

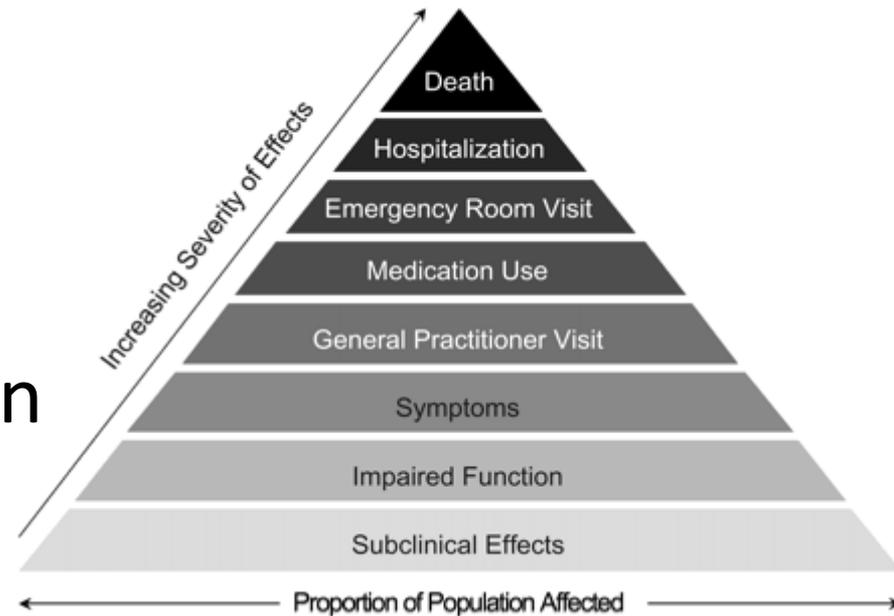
Air pollution and health

- Ambient air pollution (individual) **risk** is small...but large **exposed population = large population risk**
 - Drug abuse: Larger risk, smaller exposed population
- Major impacts are on chronic disease progression
- Diseases impacted by air pollution are multifactorial...
- ...Air pollution as a contributing risk factor



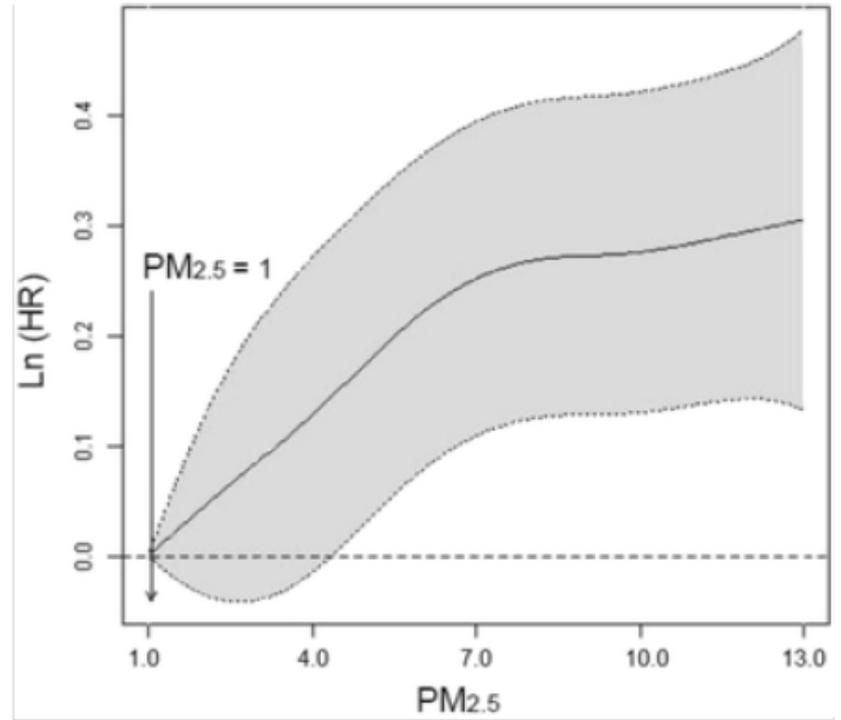
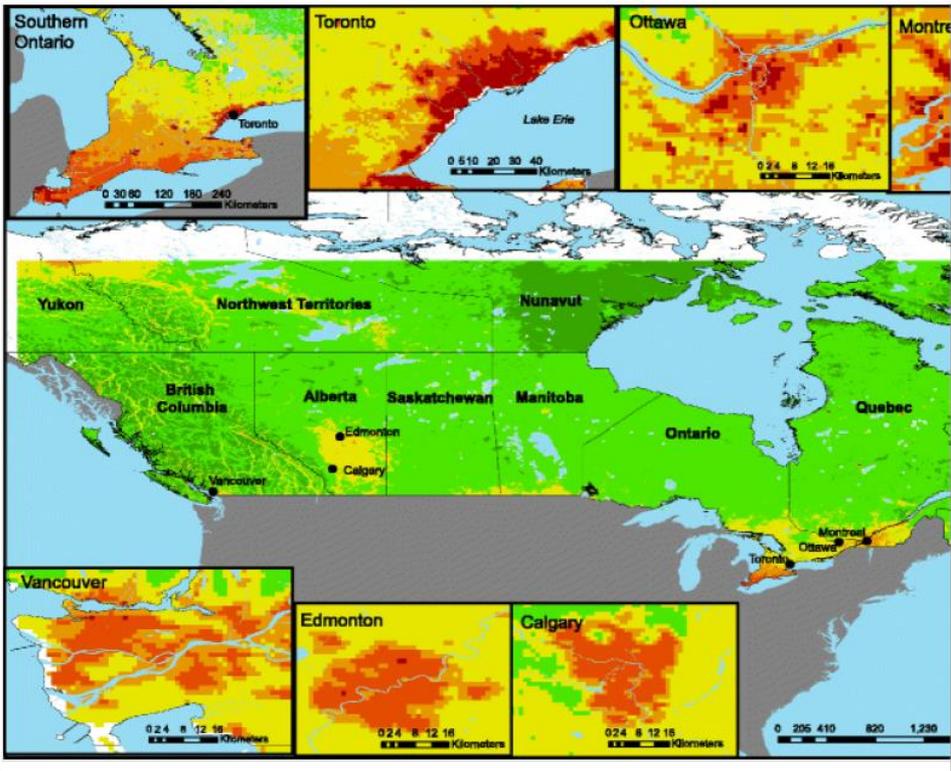
Air pollution and health

