

Written evidence submitted by Breast Cancer UK

1. Executive Summary

Breast Cancer UK welcomes this inquiry by the Environmental Audit Committee. There is growing scientific evidence that various chemicals, present in our environment and in everyday products, are linked to an increased risk of breast cancer. Our main concerns are with Hormone Disrupting Chemicals (known as Endocrine Disrupting Chemicals or EDCs) and growing evidence shows that:

- Many EDCs are associated with a variety of problems such as cancers, reproductive problems and diabetes. Many of these compounds, once considered safe, are now banned, heavily restricted for use, or under review.
- EDCs are found in a variety of products such as cleaners, cosmetics, plastics, pesticides and electronics equipment.
- EDCs interfere with normal hormone function and can trigger chemical reactions in the body similar to naturally occurring hormones.
- Elevated oestrogen is known to increase breast cancer risk. As a result, “oestrogenic EDCs” which mimic oestrogen activity are of particular concern.
- Exposure to certain EDCs causes long term damage to wildlife and the environment. Many EDCs are persistent organic pollutants which degrade very slowly and, as a result have been measured in human body and tissue fluids.
- More action is required to protect consumers by phasing out harmful ingredients, improve product labelling, stopping regulations being breached, and ensuring that Brexit does not water down, or lose pace with, existing REACH regulations.

2. About Breast Cancer UK

- 2.1. Breast Cancer UK’s mission is to prevent breast cancer through scientific research, collaboration, education and policy change. We educate and raise awareness of the preventable risk factors for breast cancer and provide practical information to help people reduce their risk. We campaign for policies that support prevention and we fund scientific research to better understand and address preventable risk factors.
- 2.2. Breast cancer incidence rates have increased by 25% in the UK over the last 20 years and are predicted to rise by a further 2% between 2014 and 2035¹. Over 55,000 people are diagnosed with breast cancer every year and countless more are affected in some way by the disease. Yet over 13,000 breast cancer cases per year in the UK could be prevented².

¹ Cancer Research UK <https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/breast-cancer#heading-Zero> [Accessed March 4th 2019]

- 2.3. Breast Cancer UK has long been concerned that exposure to certain chemicals, in particular, hormone disrupting chemicals (EDCs) is making us more vulnerable to breast cancer and is contributing to the significant rise in incidence rates.

3. Why are Toxic Chemicals used?

- 3.1. EDCs³ have many different uses in consumer products including plastics, pesticides, cosmetics, processed food, food contact materials, cleaners, electronics, furnishings, clothing and toys. For example, parabens are used as preservatives in food and cosmetics. Triclosan is used as a preservative and disinfectant in cleaning agents, personal care products, healthcare products and some consumer items such as plastics and textiles. Phthalates are used to make plastics soft and to carry fragrances in cleaning products, air fresheners and personal care products. Bisphenol A (BPA) and other bisphenols are used in the manufacture of hard plastics, for example hard water bottles and plumbing pipes. Some hormone disrupting chemicals are used as UV filters in sunscreens – to protect the skin and to prolong the shelf life of cosmetics and personal care products, for example face creams. EDCs are also used as flame retardants in upholstery, soft furnishings and electronics.

4. Which toxic chemicals pose a significant risk to human health?

- 4.1. The chemicals of most concern to Breast Cancer UK include those that have the ability to interfere with normal hormone (endocrine) function in humans and animals. Many of these bioaccumulate and are environmentally persistent. Hormone disrupting chemicals can trigger similar chemical reactions in the body to naturally occurring hormones or may interfere with normal hormone function in other ways such as alterations in hormone biosynthesis⁴.
- 4.2. Hormone disrupting chemicals have been implicated in a broad range of illnesses and disease including hormonal cancers, obesity, diabetes, cardiovascular disease, reproductive health problems and neuro-behavioural and cognitive difficulties.

² (i) Brown, K. F. et al. (2018). [The fraction of cancer attributable to modifiable risk factors in England, Wales, Scotland, Northern Ireland, and the United Kingdom in 2015](#). British Journal of Cancer 118(8): 1130-1141.

(ii) Soerjomataram I et al. (2018). *Cancers related to lifestyle and environmental factors in France in 2015*. European journal of cancer 105: 103-113.

