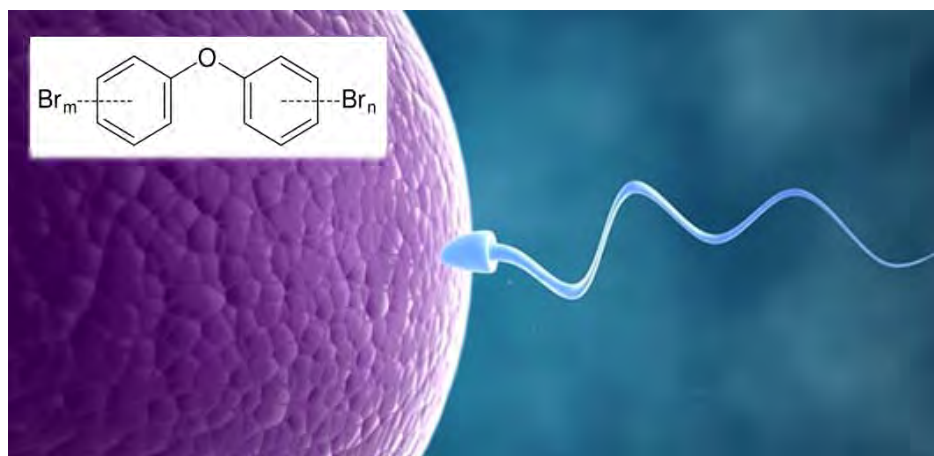
# Pyrethroid metabolites associated with higher risk of measles antibodies below protective levels



Adjusted for time since last vaccine (restricted cubic spline), child age (months), sex, breastfeeding duration (months), household income per capita, and maternal HIV status during pregnancy

# Other studies

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# Join us!

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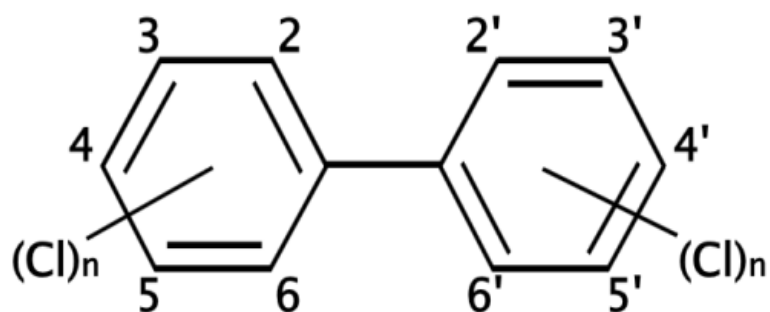
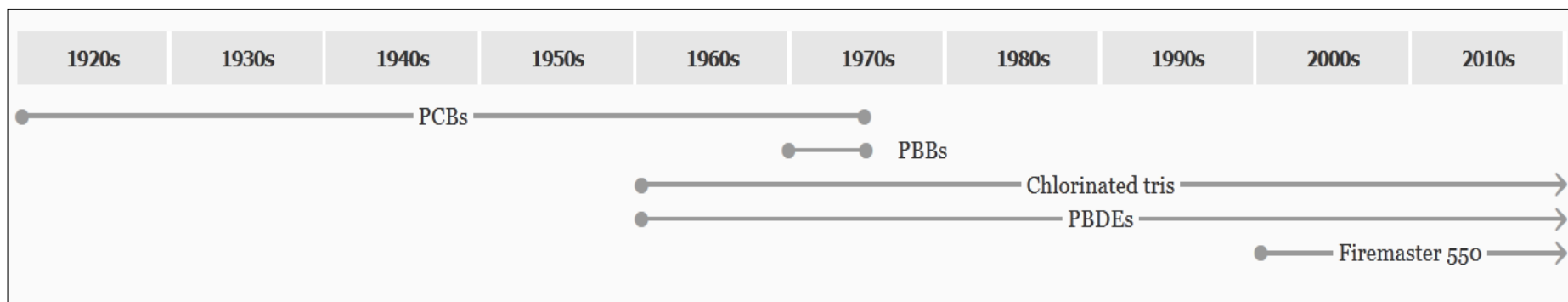
# Outline for today