- On **days** with worse air quality, more people die*
- In **more polluted cities**, people die earlier than in less polluted cities...
- ...and, in the **most polluted areas** of cities, there is an increased risk of dying



Larrieu et al. Am J Epidemiol, 2009

*out-of-hospital, >65 yrs

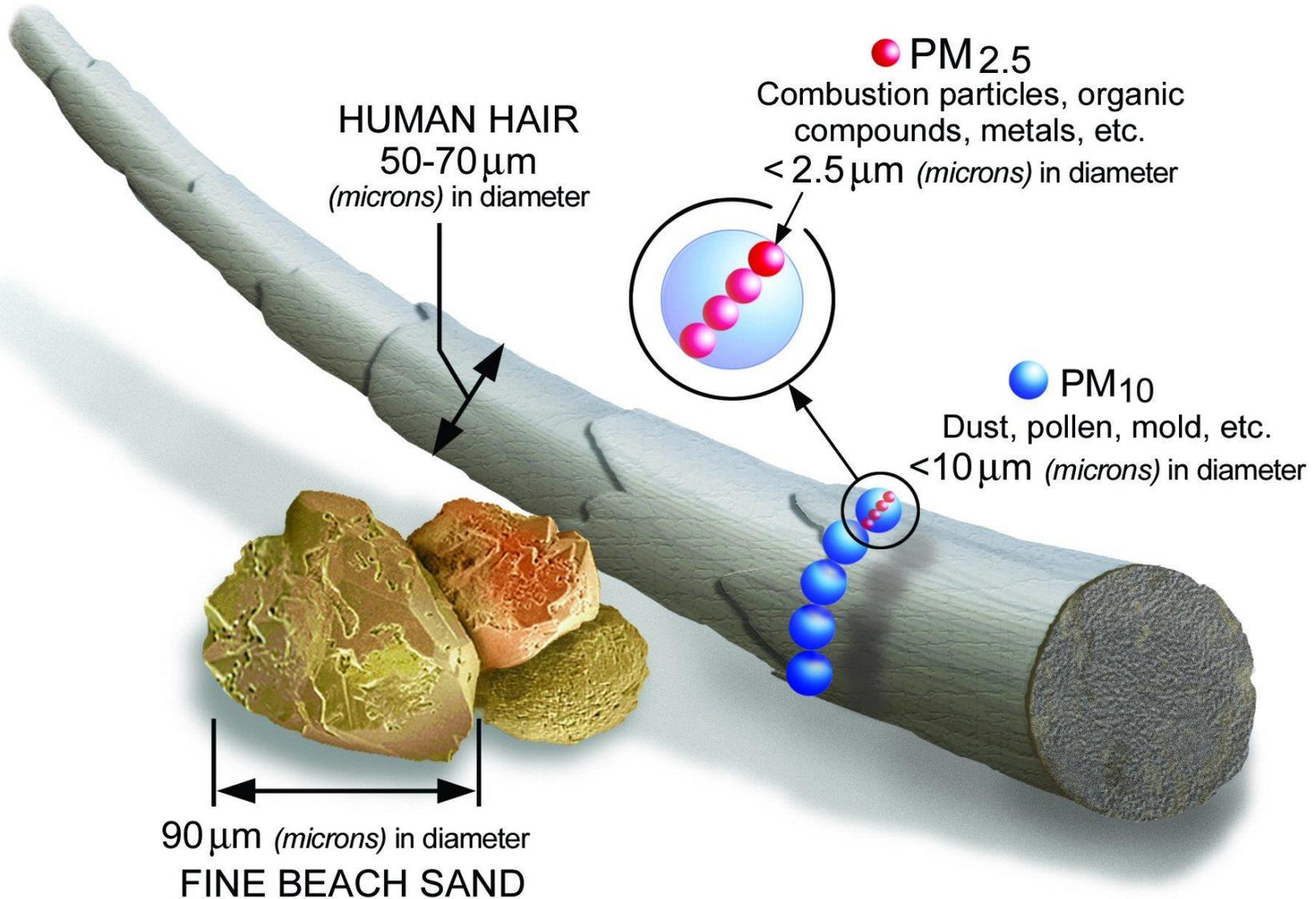


300,000 Adult Canadians (CCHS)
8 – 11 year follow-up

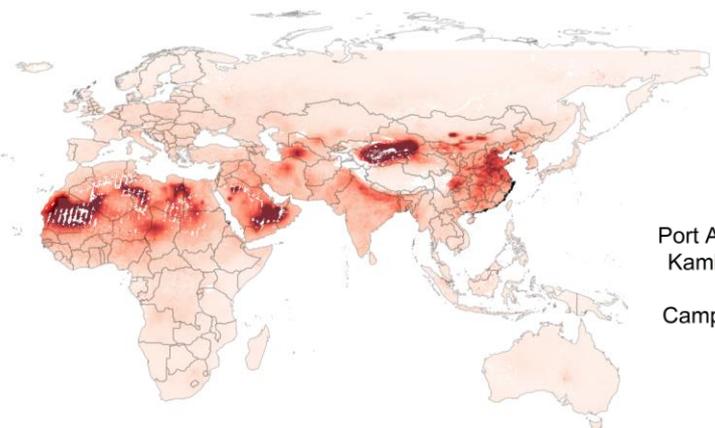
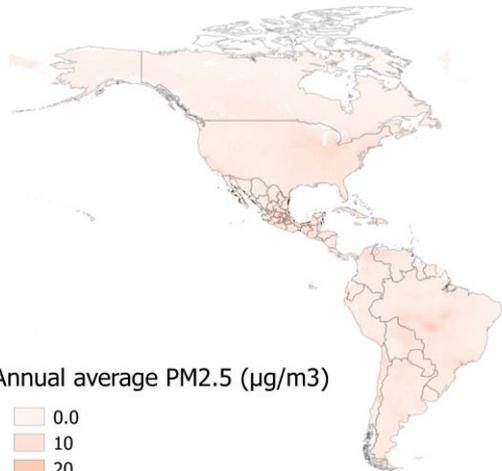
No evidence of threshold above $1 \mu\text{g}/\text{m}^3$ minimum level