³ An endocrine disrupting chemical is an “*exogenous chemical or mixture of chemicals, that interferes with any aspect of hormone action*” Endocrine Society statement 2012. Zoeller R. T. et al. (2012). Endocrinology153(9): 4097–4110. DOI:10.1210/

⁴ For details of endocrine disrupting chemicals and associated references please see our brief https://www.breastcanceruk.org.uk/uploads/BCUK_EDC_brief_v2_20.9.18.pdf

- 4.3. Some EDCs can mimic the hormone oestrogen. It is this type of chemical compound that is of particular concern to Breast Cancer UK. The group of EDCs known as “oestrogenic EDCs” or “oestrogen mimics” can bind to oestrogen receptors. These are found in different tissues throughout the body, including breast tissue. Receptor binding may initiate the expression of oestrogen-responsive genes which encourage breast epithelial cells to divide more rapidly. Increased cell division increases the chance that DNA mutations will be introduced into cells, including those that lead to breast cancer. This is just one of several ways that oestrogenic EDCs increases breast cancer risk.
- 4.4. It is widely accepted that high levels of synthetic oestrogens, including those used in hormone replacement therapy (HRT), the contraceptive pill, and the anti-miscarriage drug diethylstilbestrol (DES)⁵, increase breast cancer risk.
- 4.5. Other oestrogenic EDCs linked to an increased risk of breast cancer include the flame retardants tetrabromobisphenol and triphenyl phosphate, phthalates (used as plasticisers and for fragrance), parabens and triclosan (preservatives), BPA and bisphenol substitutes (e.g. BPS, BPF, BPZ) used in plastics production, the three main groups of UV filters (benzophenones, camphor derivatives and cinnamate derivatives), and certain metals which demonstrate oestrogenic activity known as “metalloestrogens”, including cadmium, nickel and aluminium.
- 4.6. Hormones other than oestrogen, such as progesterone, testosterone, and prolactin, can also affect breast cancer risk. For example, the UV filter benzophenone-3 is an oestrogen mimic as well as an androgen agonist and affects progesterone receptor function. Elevated levels of prolactin also increase breast cancer risk⁶ and one study found women exposed to high levels of PFAS (perfluoroalkyl substances used in e.g. fire-fighting foam) had elevated levels of prolactin⁷.

5. How pervasive is the risk?

- 5.1. As a result of widespread use, EDCs are routinely found in our environment, in rivers, soil, drinking water and air. They are also found in wildlife and human bodies. Over 1400 chemical compounds are known or suspected to be EDCs; most are synthetic compounds. We are exposed to many hundreds if not thousands of chemicals on a daily basis. We ingest EDCs through food and drink, inhale them in the air we breathe and absorb them through our skin through personal care products and cosmetics⁸.

⁵ Al Jishi, T. and Sergi, C. (2017). *Current perspective of diethylstilbestrol (DES) exposure in mothers and offspring*. Reproductive Toxicology 71: 71-77. <https://www.ncbi.nlm.nih.gov/pubmed/28461243>

⁶ Gorvin, C. A. et al (2015). *The prolactin receptor: Diverse and emerging roles in pathophysiology*. Journal of Clinical & Translational Endocrinology 2: 85-91. <https://www.ncbi.nlm.nih.gov/pubmed/29204371>

⁷ Zhang, S. et al. (2018) *Association of Perfluoroalkyl and Polyfluoroalkyl Substances With Premature Ovarian Insufficiency in Chinese Women*. Journal of Clinical Endocrinology & Metabolism 103(7): 2543-2551. <https://www.ncbi.nlm.nih.gov/pubmed/29986037>

- 5.2. Research suggests that EDCs may cause adverse effects at very low concentrations⁹. Similar to natural hormones, EDCs may elicit “non-monotonic” (i.e. non-linear) dose responses. This could mean exposure to lower concentrations may be more harmful than to higher concentrations.
- 5.3. Exposure to multiple EDCs simultaneously may be potentially more harmful than individual chemical exposures. One recent study¹⁰ found that when BPA, methyl paraben and PFOA (at levels commonly detected in human body fluids) were exposed to human breast cells grown in cell culture, the potentially harmful effects increased to a greater degree than the effects of individual exposures. Furthermore, the effects of the mixtures corresponded to three “hallmarks” or common traits of cancer, including increased breast cell proliferation, evasion of programmed cell death and overriding normal cell control mechanisms. Co-exposure to multiple EDCs may cause additive or other unpredictable effects.

