

UICC call to action on asbestos^{*}

Asbestos is one of the top 10 chemicals or groups of chemicals of major public health concern highlighted by the World Health Organization (WHO).

As stated in the WHO Chemicals road map, in adopting the 2030 Agenda for Sustainable Development, governments recognised the continued importance of sound management of chemicals for the protection of human health. In particular, target 3.9 aims by 2030 to substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil contamination. In addition, target 12.4 calls for sound management of chemicals and all wastes by 2020 to minimise adverse impacts on human health and the environment.

Key facts

We have known of a link between asbestos and lung disease since ancient times, but more recently since the beginning of the 18th century. The specific link with mesothelioma and lung cancer, both with a poor prognosis, has been recognised since the 1930's. Unfortunately, the number of cases of mesothelioma in industrialised countries continues to grow and is expected to peak within the next 20 years. This is attributable to the heavy use of asbestos from the 1950s through to the 1970s.

Asbestos causes mesothelioma and cancer of the lung, larynx and ovary. Also, positive associations have been observed between exposures to all forms of asbestos and cancers of the pharynx, stomach and colorectum.

- All types of asbestos fibres are carcinogenic to humans. The various types of fibres increase the risk of the above cancers to different extents.
- Both cigarette smoking and asbestos exposures increase lung cancer risk, and, when they are present together, they act in a multiplicative fashion.

Occupational exposures to asbestos occur in mining and milling of asbestiform minerals, as well as in minerals embodied in rocks that contain asbestiform fibres. Occupational exposures have also occurred and, in some cases, continue to occur in non-mining settings. These include the construction, thermal and electrical insulation, roofing, friction materials, cement, textile and ship-building industries. WHO estimates that about 125 million workers in the world continue to be directly exposed to asbestos.

- In the many countries where asbestos use has essentially ceased or been banned, exposures remain a problem. This is due to exposures to asbestos in homes, workplaces, vehicle brake pads/linings, and public buildings. This is most likely to occur in people working in the building, maintenance and construction sectors. Plumbers, electricians, carpenters, motor mechanics and similar trades may unknowingly disturb, release and inhale asbestos fibres in the course of their work.
- Asbestos exposures may also occur in individuals living in the neighbourhood of asbestos industries and people who live in the household of asbestos workers (e.g. in someone washing

^{*}This position draws heavily from Position Statement on Asbestos from the *Joint Policy Committee of the Societies of Epidemiology (JPC-SE)*, approved June 4, 2012 [https://www.iipc-se.org/documents/03.JPC-SE-Position_Statement_on_Asbestos-June_4_2012-Full_Statement_and_Appendix_A.pdf]

work clothes). The general population may be exposed to asbestos from the decay of asbestos-containing building materials, or through undertaking home maintenance or renovation.

The burden

Between 1994 and 2008, a total of 92,253 mesothelioma deaths were reported across 83 countries¹. The latest report from the Global Burden of Disease stated that asbestos-related deaths account for about one third of all of deaths attributed to occupational carcinogens and now stands at over 222,000 persons annually.²

Time to learn from past mistakes

The majority of industrialised countries have virtually ceased using asbestos and over 50 countries have passed laws banning its use, but there are still significant producers for example in South America and the former Soviet Union.³ Asbestos continues to be used in many low-to-middle income countries where national economics, or government policy toward the use of asbestos, still override the asbestos health issue.⁴ A more recent WHO analysis by Lucy P. Allen et al. challenges this stance, suggesting that countries currently consuming/ producing asbestos would not experience an observable effect on gross domestic product from a ban on or a decline in asbestos consumption/production⁵.

In spite of the scientific evidence and calls to end all use of asbestos by many organisations including the World Health Organisation, the World Federation of Public Health Associations, the International Commission on Occupational Health, the International Social Security Association, the International Trade Union Confederation and the World Bank, the use of asbestos is increasing in low-to-middle income countries. There is low awareness in these countries of the risk that asbestos poses to health; in addition, safety regulations are weak to non-existent. If unstopped, this continued and increasing use of asbestos will lead to avoidable asbestos-related cancers and lung diseases and premature death for decades to come in those countries, repeating the epidemic we are witnessing today in industrialised countries that used asbestos in the past.

The UICC call to action and public health recommendations to governments

The Union for International Cancer Control (UICC):

1. Calls for a global ban on the mining, use, and export of all forms of asbestos.
2. Calls specifically on all asbestos exporting countries to respect the right to health by ceasing the mining, use, and export of asbestos, and providing transition assistance to their asbestos-mining communities.
3. Calls specifically on all asbestos-using countries to cease the use of asbestos; replacing asbestos with safer substitutes and developing economic and technological mechanisms to stimulate its replacement.
4. Urges all countries that have used asbestos to inform their citizens and their healthcare professionals of the hazards of asbestos and to implement measures to monitor the health of citizens (via registries) who are likely to have been exposed at any point in their lives, or who have potential to be exposed in future due to asbestos that is already present. To facilitate this, an inventory of asbestos already in place is needed, particularly in schools and places where children are present.
5. Urges all countries that have used asbestos to implement a systematic education and training program among workers likely to become exposed to the substance in the course of their work (such as construction trades people) to ensure these people can both correctly identify asbestos-containing materials and have skills necessary to minimise risk of exposure in the way they handle or work with asbestos-containing materials.
6. Calls on all countries that have used asbestos to ensure disaster management plans give consideration to the management of asbestos containing materials when clean-up operations are mounted in locations where asbestos containing materials were in common use, such as building materials.
7. Governments around the world are urged to provide the best possible care and early diagnosis, treatment, social and medical rehabilitation and where appropriate palliative care to all individuals exposed to asbestos or diagnosed with an asbestos-related disease. Further, these individuals should

be provided with access to appropriate compensation and be connected with relevant support groups and networks.

References

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² Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016.(PMID:28919119 PMCID:PMC5614451)
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⁴ Worldwide asbestos supply and consumption trends from 1900 to 2000
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⁵ Asbestos Economic Assessment of Bans and Declining Production and Consumption, Allen et al, 2017.
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