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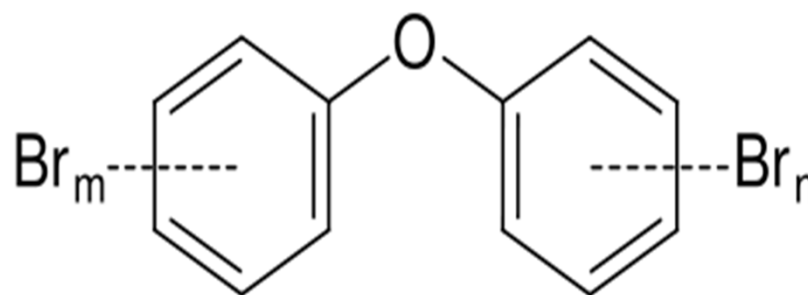
- Global burden of disease due to pollution (chronic exposure)
  - Quantification, distribution, cost
- Well-known environmental disasters (acute exposure)
- Emerging threats / Results from our group
- **Environmental policy**
- Where do we go from there?



# Out with the old, in with the old...



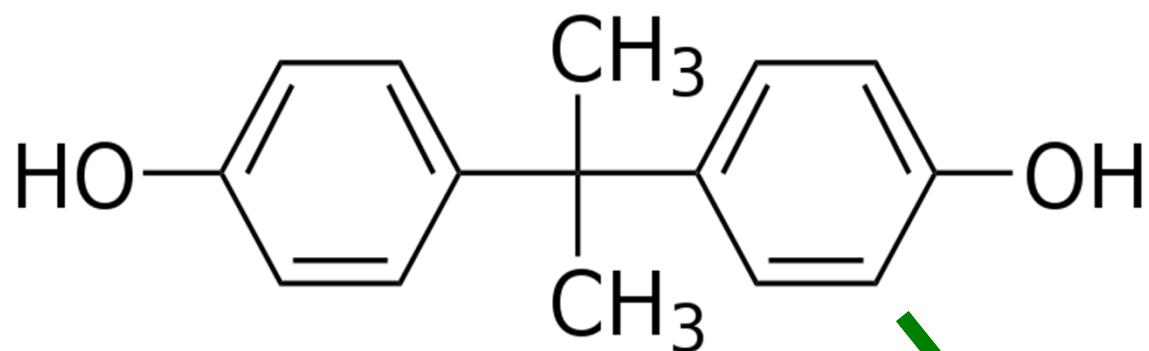
**PCBs/PBBs**



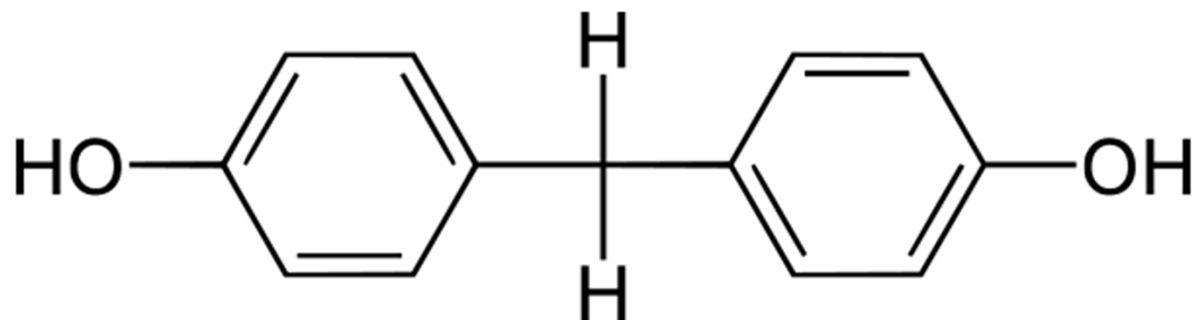
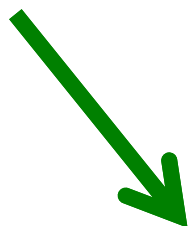
**PBDEs**

# Out with the old, in with the old...

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**Bisphenol-A**



**Bisphenol-F**

# Is BPA the Tip of the Iceberg?

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BPA substitutes and structurally related compounds:

- Bisphenol AF
- Bisphenol AP
- Bisphenol B
- Bisphenol C
- Bisphenol F
- Bisphenol S
- BPA diglycidyl ether (BADGE)





# How harmful are these chemicals to humans?

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# Uncertainty remains

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- Association is not causation
- Human literature inconsistent, particularly regarding BPA
- Chance findings
- Uncontrolled confounding

