

Consultation on the Draft Air Quality (Amendment) Regulations (Northern Ireland) 2026

It starts at no 7 as 1 to 6 are demographic questions.

7. To what extent to you agree with the proposed new annual average limit value of 20 µg/m³ for PM₁₀? (Note: the "limit value", comes from the Air Quality Standards Regulations (NI) 2010. Northern Ireland Departments have a duty to ensure that pollutant concentrations do not exceed the limit value.)

Agree xx

We welcome the reduction in the annual average PM₁₀ limit from 40 µg/m³ to 20 µg/m³. This is an important improvement & would provide benefits for public health. However, 20 µg/m³ represents World Health Organization (WHO) Interim Target 4(1), rather than the WHO health-based Air Quality Guideline of 15 µg/m³. The consultation itself recognises that there is no safe level of particulate matter & that the ultimate aim should be achievement of the WHO guideline.

We therefore support 20 µg/m³ as an **interim** limit, particularly given the proposed early implementation date, but would recommend that the Regulations include a clear commitment & timetable for further reduction to 15 µg/m³, e.g. by 2035. This is particularly important as Northern Ireland has already met the 20 µg/m³ limit at every PM₁₀ monitoring site between 2019 & 2024(2). A new legal limit should not simply formalise air quality that has already been achieved, but should drive further improvements in population health.

1. W.H.O. global air quality Guidelines.
<https://iris.who.int/server/api/core/bitstreams/551b515e-2a32-4e1a-a58c-cdaecd395b19/content>
2. Consultation on the Draft Air Quality (Amendment) Regulations (Northern Ireland) 2026 to tighten annual average particulate matter (PM₁₀ & PM_{2.5}) limits, targets & objectives in Northern Ireland.
<https://www.daera-ni.gov.uk/sites/default/files/2026-06/Consultation%20on%20the%20Draft%20Air%20Quality%20%28Amendment%29%20Regulations%20%28Northern%20Ireland%29%202026.pdf>

8. To what extent to you agree with the proposed new annual average objective of 20 µg/m³ for PM₁₀? (Note: the "objective", comes from the Air Quality Regulations (NI) 2003 & is principally part of the local air quality management system for district councils. Councils review air quality and, where objectives are not being or are unlikely to be achieved, this feeds into designation of Air Quality Management Areas & action plans.)

Agree xx

We also support setting the annual average objective at 20 µg/m³. The objective has particular importance to local air quality management, as district councils are

required to review air quality & assess whether objectives are being achieved. Where they are not, this can lead to local action through Air Quality Management Areas & action plans.

However, all Northern Ireland PM10 monitoring sites already achieved concentrations below 20 $\mu\text{g}/\text{m}^3$ between 2019 & 2024. As per Q7 we would ask DAERA to select a lower level that would drive further improvement, particularly in local pollution hotspots & areas where vulnerable populations live, rather than simply supporting existing air quality.

Further setting standards is not enough if councils lack monitoring coverage, staff, technical expertise & enforcement powers. This is especially relevant here because you are explicitly relying on district councils to review air quality. Adequate funding is essential for implementation. Setting more stringent air quality standards will not in itself deliver improved air quality unless sufficient resources are available. Lack of resources & specialist capacity has been identified as a barrier to effective local air quality management elsewhere in the UK(1). District councils should therefore be provided with adequate & sustained resources to implement the new standards effectively.

1. Funding for air pollution cut 99%, campaigners raise alarm.
<https://airqualitynews.com/headlines/funding-for-air-pollution-cut-99-campaigners-raise-alarm/>

9. To what extent to you agree with the proposed new annual average limit value of 10 $\mu\text{g}/\text{m}^3$ for PM2.5?

Agree xx

We welcome the substantial reduction in the annual average PM2.5 limit from 25 $\mu\text{g}/\text{m}^3$ to 10 $\mu\text{g}/\text{m}^3$. However, we regard 10 $\mu\text{g}/\text{m}^3$ as an interim limit rather than a long-term health-based standard. PM2.5 is associated with a wide range of serious health effects eg cardiovascular & respiratory disease(1), stroke & other brain disorders(2,3), cancer, & premature mortality. It adversely affects us from womb to tomb(4). Importantly, there is no known safe level of exposure. The WHO Air Quality Guideline is therefore considerably lower at 5 $\mu\text{g}/\text{m}^3$, with 10 $\mu\text{g}/\text{m}^3$ representing Interim Target 4.

