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ASBESTOS INTERNATIONAL ASSOCIATION

E.E.C. Advisory Committee of the A.I.A.

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COMMENTS ON THE EUROPEAN PARLIAMENT'S

MOTION FOR A RESOLUTION

ON THE

HEALTH HAZARDS OF ASBESTOS

DOC. 344/77 ("EVANS REPORT")

JHM 07537

CRMC-Motley1000-Subj-002552

THE EUROPEAN PARLIAMENT DOC. 344/77 MOTION FOR A RESOLUTION ON THE HEALTH HAZARDS OF ASBESTOS	COMMENTS OF THE E.E.C. ADVISORY COMMITTEE OF THE A.I.A.
The European Parliament, Having regard to ... etc.	
1. Welcomes the effort being made by the Commission in the field of study and research into the effects of asbestos on human health;	
2. considers, however, that sufficient evidence has accumulated to show that asbestos presents a danger both to workers in the asbestos industry and to those exposed in other situations and that it is time to draw conclusions from this evidence;	2. by insisting on conclusions to be drawn already, the motion seems to wish to anticipate the findings of the working groups and committees who are, at present, studying this evidence (D.G. III, D.G V and others). See Appendix § 2.
3. stresses that asbestos is a carcinogen;	3. carcinogenic effect is attributed nowadays to about 3.000 substances. Asbestos, when used without the necessary precautions, presents this danger as well, and must, hence, be used correctly.
4. emphasizes that all varieties of asbestos in use in the Community can present a danger to human health;	4. It is not disputed that all varieties have been associated with this risk, but this is only the case when respirable asbestos fine dust, which may be produced when asbestos is used without the necessary precautions, is inhaled in harmful quantities. There is no conclusive evidence of risk from ingestion. See Appendix § 4.
5. endorses the view that further research into dose/effect relationships is necessary; since as yet no agreement can be found as to whether a "safe level of exposure" exists;	5. the suggested research is going on very actively. As regards the existence of a "safe level of exposure", it must be kept in mind that cases of asbestos cancer appearing today are caused by working conditions 20 to 40 years ago, when concentrations of respirable asbestos fibre are known to have been very much higher than they are today. See Appendix § 5.
6. calls for the setting, at Community level, of temporay limits and relevant measuringmethods , based on the evaluation of the carcinogenic risk. Such limits must be regularly reviewed by the competent authorities;	6. most of the Member States have already adopted, following the example of the U.K., a limit based on the available medical facts. This limit should obviously be kept under review in the light of new medical evidence. It is agreed that it is essential to standardize methods of measurement.
7. calls for a ban on crocidolite in all Member States;	7. opinion in the medical world is not unanimous that crocidolite is more dangerous than any other variety of asbestos Furthermore, there are some applications where the use of crocidolite is essential and where it can be used under adequately controlled conditions. See Appendix § 7.
8. calls for a ban on the spraying of asbestos in all Member States;	8. the industry agrees that asbestos should not be used in applications where the control of respirable asbestos fibres is difficult to ensure under normal operating conditions. Asbestos spraying has been abandoned already in some Member States.