Pinault L, Tjepkema M, Crouse D, Weichenthal S, van Donkelaar A, Martin RV, Brauer M, Chen H, Burnett RT. Risk estimates of mortality attributed to low concentrations of ambient fine particulate matter in the Canadian Community Health Survey. *Environmental Health*. 2016. doi: 10.1186/s12940-016-0111-6

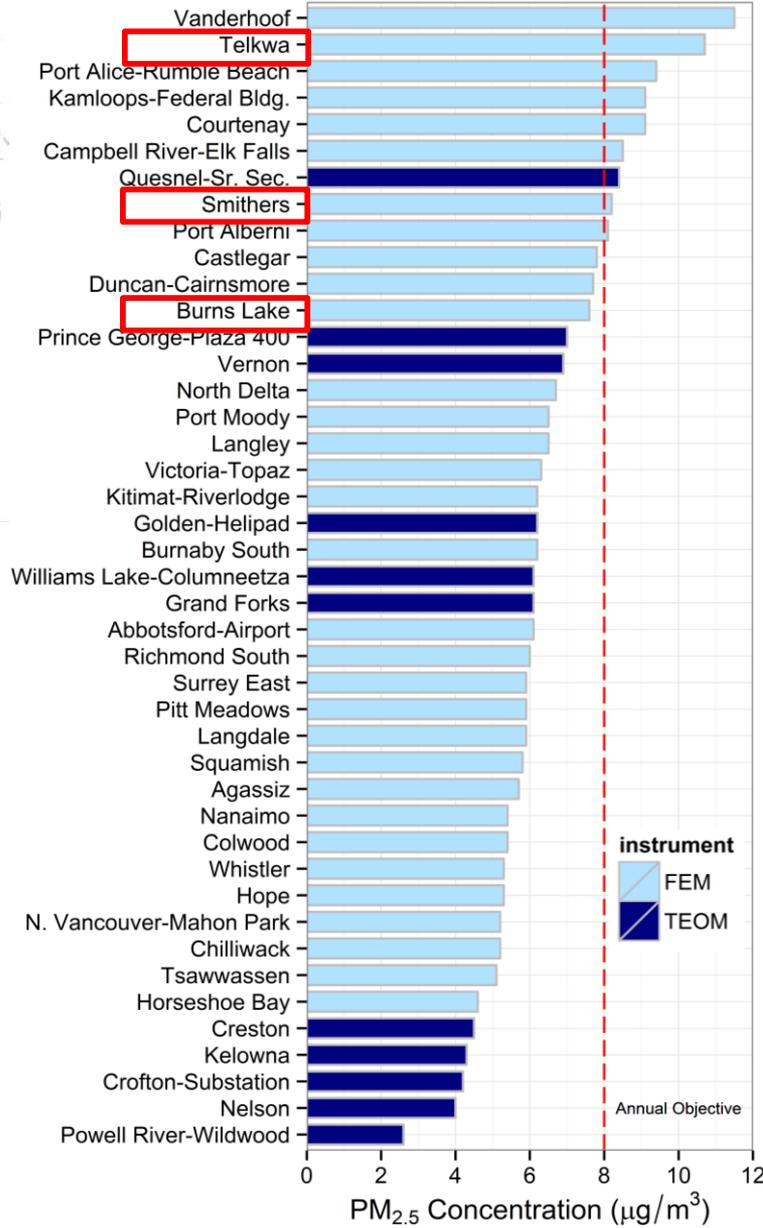
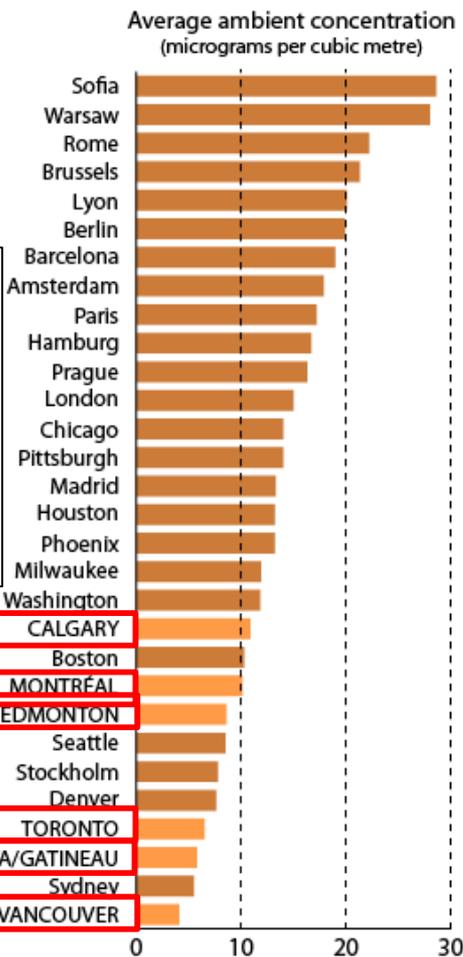
Particulate Matter

