

## FROM DIOXINS AND PCBs IN FEED AND FOOD TO HUMAN BIOMONITORING OF POPs

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PCDDs and PCDFs (“dioxins”) can be formed as unintentional by-products in a number of chemical processes as well as in almost every combustion process. PCBs are intentionally produced chemicals, that were manufactured for decades before the ban in marketing and use was adopted in 1985. In the 1980ies/early 1990ies, a number of measures were taken to detect possible sources for these contaminants and to stop or reduce their release into the environment.

During the 1990ies, the food chain got into the focus with several incidents, in particular the Belgian dioxin crisis caused by a feed additive heavily contaminated with PCBs (<sup>1</sup>), the contamination of citrus pulp pellets as a result of use of heavily contaminated lime (<sup>2</sup>) and the contamination of clay used as feed additive (<sup>3, 4, 5</sup>). This led to the re-evaluation of the safety of food with regard to dioxin intake by the Scientific Committee on Food (SCF) of the European Commission (<sup>6, 7</sup>) and by the Joint FAO/WHO Expert Committee on Food Additives (JECFA) (<sup>8, 9</sup>). SCF derived a tolerable weekly intake (TWI) of 14 pg 2,3,7,8-TCDD/kg bw, JECFA a provisional tolerable monthly intake (PTMI) of 70 pgWHO-PCDD/F-PCB-TEQ/kg bw.

In 2001, the European Community developed a strategy for dioxins, furans and PCBs for a better protection of human health and of the environment from the effects of dioxins and PCBs (<sup>10</sup>). The integrated and systematic approach is based on two pillars:

- 1) reduction of the presence of dioxins and PCBs in the environment;
- 2) reduction of the presence of dioxins and PCBs in feed and food.

Food of animal origin is a predominant source of human exposure to dioxins and PCBs. As food contamination is directly related to feed contamination, an integrated approach is followed to reduce dioxin/PCB incidences all along the food chain, i.e. from feed materials through food-producing animals to humans. These legislative measures concerning feedingstuffs and foodstuffs consists now of two pillars:

1. the establishment of maximum levels at a strict but feasible level in food (<sup>11</sup>) and feed (<sup>12</sup>),
2. the establishment of action levels acting as a tool for “early warning” of higher than desirable levels of dioxins in food (<sup>13</sup>) or feed (see 12).

Tendencies for reduced levels in the food chain can be observed. Remaining problems are caused by incidents, in particular contamination of feedingstuff, and by elevated levels in some kinds of food of animal origin, in particular if environmental levels might contribute to the dioxin intake of animals (in addition to the intake of feedingstuff).

The identification of sources for contamination of the food chain with levels of dioxins and PCBs above maximum levels is difficult and complex. These contaminants are not intentionally used and leave producers helpless when asked for possible reasons of findings of elevated levels in their products. Furthermore, the pattern can change from the original source in particular via feedingstuff to food of animal origin as result of the bioaccumulation.

Of particular interest is the bioaccumulation in humans. Since 1987 the World Health Organization (WHO) has carried out global surveys on the concentrations of polychlorinated dibenzo-p-dioxins (PCDDs), dibenzofurans (PCDFs) and biphenyls (PCBs) in human milk. The first WHO-coordinated exposure study took place in 1987-1988 (<sup>14</sup>), the second round in 1992-1993 (<sup>15</sup>) and the third round in 2000-2003 (<sup>16</sup>).

These studies fulfil important requirements for biomonitoring as requested by the Stockholm Convention on Persistent Organic Pollutants (signed in 2001 and entered into force in 2004) (<sup>17</sup>). The objective of this Stockholm Convention is to protect human health and the environment from POPs (initially twelve important POPs, among them PCDDs, PCDFs and PCBs) by reducing or eliminating their releases.

For the evaluation of the effectiveness, human milk was chosen as one of the two core matrices to be monitored under the Stockholm Convention. Therefore, it was agreed to expand the studies for inclusion of the Stockholm Convention POPs and to perform the WHO human milk surveys in close collaboration with United Nations Environment Programme (UNEP) and the Stockholm Convention Secretariat. Thus, the fourth round in 2005–2007 and the since 2008 following continuous studies were organized as joint WHO/UNEP studies. A comprehensive protocol was developed for collection of representative samples, handling and analysis of samples (<sup>18</sup>).

The global WHO/UNEP-coordinated exposure studies on levels of POPs in human milk contribute to the evaluation of the effectiveness of the Stockholm Convention and allow to derive conclusions on setting of priorities in countries / regions, also with regard to levels of PCDD/Fs and PCBs.

69 countries participated between 2000 and 2012 submitting 174 pooled (= mixed representative) samples. 15 countries participated twice in this period, two countries in triplicate. Large global and regional differences with respect to contamination of human milk with different POPs were found (<sup>19</sup>, <sup>20</sup>, <sup>21</sup>). Indications were found that also use of clay during pregnancy can cause elevated levels of dioxins in human milk from certain African countries (<sup>22</sup>). Time trends can be derived for countries with repeated participation over time. An updated comprehensive report was presented at the Conference of the Parties (COP) to the Stockholm Convention on Persistent Organic Pollutants (Sixth meeting, 28 April–10 May 2013, Geneva, Switzerland) (<sup>23</sup>) giving an overview of the complex picture.

## **References**

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