***How much evidence is enough to act?***

# Precautionary principle

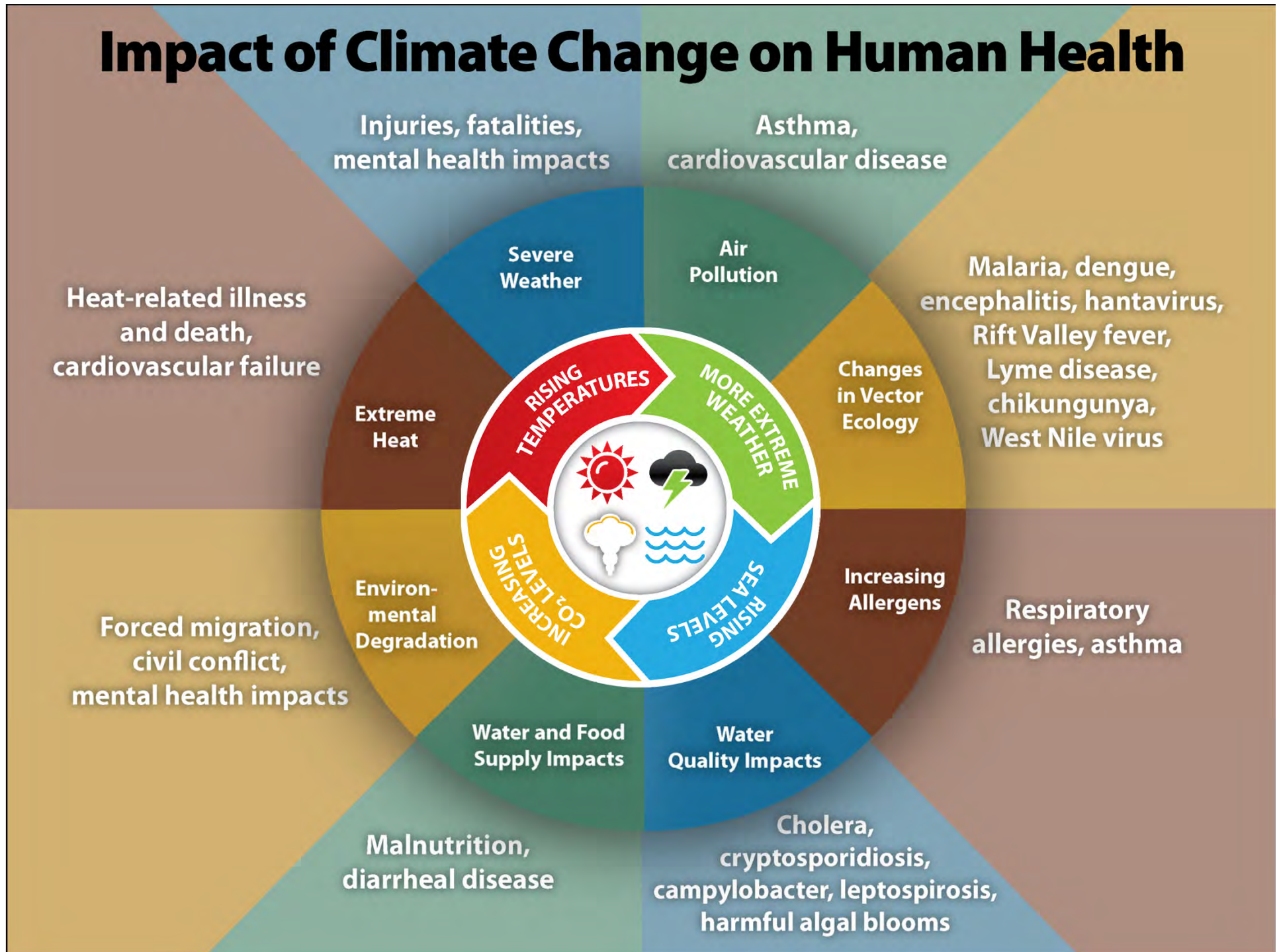
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“When an activity raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause and effect relationships are not fully established”



-- Wingspread Conference on the Precautionary Principle, 1998

# Impact of Climate Change on Human Health



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**We conduct  
population-wide experiments**

# Outline for today

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- **Where do we go from there?**



# Canadian Environmental Protection act of 1999

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- Changes to the law supported by hundreds of scientists
  - Reverse burden of proof for substances of very high concern
  - Ensure that toxic substances are replaced with safer alternatives
  - Create national air quality standards that are legally binding
  - Mandatory labeling of toxic substances in consumer products
  - Take vulnerable populations into account in risk assessment