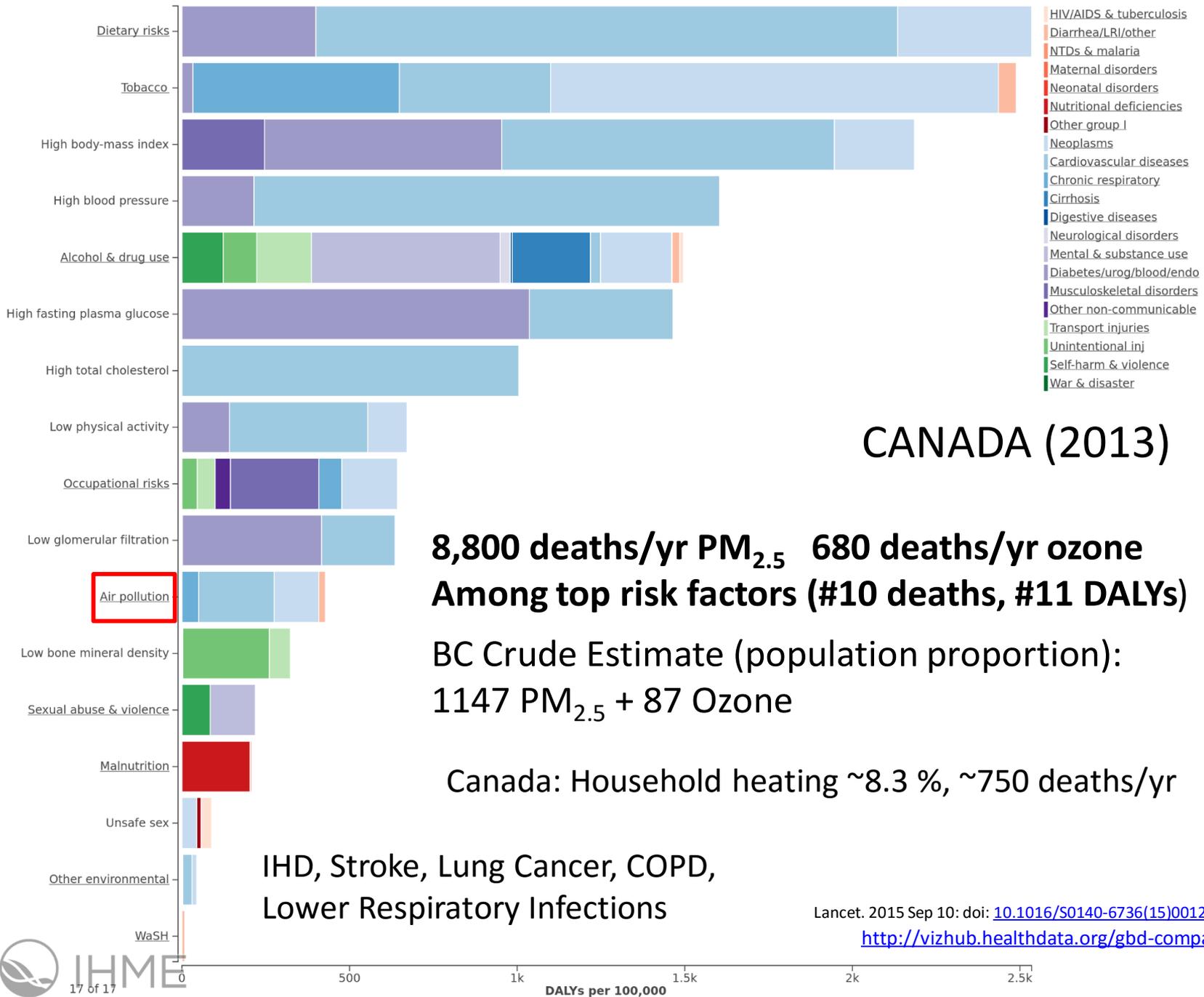


2014 PM_{2.5} Levels in B.C.



87% global population in areas exceeding WHO Air Quality Guideline (10 µg/m³ PM_{2.5} annual average)

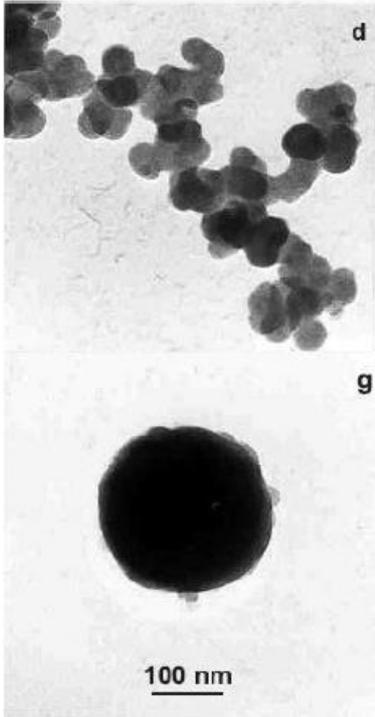




Woodsmoke health effects

“...based on the current, limited experimental findings, we cannot conclude that exposure to residential biomass emissions in developed countries is less harmful than exposure to combustion particles from fossil fuel combustion.”

PM composition



Wood smoke soot

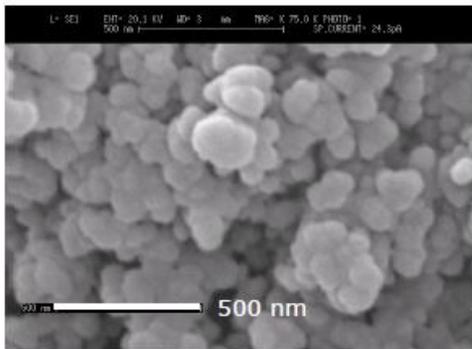


**Wood smoke organic particles
(low-temp combustion)**



“conventional”

from Kocbach et al, *Science of the Total Environment*, 2005)



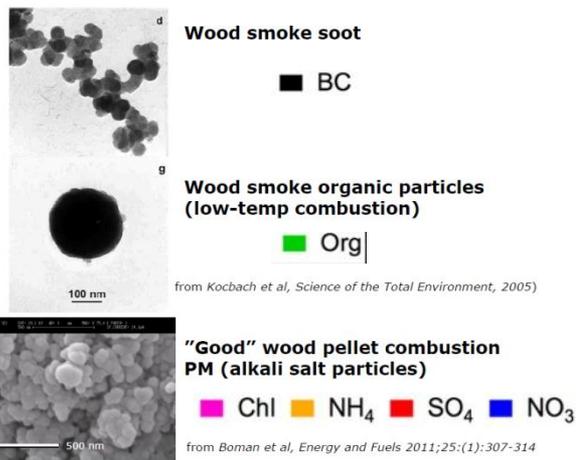
**“Good” wood pellet combustion
PM (alkali salt particles)**