Once again, we are concerned that the proposed limit largely reflects air quality already achieved. All 10 Northern Ireland PM2.5 monitoring sites met the proposed 10 $\mu\text{g}/\text{m}^3$ limit in both 2023 & 2024. A new low limit would push further reductions in pollution exposure rather than simply formalising current levels, & we urge Northern Ireland to adopt such a lower level or at least provide a timeline for achieving WHO standards.

We therefore support 10 µg/m³ as an immediate interim limit, but recommend a clear timetable for further reduction towards 5 µg/m³. Our suggestion is by 2028 mandate 10 µg/m³ as a legal PM2.5 limit & 8 µg/m³ target, as proposed, then by 2030 review progress & set the next statutory reduction, then by 2035 (ideally earlier) a target of 5 µg/m³ PM2.5, the WHO health-based guideline, with PM10 moving to 15 µg/m³. The Republic of Ireland has already legislated/planned a pathway to 5 µg/m³ PM2.5 by 2040, according to DAERA's own comparison table. For Northern Ireland, with its land border & transboundary pollution, having no timetable at all for reaching 5 µg/m³ while Ireland has one is difficult to justify.

1. <https://www.bmj.com/content/381/bmj.p1037/rr>
2. <https://www.nature.com/articles/s41531-025-01156-z>
3. <https://www.sciencedirect.com/science/article/pii/S0277953626004909>
4. <https://heart.bmj.com/content/109/21/1586.abstract>

10. To what extent to you agree with the proposed new annual average target value of 8 µg/m³ for PM2.5?

Agree xxx

We support setting a PM2.5 target below the proposed legal limit, as this provides an important mechanism for driving continued improvement in air quality. However, as noted in our responses to Questions 7 & 8, there is a danger in setting new standards at levels which have already largely been achieved. This is particularly apparent for the proposed 8 µg/m³ PM2.5 target, which every Northern Ireland monitoring site met in both 2023 & 2024.

A target should produce future improvement, not maintain the status quo. This is especially important for PM2.5, where large epidemiological studies demonstrate adverse health effects at low concentrations(2) & continued health benefits as exposure falls. The WHO guideline is 5 µg/m³ & there is no known safe threshold. We therefore suggest that 8 µg/m³ is adopted as an initial target for 2028, but accompanied by a statutory review by 2030 & timeline towards 5 µg/m³ by 2035.

1. WHO Global Air Quality Guidelines, 2021.
<https://iris.who.int/server/api/core/bitstreams/551b515e-2a32-4e1a-a58c-cdaecd395b19/content>
2. Long term exposure to low level air pollution & mortality in eight European cohorts within the ELAPSE project: pooled analysis.
<https://www.bmj.com/content/374/bmj.n1904.short>

11. To what extent do you agree with the proposed compliance date of 1 January 2028 for these new limit values, target values and objectives for PM10 and PM2.5?

Strongly agree xx

We strongly support the proposed compliance date of 1 January 2028. There is no health justification for delaying implementation of standards which Northern Ireland has already demonstrated are achievable. The monitoring data presented in the consultation show that all PM10 monitoring sites met the proposed 20 µg/m³ standard throughout 2019 to 2024, while all PM2.5 sites met both the proposed 10 µg/m³ limit & 8 µg/m³ target in 2023 & 2024. Early implementation is therefore both appropriate & achievable. The 2028 date is also welcome as it brings Northern Ireland to the tighter PM standards ahead of the EU 2030 timetable.

However, our strong support for early implementation should not be interpreted as support for these concentrations as long-term endpoints. As outlined in our previous responses, we recommend a statutory review by 2030, with further tightening towards the WHO Air Quality Guidelines of 15 µg/m³ for PM10 & 5 µg/m³ for PM2.5, ideally by 2035.

