

# Accelerating Research and Policy on PFAS in India

The roadmap introduced by the US Environmental Protection Agency<sup>1</sup> directed toward accelerated research, restriction, and cleanup of per- and polyfluoroalkyl substances (PFAS) is a strong and well-timed initiative that encompasses to evaluate and contain their toxic effects on human health and ecology through effective interventions. Recent regulations in Denmark<sup>2</sup> prohibiting use of paper and cardboard food contact materials, and articles containing PFAS is also an indication of increasing public awareness and concerns regarding their hazardous impact on public health. Learning from this, although in 2020, the Bureau of Indian Standards adopted the International Standards Organizations criterion for sampling and testing of perfluorooctanoic acid and perfluorooctane sulfonate, further initiatives are expeditiously needed to tackle the unregulated and indiscriminate use of ubiquitous everyday toxic chemicals such as phthalates and PFAS in consumer products used by children and adults, including single-use plastics, personal-care and cosmetics, processed food, and packaging, which are the major source of contact with significant adverse effects on human health and environment.

Despite the Stockholm Convention on Persistent Organic Pollutants included PFAS in the restricted list of chemicals for effective monitoring and control, these are indiscriminately used and are being permitted in developing countries such as India. These chemicals are highly persistent with a half-life of 3 to 5 years, can bioaccumulate, and have been detected in human breast milk,<sup>3</sup> drinking water,<sup>4</sup> ground and river water,<sup>4</sup> human tissue,<sup>5</sup> and hair, with higher concentrations among females.<sup>6</sup> Community practices in India, such as increased burning of waste materials (including plastic and electronics) and crop residue along with use of inadequately recycled or reclaimed water from wastewater treatment plants for agricultural purposes, may lead to higher level of PFAS exposure through contaminated air, soil, and crop foods. Furthermore, the fertilizers, pesticides, and insecticides containing plasticizer formulations used in the agricultural fields when burnt along with the residual crops results in increased level of chemicals in the environment.

PFAS are potentially associated with endocrine and immune dysfunction (including reduced vaccine antibody response) leading to initiation and progression of reproductive and developmental disorders, and early-onset of chronic conditions such as thyroidism, obesity, diabetes, and cancer among children and adults.<sup>7</sup> These chemicals can cross the placental barrier and perinatally expose the developing fetus to their toxic effects leading to physiological distress to both mother and the offspring.<sup>8</sup> Although there are no available data on the production, distribution, and use of PFAS in India, a preliminary survey has

indicated that though few perfluorooctanoic acid-free cookware are available in the Indian market, they may not be PFAS-free.<sup>9</sup>

In addition to identifying PFAS-containing sources of exposure, which are limitless, as these chemicals are worryingly used in every industry and consumer products, including as plasticizers in production of ultra-processed food, plastic and rubber, high-quality toxicological, and epidemiologic studies are required to be conducted in India for quantifying, evaluating the effects and mechanism of these chemicals implicated in the development of early-onset chronic diseases, especially health concerns associated with women and children. Moreover, programs on ecological and human biomonitoring of PFAS in children and adults need to be initiated for generating valuable evidence for population-wide policy advocacy. Scalable interventions for increasing public and political awareness along with behavioral change at the individual and population-level for restricting availability and use of products containing PFAS could help in reducing persistent exposure.

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## References

1. Das M. Roadmap to deal with toxic chemicals in the USA. *Lancet Oncol.* 2021;22:1656.
2. Ministry of Food and Environment of Denmark. Ban of Fluorinated Substances in paper and board food contact materials (FCM) [Factsheet]. Danish Veterinary and Food Administration. 2020. Available at: <https://www.foedevarestyrelsen.dk/english/SiteCollectionDocuments/Kemi%20og%20foedevarekvalitet/UK-Fact-sheet-fluorinated-substances.pdf>. Accessed 9 January 2022.
3. Tao L, Ma J, Kunisue T, Libelo EL, Tanabe S, Kannan K. Perfluorinated compounds in human breast milk from several Asian countries, and in infant formula and dairy milk from the United States. *Environ Sci Technol.* 2008;42:8597–8602.
4. Sharma BM, Bharat GK, Tayal S, et al. Perfluoroalkyl substances (PFAS) in river and ground/drinking water of the Ganges River basin: emissions and implications for human exposure. *Environ Pollut.* 2016;208(Pt B):704–713.
5. Pérez F, Nadal M, Navarro-Ortega A, et al. Accumulation of perfluoroalkyl substances in human tissues. *Environ Int.* 2013;59:354–362.
6. Ruan Y, Lalwani D, Kwok KY, et al. Assessing exposure to legacy and emerging per- and polyfluoroalkyl substances via hair—The first nationwide survey in India. *Chemosphere.* 2019;229:366–373.
7. Fenton SE, Ducatman A, Boobis A, et al. Per- and polyfluoroalkyl substance toxicity and human health review: current state of knowledge and strategies for informing future research. *Environ Toxicol Chem.* 2021;40:606–630.
8. Blake BE, Fenton SE. Early life exposure to per- and polyfluoroalkyl substances (PFAS) and latent health outcomes: a review including the placenta as a target tissue and possible driver of peri- and postnatal effects. *Toxicology.* 2020;443:152565.
9. International Pollutants Elimination Network. India PFAS Situation Report-2019. 2019. Available at: [https://ipen.org/sites/default/files/documents/india\\_pfes\\_country\\_situation\\_report\\_mar\\_2019.pdf](https://ipen.org/sites/default/files/documents/india_pfes_country_situation_report_mar_2019.pdf). Accessed 9 January 2022.

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*Environmental Epidemiology* (2022) 6:e199

Received: 10 January 2022; Accepted 29 January 2022

Published online 22 February 2022

DOI: 10.1097/EE9.000000000000199