“advanced”

from Boman et al, *Energy and Fuels* 2011;25:(1):307-314

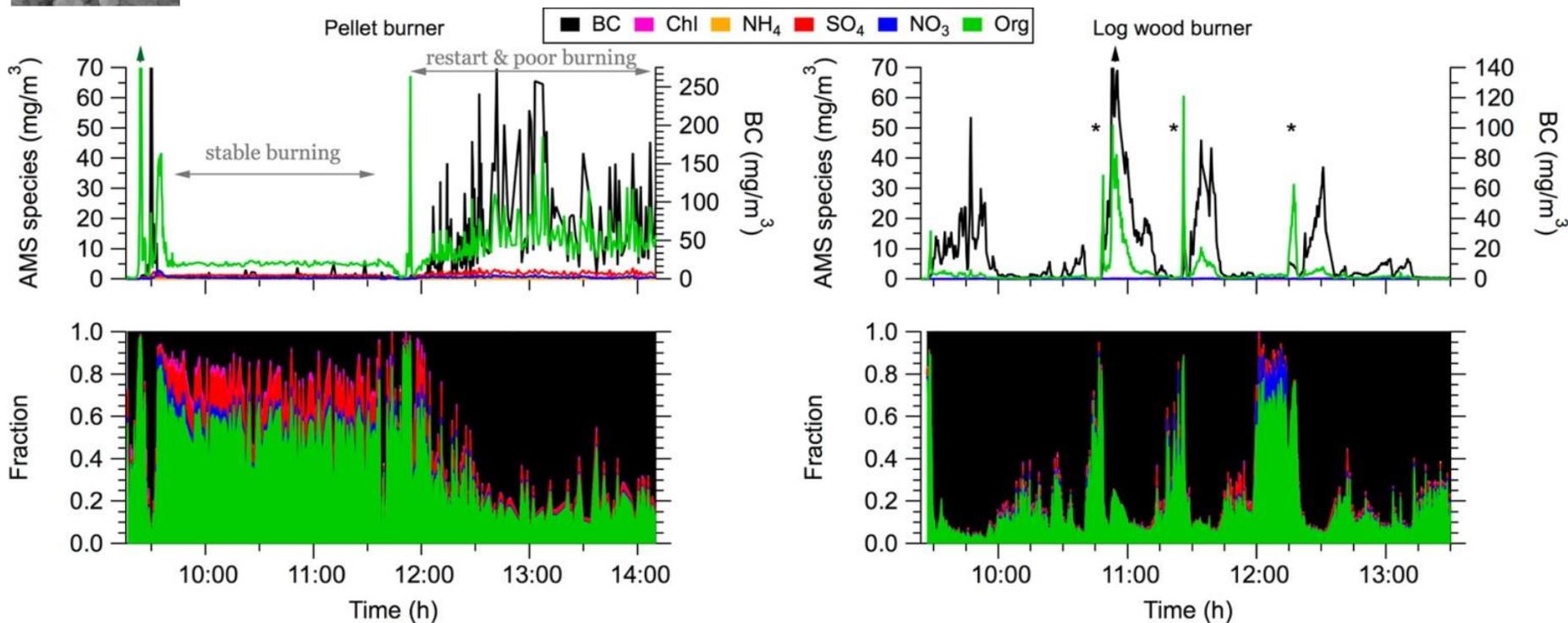
Combustion conditions, composition & toxicity



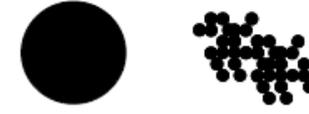
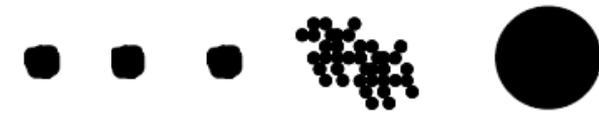
More Toxic



Less Toxic



Combustion source	Emissions (mg/MJ)	Composition
Open fireplace	160 – 910	
Conventional woodstove	50 – 2100	
Conventional log boilers	50 – 2000 (50 – 250)	
‘Modern’ woodstoves log/chip boilers	34 – 330 5 – 450	
Pellet stoves/boilers	10 - 50	

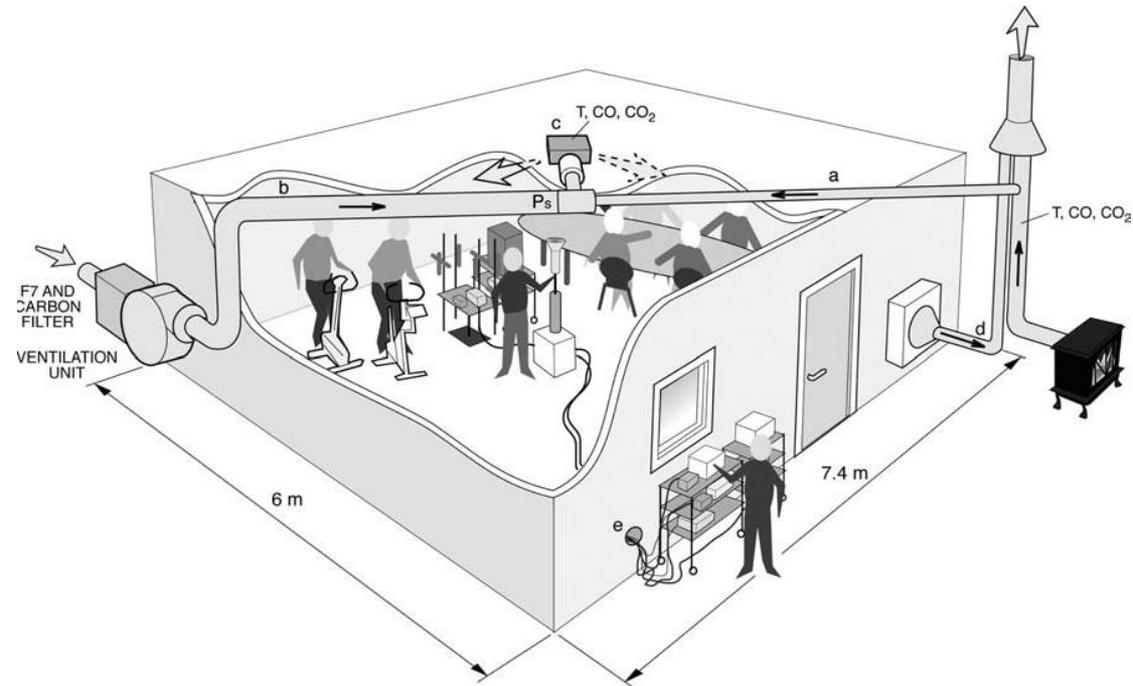
Combustion source	Emissions (mg/MJ)	Composition
Open fireplace	<p style="text-align: center;">MORE TOXIC</p>  <p style="text-align: center;">LESS TOXIC</p>	
Conventional woodstove		
Conventional log boilers		
'Modern' woodstoves log/chip boilers		
Pellet stoves/boilers		