6. Who is most at risk?

- 6.1. Scientific evidence shows that exposure to certain EDCs can cause long term, irreversible damage to human health and the environment¹¹. Many EDCs are persistent organic pollutants which degrade very slowly. At every step along the food chain they become more concentrated. The detrimental effects of EDCs on wildlife are well documented. They include cancers, reproductive disorders, adrenal and bone conditions, reduced biodiversity, population decline, greater susceptibility to infection, neurotoxicity and thyroid problems.
- 6.2. Many scientists believe that the effects of long-term human exposure to EDCs are similar to the effects in wildlife. Studies indicate that changing trends in human health, including increases in hormone sensitive cancers such as breast and prostate cancer, may be linked to EDC exposures.
- 6.3. Evidence suggests “critical windows of sensitivity” to environmental chemical exposures occur *in utero* and during early childhood¹². Prenatal exposures are

⁸ For details of risks associated with endocrine disrupting chemicals and associated references, please see our brief at https://www.breastcanceruk.org.uk/uploads/BCUK_EDC_brief_v2_20.9.18.pdf

⁹ Gore A. C., et al. (2015). EDC-2: *The Endocrine Society's second scientific statement on endocrine-disrupting chemicals*. *Endocrine Reviews*, 36(6): E1-E150.
<https://www.ncbi.nlm.nih.gov/pubmed/26544531>

¹⁰ Dairkee, et al. (2018). *A Ternary Mixture of Common Chemicals Perturbs Benign Human Breast Epithelial Cells More Than the Same Chemicals Do Individually*. *Toxicological Sciences* 165 (1) 131-144.
<https://www.ncbi.nlm.nih.gov/pubmed/29846718>

¹¹ EEA (2012). Technical Report No 2/2012: *The impacts of endocrine disrupters on wildlife, people and their environments* The Weybridge+15 (1996–2011) report. <https://www.eea.europa.eu/publications/the-impacts-of-endocrine-disrupters>. [Accessed March 7 2019]

believed to be the most harmful, although the most sensitive time is when tissues are developing, which for some tissues includes during childhood. During *in utero* development when cells are dividing rapidly and tissues and organs are forming, there is no immune system to fight infection; no detoxification system to remove toxins; and no DNA repair systems to repair damage that may occur to genetic material. It is thus a period of “critical vulnerability” when cells are particularly sensitive to damage. Changes induced by exposure to EDCs during early development may cause permanent alterations that can be passed on to future generations. Such changes may affect “epigenetic” control mechanisms, a means by which cells switch genes on or off, without altering the primary DNA sequence of a gene¹³.

7. How do producers make consumers aware of health risks identified in their products?

- 7.1. There is little or no information relating to the presence of EDCs in consumer products and very little public awareness about the potential health risks associated with these chemicals. Some cosmetics may carry a label indicating it does not contain parabens, for example, and plastic bottles may carry a label indicating it is BPA free – but this does not necessarily mean it is free from all potentially harmful chemicals e.g. certain preservatives or plasticisers.
- 7.2. In general labelling is inadequate. Manufacturers are only obliged to reveal whether their products contain a Substance of Very High Concern (SVHC) as identified under EU REACH law if a consumer writes to the manufacturer or retailer to request that information. This relies on the consumer having some knowledge not only of their right to do this, but also of the chemicals in question. Consumers can then wait up to 45 days for the information.
- 7.3. Cosmetics manufacturers are obliged by law to list all of their product ingredients. But they are not obliged to highlight those chemicals that are potentially harmful or known or suspected of being an EDC. Moreover, manufacturers do not have to list chemical ingredients used in fragrances.
- 7.4. More stringent measures are required to ensure manufacturers and producers label all products if they contain chemicals of concern and particularly any chemicals that are listed as an SVHC. Whilst ideally, we would like to see less use of these chemicals, in products, producers should not rely on a consumer knowing their rights or being

¹² Heindel, J. J. (2018) *The developmental basis of disease: Update on environmental exposures and animal models*. Basic & Clinical Pharmacology & Toxicology 2018: 1–9.
<https://onlinelibrary.wiley.com/doi/epdf/10.1111/bcpt.13118>.

¹³ For more details and references see Breast Cancer UK’s *in utero* exposures brief
<https://www.breastcanceruk.org.uk/science-and-research/background-briefings/in-utero-exposures/>

content to wait for 45 days for the information. The information should be a requirement on the label/product.

