

Letter and Email to Duncan Selbie, Chief Executive, Public Health England

11th December 2018 Lead Safe World UK

Duncan Selbie
Chief Executive
Public Health England
Wellington House
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Dear Mr Selbie,

Lead Poisoning Prevention - Who's Job Is It?

Key Points

Lead poisoning is a #1, top priority in the USA

Around 29% of CVD, and 37% of IHD, mortality can be attributed to lead

The NSC decided to not recommend screening children for lead

There has been no survey of lead exposure in the UK since the early 1990s

More needs to be done to address the continuing risks from lead

We exchanged correspondence with you last year, via Cheryl Gillan MP, about lead poisoning prevention (LPP) in England. Since then, and even before, we have been in contact with several UK government agencies including DEFRA, DoH, NSC, CRCE and others in PHE. The common theme in responses has been agreement that there is a problem, but that it is not within each agency's remit to take more action.

This letter explains why we think the time is now long overdue to pay more attention to LPP.

Recent Activities

Screening

One recent activity was to submit evidence to the National Screening Committee (NSC) for their review¹. The committee decided not to recommend the introduction of screening. Their main reason was that there has been no recent study of the prevalence of elevated blood lead levels (BLL) in England. A study in the 1990s found 27% of toddlers² and 14% of pregnant women³ had damaging levels of lead⁴. The NSC said they would support a BLL study and advised us to contact the NIHR. The



NIHR said that they do not fund epidemiological studies and suggested we contact the Medical Research Council, but for funding, not to perform a study.

International Lead Poisoning Prevention Week of Action

We were pleased to see the CRCE present information on the risks of lead at the New Scientist Live event in 2017 and it was suggested that they did the same this year. We also noted an article on the BUMPS web site⁵. However, this seems to be the extent of the PHE support for last year's International Lead Poisoning Prevention Week of Action⁶ supported by the WHO. We had hoped to see more activity this year.

Public Health Matters Blog Entries

Some recent PHE blog entries are relevant in the context of LPP, but make no mention of lead poisoning:

Prevention and the NHS long-term plan

In your recent blog entry titled 'Prevention and the NHS long term plan: 3 ways we can save more lives' you mention several conditions that are known to be related to elevated blood lead levels including heart disease, stroke, kidney disease and hypertension. A recent study in the Lancet found that, in the USA, 28.7% (95% CI 15·5–39·5) of cardiovascular disease mortality and 37·4% (95% CI 23·4–48·6) of ischaemic heart disease mortality, could be attributed to lead. In addition, the National Toxicology Program (NTP) found that "There is sufficient evidence that blood Pb levels <5 μ g/dL are associated with adverse effects on kidney function in adults". They also found that levels of "<10 μ g/dL are associated with increased blood pressure and hypertension". These levels would be considered below the top of the reference range in England 9.

One major area related to lead exposure is mental health. The NTP monograph⁴ reports evidence that lead exposure is associated with psychiatric symptoms including anxiety, depression, decreased academic achievement, ADHD, problem behaviours and decreased cognitive function. Others findings in the monograph include spontaneous abortion, reduced foetal growth, delayed puberty and essential tremor. Even a low level of lead exposure has health impacts throughout life. The annual costs are estimated to be \$43 billion in the USA²⁰ and €23 billion in France²¹.

Should not addressing lead poisoning be part of achieving your aspiration to "ensure we are preventing the conditions that pose the greatest threat to our NHS, social care services and ultimately the success of our economy and wealth and health of our people"?

Health Inequalities

In a recent PHE blog entry²², Gina Radford stated "Preventing ill health can play a vital role in reducing health inequalities". LPP has a direct impact on this.



The US Centre for Disease Control (CDC) state that "children living at or below the poverty line who live in older housing are at greatest risk"²³. Lead poisoning can result in lower IQ, decreased ability to pay attention and underperformance at school; all of which could be expected to limit life chances. Furthermore, lead poisoning is associated with violent crime²⁴.

Health Profile for England

The 2018 'Health Profile for England' has recently been published²⁷. This appears to contain no reference to LPP. It seems unbelievable that, when senior figures in the USA call LPP a number 1, top priority (see below), it is not considered relevant at all in England despite our countries' similar use of lead. Some other countries have more robust LPP policies, e.g., virtually all lead products are prohibited in Denmark²⁸; in France, houses built before 1949 must be tested for lead paint²⁹.

Comparison with the USA

In comparison with the USA, England seems far behind in addressing risks from lead. Some examples are:

The President's Task Force on Environmental Health Risks and Safety Risks to Children is currently focussed on lead poisoning¹⁰. They note that "Lead exposure remains a significant health concern for children in the United States."

The Environmental Protection Agency have stated "Lead poisoning: number one environmental health threat to children ages six and younger" 25.

Head of the Department of Housing and Urban Development, Dr Ben Carson, has called for "*lead* prevention and treatment to become a **top priority** across the country" 26.

Children on Medicaid are screened for elevated BLLs³¹, but several states now screen **all, or at risk, children** including Maryland¹¹, New York¹², Massachusetts¹³ and New Hampshire³².

Former EPA administrator Scott Pruitt hosted a meeting of US leaders and stated "Lead exposure poses a significant health threat to hundreds of thousands of American children" 14.

The EPA have stated "it is essential that childhood lead exposures be reduced"36.

The New Your City Housing Authority is to **spend \$1.2 billion** over 5 years – addressing lead risks being a large part of this³⁰.

The Department of Housing and Urban Development (HUD) has awarded \$127 million to protect children and families in low-income housing 15.

The City of New York is to spend \$80 million to inspect 130,000 public housing units for lead 16.



Our Decent Homes Standard³³ does not mention lead, but the US National Healthy Housing Standard³⁴ refers to lead extensively and the National Center for Healthy Housing aims to "eradicate childhood lead poisoning within five years"³⁵.

What We Would Like To See

There are many actions that could be taken to progress LPP in England. Some that we like to see from PHE include:

Establish a working party, task force, or at least an assigned individual, to focus on LPP.

Commission a study into the current prevalence of elevated BLLs.

Place warning leaflets in doctor's surgeries and/or DIY shops, e.g. from Defra (with updates)¹⁷ or the British Coatings Federation¹⁸.

Establish a lead hot-line and web site - like the EPA in the USA19.

Yours sincerely,

Lead Safe World UK

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PS. It should be noted that we do not believe that there is any value in trying to identify and blame any companies, organisations or individuals for the past or current use of lead. We want to understand where we are and move forward with collective resolutions.

Endorsed by:

Names removed for data protection purposes

CC:

Names removed for data protection purposes

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