Controlled human exposure studies

- **Subjects exposed to realistic (high) concentrations ($\sim 250 \mu\text{g}/\text{m}^3$) of woodsmoke for 4 hrs**

- **Increases in measures of inflammation, oxidative stress post-exposure compared to clean air**

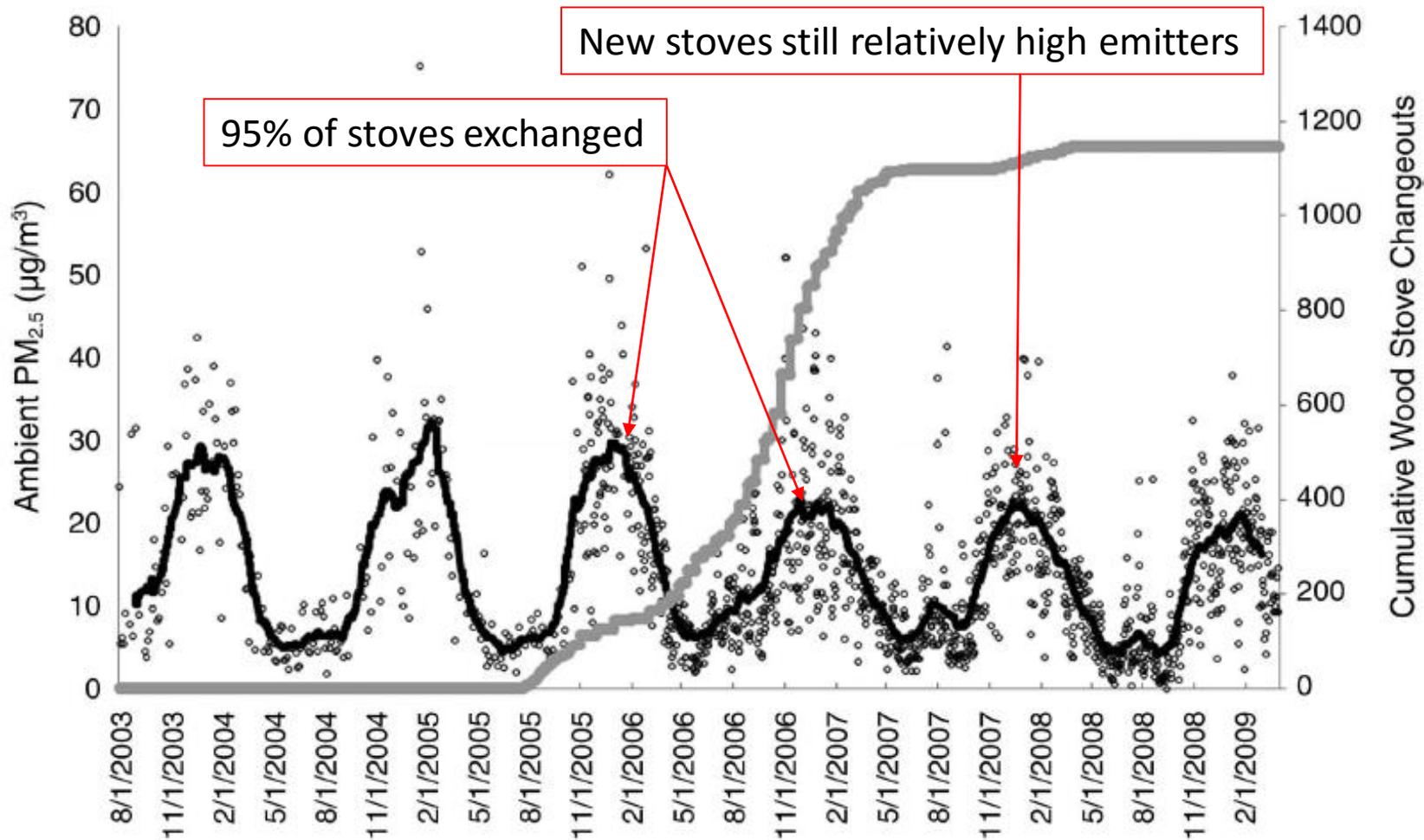
- **Pellet stove incomplete combustion**
 - **No inflammation**
 - **Early adaptive protective response**



Sallsten, G et al. Experimental wood smoke exposure in humans. *Inhal. Toxicol.* 18(11):855–864.; Barregard L et al. Experimental exposure to wood-smoke particles in healthy humans: effects on markers of inflammation, coagulation, and lipid peroxidation. *Inhal Toxicol.* 2006 Oct;18(11):845-53.; Danielsen PH et al. Oxidatively damaged DNA and its repair after experimental exposure to wood smoke in healthy humans.. *Mutat Res.* 2008 Jul 3;642(1-2):37-42.; Barregard L et al. Experimental exposure to wood smoke: effects on airway inflammation and oxidative stress.. *Occup Environ Med.* 2008 May;65(5):319-24.