8. How does the Government measure the health risks of toxic chemicals?

- 8.1. As EDCs are so chemically varied and can disrupt many different hormonal pathways, it is a challenge to develop methods of testing which will identify all EDCs. Most *in vitro* tests have been developed to identify EDCs that affect oestrogens, androgens, progesterone and thyroid hormones. More research is needed to develop a more comprehensive range of tests.
- 8.2. Epidemiological studies are also used to measure health risks of EDCs. Despite plausible laboratory evidence about their detrimental health effects, epidemiological studies do not consistently identify such harms¹⁴. We believe strongly that the lack of epidemiological evidence does not prove EDCs are safe.
- 8.3. It is necessary to understand the extent of human exposure to chemicals in order for reliable assessment and management of chemical risks. Human biomonitoring assesses human exposure to chemicals by measuring chemicals, their metabolites or markers of subsequent health effects in body fluids or tissues. Breast Cancer UK (as part of our association with the NGO HEAL) had input into nomination for priority substances for the EU's HBM4EU biomonitoring programme, which began in 2017 and runs until 2021 and is coordinated by the German Environment Agency and funded by Horizon 2020. The programme assesses human exposures to chemicals in Europe, in order to support the development of policies, evaluate existing policies and design measures to reduce exposure to toxic chemicals. We understand that the UK government can remain associated with this programme until its completion and hope its policies on chemicals will be informed by the results. If the UK government is unable to remain part of any follow-on programme (i.e. as a result of a no-deal Brexit) we would suggest it develops its own biomonitoring programme. In particular we recommend a focus on organic flame retardants, which are used more heavily in the UK (and Ireland) compared to other EU countries, as a result of UK fire legislation.

9. What actions does the Government take to limit consumers' exposure to toxic chemicals? Should maximum residue limits (MRLs) be applied to toxic chemicals in consumer products? Are current trading standards sufficient to monitor toxic chemicals in consumer products (e.g. children's toys) and food?

¹⁴ Lee, D. H. and Jacobs, D. R. (2019). *Firm human evidence on harms of endocrine disrupting chemicals (EDCs) was unlikely to be obtainable for methodological reasons*. *Journal of clinical epidemiology* 107: 107-115.

- 9.1. Although legislation exists to prevent harmful chemicals being present in consumer items, such regulations appear to be frequently breached. For example, a [survey](#) by the CHEMTrust found that out of 88 UK councils that tested products for chemicals, 52% identified hazardous chemicals over legal limits. Products tested included toys, electrical appliances and clothing. Another recent [report](#) by European environmental researchers (including the NGO IPEN), found that, toxic brominated flame retardants and hazardous chemicals from electronic waste, known to disrupt thyroid function, contaminate recycled plastics in consumer products across Europe. This highlights the problems with recycling hazardous waste into new products.

10. Are the Furniture and Furnishings (Fire Safety) Regulations 1988 (as amended in 1989, 1993 and 2010) fit for purpose? If not, which aspects should be updated?

- 10.1. Breast Cancer UK supports the timely phasing out of organic flame retardants across consumer and industrial products. This is because many types of organic flame retardant have been shown to be carcinogenic and endocrine disrupting¹⁵. Some legacy flame retardants are known to increase breast cancer risk and there is increasing evidence that those in current use are harmful to human health¹⁶.
- 10.2. Breast Cancer UK believes that the Furniture and Furnishings (Fire Safety) Regulations 1988 are not fit for purpose as they encourage the use of organic flame retardants without necessarily increasing fire safety¹⁷. The use of flame retardants may increase the toxicity of fumes and gases released in house fires making it more difficult to escape¹⁸.

11. Does the Government's plan to target £9bn in savings through regulation by 2022 pose risks for chemical regulation?

- 11.1. Breast Cancer UK is concerned that the Government's Better Regulation initiative may unintentionally relax key regulations transferred from EU into UK law which have ensured that citizens are exposed to fewer carcinogens and endocrine disrupting chemicals linked to breast cancer.

¹⁵ DiGangi, J. et al. (2011). op. cit.

¹⁶ Terrell, M. L. et al (2016) *Breast Cancer among woman in Michigan following exposure to brominated flame retardants* available at: <http://oem.bmj.com/content/early/2016/06/14/oemed-2015-103458> (Accessed 4th March 2019)

¹⁷ For more information on flame retardants and our policy recommendations please see our brief [https://www.breastcanceruk.org.uk/uploads/documents/Background_Briefing_Flame_retardants_21.9.17_\(IS\)_nw.pdf](https://www.breastcanceruk.org.uk/uploads/documents/Background_Briefing_Flame_retardants_21.9.17_(IS)_nw.pdf)

¹⁸ Walker et al. (2018). *Flame retardants in UK furniture increase smoke toxicity more than they reduce fire growth rate*. *Chemosphere* 196: 429-439.