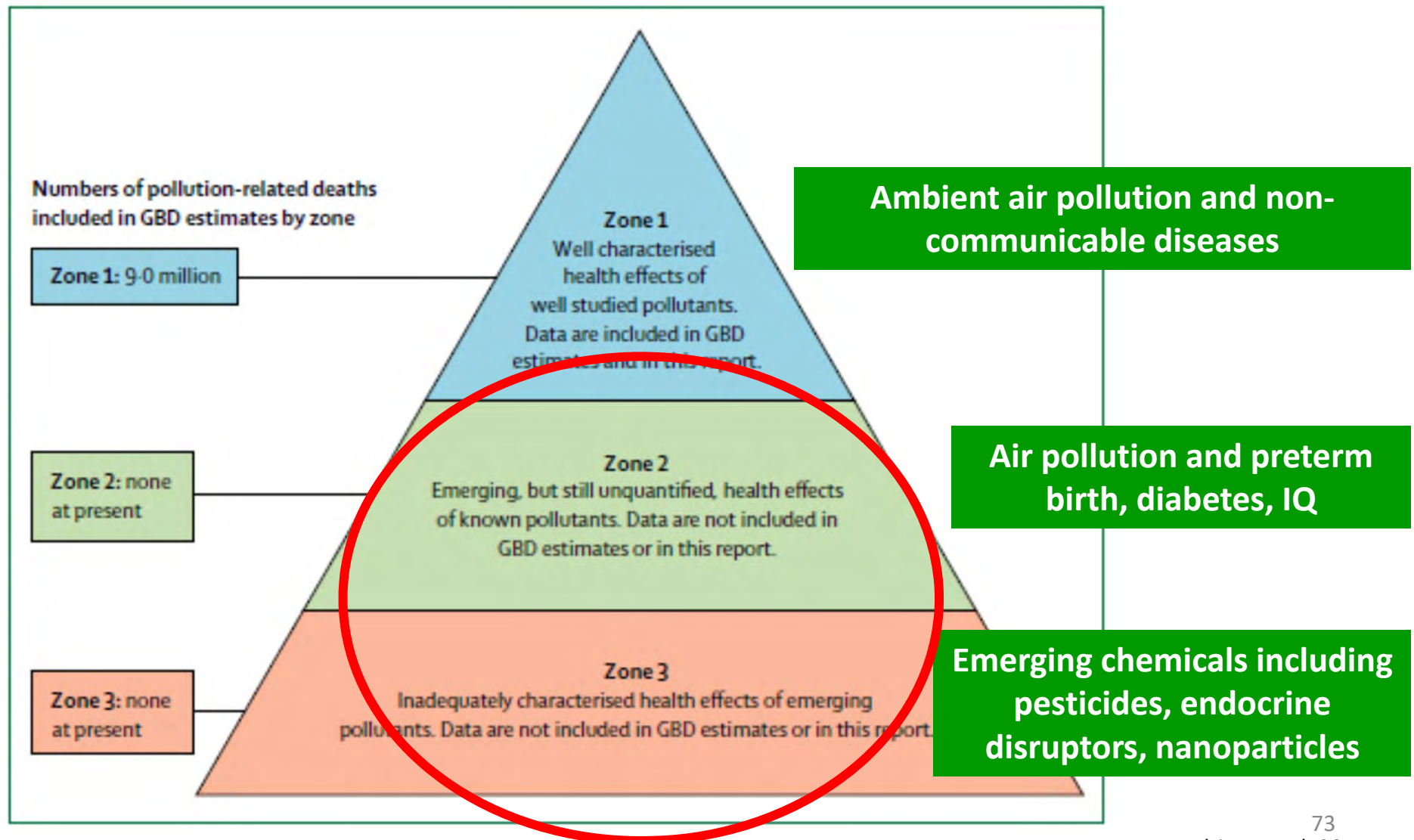
# Major need for action now!

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- Policy changes
- Enforcing regulations
- Funding to develop and apply technological solutions
- And...



# Major need for research on health effects on emerging health risks



# Looking for students!

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**McGill**

Department of  
Epidemiology, Biostatistics  
and Occupational Health

APPLICATION DEADLINE  
**DEC 15**

## For more information...

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- Center for Environmental Research and Children's Health (CERCH) [www.cerch.org](http://www.cerch.org)
- Environmental Working Group [www.ewg.org](http://www.ewg.org)
- Pesticide Action Network [www.panna.org](http://www.panna.org)
- Collaborative on Health and the Environment  
[www.healthandenvironment.org](http://www.healthandenvironment.org)
- Environmental Health News  
[www.environmentalhealthnews.org](http://www.environmentalhealthnews.org)