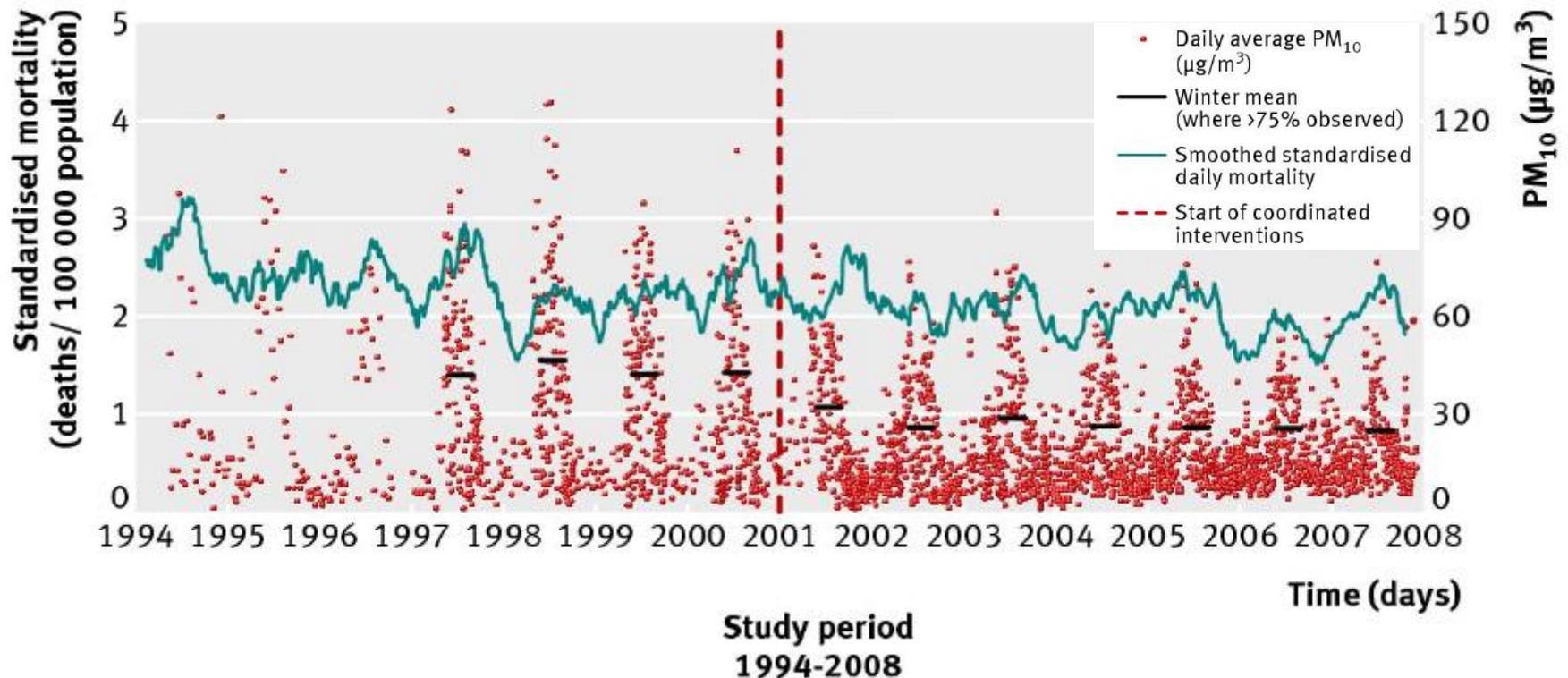
Sehlstedt, M., R. Dove, et al. (2010). "Antioxidant airway responses following experimental exposure to wood smoke in man." *Particle and Fibre Toxicology* 7(1): 21.

Libby, Montana stove exchange



- ~30% reduction in winter PM_{2.5}
- ↓ in childhood wheeze, itchy eyes, sore throat, cold, bronchitis, influenza, throat infections
- School absence associations inconsistent