<https://www.sciencedirect.com/science/article/pii/S0045653517319781>

- 11.2. The implication of the Government's target is that if the UK seeks to either strengthen a piece of environmental legislation or ban a new chemical, DEFRA must calculate the business costs of associated regulation and explain how it falls in line with the Government's target. Pre-emptive Government action is required to ensure the 'Better Regulation' initiative does not water-down environmental regulations.

12. What risks or opportunities does Britain exiting the EU pose to regulation and import of these chemical substances or products containing these substances? What is the likely status of the UK's continued participation in the RAPEX system in the event of Britain leaving the EU?

- 12.1. The EU REACH (Registration, Evaluation, Authorisation and Restriction of chemicals) system and associated regulations on chemicals, food contact materials, biocides, pesticides and cosmetics have reduced consumer exposure to harmful and potentially harmful chemicals, some of which have links to illness and diseases like breast cancer. REACH helps to protect public health, has led to safer consumer products, healthier foods and a cleaner environment. It is widely regarded as the 'gold standard' of chemicals regulation and is a benchmark to which many other countries aspire to. Breast Cancer UK welcomes the Government's intention to seek associate membership of the European Chemical Agency (EHCA) which remains subject to negotiation.
- 12.2. Breast Cancer UK is very concerned that leaving REACH will entail significant short and long-term costs, including the loss of economies of scale from utilising the REACH database, developing a replacement I.T. system, designing and implementing data sharing systems and hiring staff with specialist skills and knowledge. Only by remaining within REACH, can we expect to adequately protect public health while minimising regulatory costs and bureaucracy. Leaving REACH could also lead to importers dumping products in the UK which fail to meet REACH criteria. Resulting trade barriers for UK exporters and reduced access to the EU markets will collectively risk contributing to the incidence of diseases such as Breast Cancer.
- 12.3. The UK may also fail to enshrine into law the EU's Precautionary Principle¹⁹ which has been fundamental to the protection of public health. The UK should incorporate the Precautionary Principle into domestic law and adopt a hazard-based approach to the management of toxic chemicals, mirroring the approach of the EU if it becomes a third party to the REACH system.

¹⁹ Milieu (2011) *Consideration on the application of the Precautionary principle in the chemicals sector* available at: http://ec.europa.eu/environment/chemicals/reach/pdf/publications/final_report_pp.pdf (Accessed 4th March 2019)

- 12.4. Under such a scenario, the Government should also take immediate steps to first mirror then keep pace with existing EU chemicals regulation. This will ensure UK manufacturers, “only representatives” and importers are able to copy regulatory measures across the EU in a less costly, less bureaucratic manner.
- 12.5. The Government’s proposed approach to establishing a UK regulatory regime for chemicals, under the Reach Statutory Instrument²⁰, also contains multiple risks in the event of no-deal, which will need to be addressed proactively:
- There is no provision for the UK to maintain regulatory alignment with the EU which potentially opens the door to a dilution in chemical safety standards.
 - The UK plans to adopt a simplified version of the EU’s decision-making process which could result in the Health & Safety Executive (HSE) and ECHA reaching different outcomes on various chemicals.
 - The new system intends to strip crucial layers of oversight contained within the ECHA governance structure and lacks arrangements for stakeholder engagement which will impact the quality of HSE’s decision making.
 - Businesses will need separate registrations to operate in both UK/EU markets which will increase costs, disrupt supply chains and severely impact the UK’s ability to assess whether a chemical is safe to use.
 - Downstream users, who purchase chemicals from EU-based entities, will become importers and must appoint an ‘only representative’ to ensure REACH compliance. This may incentivise companies to move their chemical manufacturing operations outside the UK.
- 12.6. Under its own regime, the UK may have opportunities to improve on components of the REACH system. For example, decision-making at EU level is criticised for being slow and results in delays in banning toxic chemicals²¹. Leaving REACH would allow the UK to adopt a pragmatic and risk-based approach to regulatory decisions. The consequence of such an approach would, however, be divergence and less robust chemical regulations which would incur a significant cost to public health. Breast Cancer UK believes that the potential opportunities available from leaving REACH are outweighed by the continued public health benefits of remaining a member.
- 12.7. As the UK leaves the EU, it will negotiate new free trade agreements with non-EU countries. This is rightfully viewed as an opportunity, but also introduces new risks as potential trading partners such as the US and India operate far weaker systems of chemical regulation. There is a risk that, in future negotiations, the UK will face

