Manual of European Environmental Policy

The following pages are a section from the Manual of European Environmental Policy written by the Institute for European Environmental Policy.

The Manual was published by Earthscan/Routledge from 2010 to 2012. It was designed as an on on-line interactive reference work and annual printed versions were also produced.

This section is the text of the Manual as published in 2012. It is therefore important to note the following:

- The contents have not been updated since 2012 and no guarantee is given of the accuracy of the contents given potential subsequent developments.
- The sections include links to external websites (e.g. to legal texts). These links continue to work as long as those links are not broken by those websites.
- The sections also include the original links that enabled interactivity within the published on-line version of the Manual. These links no longer work.

The Manual should be cited as follows:

Farmer, A.M. (2012) (Editor). Manual of European Environmental Policy. 1043pp. Routledge, London.

Historical legislation: Screening for lead

Formal references	
77/312/EEC (OJ L105 28.4.77)	Directive on biological screening of the population for lead
Proposed 16.4.1975 – COM(75)166	
Legal base	Article 352 TFEU (Originally Article 308 TEC)
Notification date	29 March 1977
Formal compliance	31 December 1978
Screening to be included	30 June 1991

Purpose of the Directive

Lead can reach individuals by many pathways (air, water, food) and to judge the significance of any one source it is necessary to know the total body burden of lead. The purpose of the Directive was to provide a much more comprehensive and accurate picture than had previously existed of blood lead levels in the population as a whole and among critical groups. The life of the Directive was limited, but it is an example of a Directive containing biological standards as triggers for further action.

Summary of the Directive

Member States were to undertake two screening campaigns, coordinated across the Community, and separated by an interval of two years. This was to be done by sampling the blood of volunteers to determine blood lead levels, though ALAD measurement (the enzymatic activity of delta-aminolevulinic acid dehydrates was used as an indicator of the presence of lead) could be used as a supplementary test.

During each campaign 50 or more persons per million inhabitants per Member State were to be sampled. Samples in the second campaign did not need to be taken from the same individuals as the first campaign. During each campaign, sampling was to be carried out on the following three groups:

1. groups of at least 100 persons in urban areas with more than 500,000 inhabitants;
2. groups of at least 100 persons, in so far as this was feasible, chosen from among people exposed to significant sources of lead pollution;
3. critical groups determined by the competent authorities in the Member States.

In assessing the results of the screening, the following reference levels were to be used:

- a maximum of 20 µg of lead per 100 ml of blood for 50 per cent of each group;

- a maximum of 30 µg of lead per 100 ml of blood for 90 per cent of each group;
- a maximum of 35 µg of lead per 100 ml of blood for 98 per cent of each group.

Where these reference levels were exceeded, the validity of the results were to be checked, and the Member States were required to trace the sources responsible and, at their discretion, to take all 'appropriate measures'. The Commission was to be notified of these measures and of the factors presumed to have led to the reference levels being exceeded.

To ensure comparability of results, the Member States were to inform the Commission of the laboratories taking part in the screening programme and the methods of analysis used. The Commission, together with the Member States was to organize comparison programmes.

The Commission was to draw up a collated annual report which was to be forwarded to the Member States, Council and Parliament. At the end of the programme, the Commission was to draw up a general report to form the basis for any further proposals.

Development of the Directive

Proposals for two separate Directives were communicated to the Council together in the same document (COM(75)166) and in their early stages were considered together. One of these proposals – concerned with air quality standards of lead – was not agreed until 1982. The other proposal was amended to become the biological screening Directive, but in its original form it would have set biological standards for lead (which would have had more of a mandatory character than the reference levels of the screening Directive) and would also have required a new screening campaign every two years. The standards would have been mandatory in the sense that if they were exceeded (a) Member States would have had to identify the abnormal sources of exposure and (b) notify the Commission of them. Then within two months (c) the Commission would have had to issue an opinion, after which (d) the Member States would have had to take suitable measures and (e) inform the Commission of these.

A number of Member States felt that scientific evidence was not sufficiently advanced to enshrine precise biological standards in legislation and in the form finally agreed mandatory biological standards were abandoned as was the commitment to regular screening. What remained was a substantially different Directive concerned with only two screening campaigns designed to collect information but using certain reference levels: if these were exceeded it would be for the Member States themselves to decide on what measures to take and it would not be for the Commission to express an opinion.