12. Do you agree or disagree with the conclusions of the Rural Needs Impact Assessment (RNIA)?

Agree xx

We broadly agree with the conclusions of the Rural Needs Impact Assessment. Tighter particulate matter standards should benefit both rural & urban populations & we would not anticipate the proposed Regulations themselves having a disproportionate adverse impact on rural communities. However, rural location should not be assumed to be immune from the health risks of poor air quality. The consultation identifies domestic combustion as an important source of PM2.5 in Northern Ireland, while agriculture is the largest source of ammonia, which contributes to secondary formation of both PM2.5 & PM10.

Rural populations may therefore experience significant air pollution which differs from those in urban areas. Monitoring & future air quality policies should remember these sources & ensure that rural populations receive the same health protection as people living in cities.

13. Do you agree or disagree with the conclusions of the Equality and Disability screening?

Disagree xx

We welcome the proposed tightening of particulate matter standards, which should benefit the whole population. However, we absolutely do not agree that the potential equality impacts are sufficiently limited to justify screening out a full Equality Impact Assessment. Air pollution exposure & its health effects are not equally distributed. More deprived communities may experience higher exposure, for example through proximity to busy roads, poorer housing & occupational exposures, while also having greater underlying vulnerability to its health effects(1).

There are also important differences by age & disability. Children are particularly susceptible to the effects of air pollution because their lungs & other organs are still developing(2). Older people & those with pre-existing cardiovascular & respiratory disease are also at increased risk.

We therefore recommend a comprehensive assessment of how both current exposure & the health benefits of these regulations are spread across different population groups. This would also help ensure that future measures to achieve still lower PM concentrations reduce rather than perpetuate existing health inequalities.

1. An investigation of inequalities in exposure to PM2.5 air pollution across small areas in Ireland. <https://link.springer.com/article/10.1186/s12942-024-00377-4>
2. Air pollution is the largest environmental risk to public health & children are especially vulnerable. <https://www.bmj.com/content/381/bmj.p1037>

14. Do you have any additional comments you wish to raise with regards to the draft Regulations or consultation documents?

Reliance on a relatively small number of fixed monitoring sites may not identify local hotspots. Consider monitoring at schools(1), busy roads, deprived communities & areas affected by domestic fuel burning. Use of validated lower-cost monitors could complement current monitors.

Domestic burning is an important source of PM2.5 in NI, while agriculture produces 97% of ammonia emissions contributing to secondary PM formation & deserves attention.

Domestic solid fuel burning is a preventable source of PM2.5(2). The policy should include measures to reduce these emissions. Real-world emissions eg high PM peaks during stove door opening for lighting/refuelling, may be much greater than laboratory tests suggest. It also exposes neighbours contributing to wider community exposure(2). Reducing this source would provide improved indoor & outdoor air quality. Public education also has a crucial role here(3).

We welcome the recognition of transboundary air pollution & the need for cross-border consistency. Given the importance of secondary PM2.5, eg from agricultural ammonia, we would encourage this to extend beyond alignment of limit values to cooperation between Northern Ireland & the Republic of Ireland on emissions reduction, monitoring, data sharing & future target setting.

We suggest increased consideration of ultrafine particles. These are not adequately represented by PM mass measurements, yet combustion & traffic can generate large numbers of these very small, dangerous particles.

Annual means are important for chronic health effects, but they can conceal substantial short-term peaks which adversely affect health(4). The proposal retains the existing PM10 24-hour standard of 50 $\mu\text{g}/\text{m}^3$, allowing this high level of air pollution to be exceeded 35 times a year, this should be reduced. WHO's 24-hour PM10 guideline is 45 $\mu\text{g}/\text{m}^3$, PM2.5 15 $\mu\text{g}/\text{m}^3$.

The new standards should be a start to reduce exposure, there is a need to document review dates with a pathway towards the WHO Guidelines.

1. <https://bmjpublichealth.bmj.com/content/4/2/e001585>
2. <https://www.bmj.com/content/393/bmj-2026-346921>
3. <https://www.sciencedirect.com/science/article/pii/S2666535223000526>
4. <https://link.springer.com/article/10.4209/aaqr.230062>