²⁰ The REACH etc. (Amendment etc.) (EU Exit) Regulations (2019) available at: <http://www.legislation.gov.uk/ukdsi/2019/9780111178034> (Accessed: 4th March 2019)

²¹ Taylor M (2018) *Brussels criticised for delays in banning toxic chemicals* available at: <https://www.theguardian.com/environment/2018/jun/11/brussels-criticised-over-delays-in-banning-toxic-chemicals> (Accessed: 4th March 2019)

pressure to reduce its standards of chemical safety. Breast Cancer UK is seeking reassurances from the government that the safeguarding of public health, and consumer and environmental regulation, will not be compromised in future trade negotiations.

- 12.8. To maintain a robust regulatory framework for environmental health, the UK-EU should negotiate a free trade agreement which ensures that the UK can remain a part of REACH.
- 12.9. Breast Cancer UK welcomed the Government's stated intention to maintain access to EU Communication systems such as RAPEX²². This proposal also remains subject to negotiation, but we believe it is the interests of both sides for the UK to continue RAPEX participation. To maintain current standards of consumer health protection it remains vital that UK/EU chemical manufacturers and suppliers continue to exchange information on dangerous products and chemical substances. In the event of no-deal, the UK will lose access to RAPEX and have to set up its own authority to issue safety alerts and recalls for dangerous products.

13. How should substances of very high concern (SVHC) be regulated after the UK leaves the EU? How should the Government manage risk from newly identified toxic chemicals after the UK has left the EU?

- 13.1. Breast Cancer UK believes that if the UK becomes a third party to the EU REACH system it should replicate and follow the EHCA's comprehensive regulatory approach towards SVHC.
- 13.2. Article 57 of the REACH Regulation²³ provides detailed criteria that the UK should follow for a potential SVHC due to its hazardous properties, specifically, substances which:
- Are carcinogenic, mutagenic and reproductive toxicants
 - Are persistent, bio-accumulative and toxic
 - Are very persistent and very bio-accumulative
 - Carry a level of concern equivalent to the above substances, including chemicals which may have endocrine disrupting properties.

²² HM Government (2018) *The Future Relationship Between The United Kingdom And The European Union* available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/725288/The_future_relationship_between_the_United_Kingdom_and_the_European_Union.pdf (Accessed: 4th March 2019)

²³ HSE (2019) *REACH- Substances of Very High Concern*, available at: <http://www.hse.gov.uk/reach/resources/svhc.pdf> (Accessed 5th March 2019).

- 13.3. This comprehensive approach and the utilisation of the Precautionary Principle (enshrined in EU Law) has resulted in numerous chemicals linked to breast cancer such as BPA and Formaldehyde being restricted²⁴.
- 13.4. If the UK sets up its own regulatory regime, decisions on SVHC and other matters regarding chemicals will be handled within the HSE rather than be subject to wider discussion, albeit that the HSE will have the ability to seek external advice from the Environment Agency before making a decision²⁵. This will result in closed and opaque decision making. Breast Cancer UK believes that the HSE should adopt an open and transparent decision-making process, by replicating the ECHA's layers of oversight. This would involve creating a Management board consisting of representatives from the UK government, health and environment agencies (e.g. Environment Agency, Public Health England) and devolved administrations.
- 13.5. The HSE should also set up sub-committees in line with the ECHA to ensure that appropriate methods are in place to engage with stakeholders to improve SVHC decision making and regulations.

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²⁴ ECHA (2019) 'Seven new substance added to the candidate list, entry for bisphenol-A updated', available at: <https://echa.europa.eu/-/seven-new-substances-added-to-the-candidate-list-entry-for-bisphenol-a-updated-to-reflect-its-endocrine-disrupting-properties-for-the-environment> (Accessed: 5th March 2019)

²⁵ The REACH etc. (Amendment etc.) (EU Exit) Regulations (2019) available at: <http://www.legislation.gov.uk/ukdsi/2019/9780111178034> (Accessed: 4th March 2019)