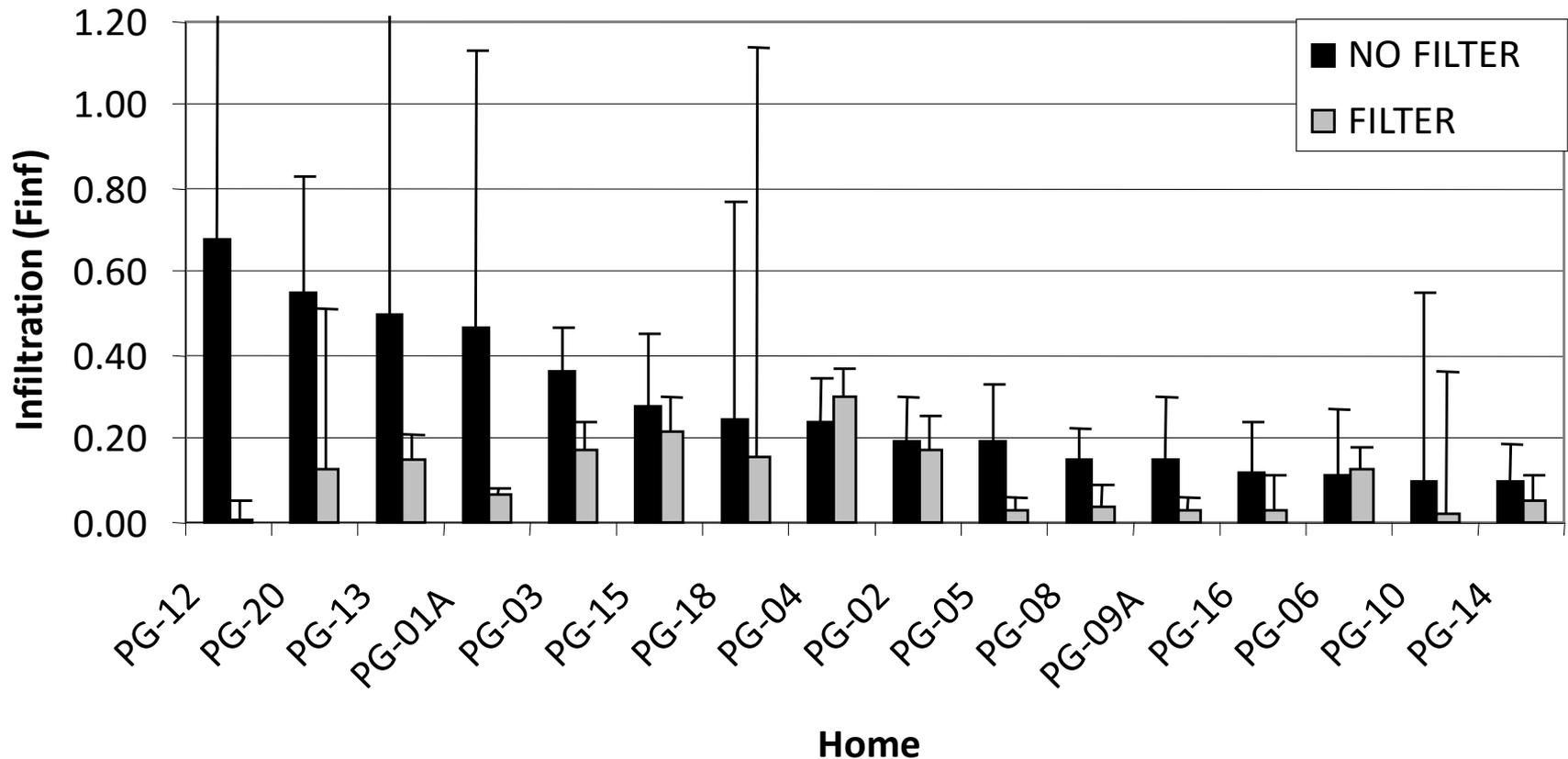
Tasmania woodstove → electricity



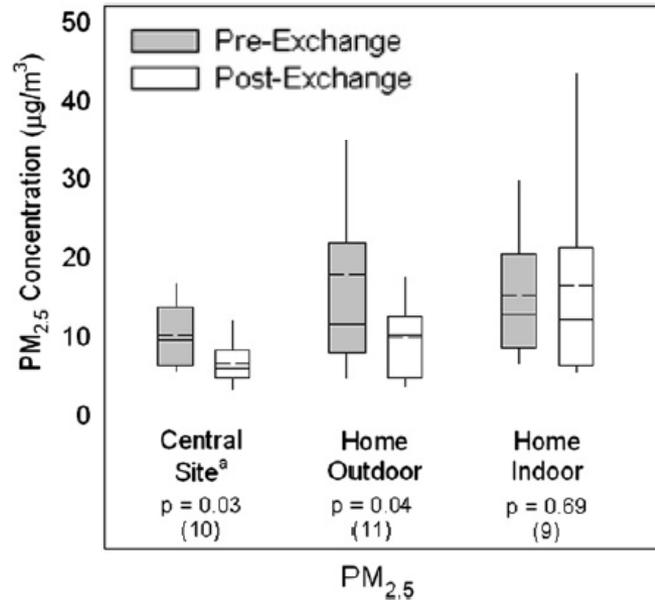
- ~39% reduction in winter PM₁₀
- ↓ winter cardiovascular (-19.6%) and respiratory (-27.9%) mortality
- Similar decreases not observed in control community

Particle infiltration

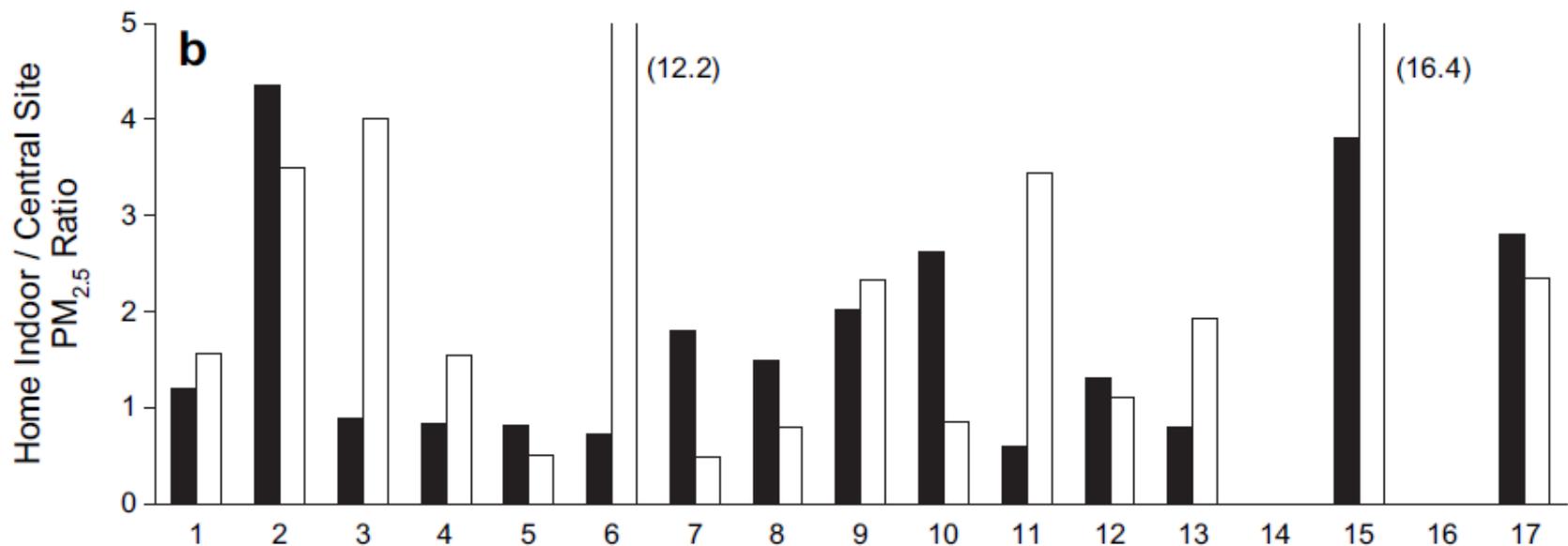
Mean infiltration: 27% no filter, 10% with filter



Stove exchange and indoor levels



Allen RW, Leckie S, Millar G, Brauer M. The impact of wood stove technology upgrades on indoor residential air quality. Atmospheric Environment, 2009, 43: 5908–5915



Epidemiology

- “...emissions from current biomass combustion products **negatively affect respiratory and, possibly, cardiovascular health...**”
- “Epidemiological studies strongly suggest that there are **adverse health effects related to short-term as well as long-term exposure to biomass smoke** in the developed world. Intervention studies performed, to date, suggest **beneficial health effects of reducing exposure to biomass smoke.**”
- We recommend that **emissions from biomass combustion should be kept to a minimum to protect public health.**”

New regulations



Ministry of
Environment

SOLID FUEL BURNING DOMESTIC APPLIANCE REGULATION

Information Update—Policy Intentions

The ministry is revising the Solid Fuel Burning Domestic Appliance Regulation (SFB DAR) September 2015

- 2016-17: Only wood and pellet stoves, boilers, furnaces certified to meet new US EPA or CSA emission standards legal to sell in B.C.
- 30 m setback for new Outdoor Wood Boilers (OWBs); Phase-out of older OWBs
- Prohibit burning of undesirable fuels, such as garbage, plastics and treated wood

Thank you!

Questions?

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