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EUROPEAN PARLIAMENT - MOTION FOR A RESOLUTION ON THE HEALTH HAZARDS OF ASBESTOS	COMMENTS OF THE E.E.C. ADVISORY COMMITTEE OF THE A.I.A.
9. calls for the compulsory instalment in all Member States, where asbestos is handled, of filters designed to reduce the concentration of asbestos particles in the air.	9. the industry fully understands the need for appropriate dust extraction equipment designed to reduce the concentration of respirable asbestos fibre in work places. It has already devoted substantial capital investment for this purpose. The regulations already enforced in most Member States specify the provision of such equipment as an obligation.
10. invites the Commission to review, with a view to harmonization, the provisions of the Member States with regard to compensation for asbestos related diseases;	10. the industry considers it to be desirable that the criteria for assessing disability due to asbestos exposure should be consistent among all Member States. With regard to compensation, the whole system of social insurance would need to be harmonized in order to achieve consistency.
11. invites the Commission to make a similar review of current legislation relating to safety in the asbestos industry also with a view to harmonization;	11. the industry agrees in principle with the need for consistency in safety regulations. Most Member States have already adopted regulations which are to a considerable extent consistent in their requirements. The industry considers that adequate and harmonized regulations should be adopted throughout the community.
12. hopes that the proposal for a directive on misleading advertising promised by the Commission will contain provisions to protect the public from the type of irresponsible advertising campaign that has been launched concerning asbestos in some Member States;	12. the Asbestos industry is a responsible industry and is in favour of unbiased information of its employees and of the general public. As such, it has had to defend itself against biased attacks, based on exagerated or false statements. Evidence can be produced to confirm that information given was checked with impartial and expert sources. It can also be stated with confidence that the industry has taken a very responsible attitude in providing technical advice on dust measurement, technical controls of dust and work practices designed for the protection of the health of workers. A number of publications by the industry have been quoted and recommended by National and International organisations, such as the I.L.O.
13. insists on the right of all members of the population to unbiased information, particularly in areas such as public health;	
14. calls for a Community-wide information campaign to be initiated to inform the public in a rational manner of the advantages and disadvantages connected with the use of asbestos;	14. the industry has not been inactive in this field. The A.I.A., for its part, has the same objective in view and would welcome the opportunity to harmonize its action with the one the motion calls for. However, it feels that the Government organisations in each country can best decide how and in which manner it can promote appropriate information. See Appendix § 14.
15. calls upon the commission to include asbestos in Annex I of the Council Directive of 27 June 1967 concerning the approximation of the laws, regulations and administrative provisions relating to the classification, packaging and labelling of dangerous substances;	15.) the study of these points by the working groups engaged in these 16.) problems (D.G. III and others) is already in an advanced state.
16. calls upon the Commission to include asbestos in the Annex of Council Directive of 27 July 1976 on the approximation of the laws, regulations and administrative provisions of the Member States relating to restrictions on the marketing and use of certain dangerous substances and preparations;	

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EUROPEAN PARLIAMENT - MOTION FOR A RESOLUTION ON THE HEALTH HAZARDS OF ASBESTOS	COMMENTS OF THE E.E.C. ADVISORY COMMITTEE OF THE A.I.A.
17. considers that every effort should be made to develop safe substitutes for asbestos and that, as these substitutes become available, the use of asbestos should be gradually phased out; where safe substitutes already exist, the use of asbestos should be forbidden;	17. It will not be possible to prove the safety of replacement products in a short time, as very little is known about the long-term effects of exposure to such new products. For asbestos, the consequences of exposure are understood and safe methods of working have been developed, whereas the effects of exposure to replacement products are still to be experienced. The use of asbestos should only be restricted in cases where escape of fibres in a high dust concentration cannot be prevented.
18. urges the Commission to sponsor research into the development of safe and practical substitutes for asbestos, priority being given to substitutes for asbestos applications presently involving high exposure risk to asbestos fibres;	18. those applications of asbestos, for which it has been found impracticable to devise efficient control of dust, have already been replaced to a considerable extent by alternative materials.
19. invites de Commission to include the siting of asbestos factories and waste dumps among the projects for which environmental impact assessment could be used;	19. the location of such sites is already done in most Member States on the basis of their possible impact on the environment. The industry is in favour of such measures for new factories of all kinds and for systematic monitoring of existing plants.
20. calls therefore on the Commission to lay down as soon as possible, safety standards in work places where asbestos is handled, that are binding on all the Member States.	20. In most Member States regulations already exist. In those countries where they do not, we agree that rules for safety should be speedily introduced, having due regard to technical, economical and social implications.
21. invites the Commission to take steps to ensure that smoking is prohibited whever asbestos is handled.	21. the industry agrees with the desirability of discouraging cigarette smoking, but is doubtful of the practicability of a prohibition.
22. recommends that the Commission make full use of the work being done by the European Foundation for the Improvement of Living and Working Conditions particularly concerning safety in the workplace;	22. the industry agrees that any relevant information should be utilised. There are many well established and competent organisms of which full use should be made.
23. instructs its President to forward this resolution and the report of its committee to the Council and Commission of the European Communities, and for information, to the Economic and Social Committee.	23. No comment.

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APPENDIX TO THE COMMENTS OF THE
E.E.C. ADVISORY COMMITTEE OF
THE ASBESTOS INTERNATIONAL ASSOCIATION

§ 3. In Europe, Commission working groups under Directorates III and V and the Environment and Consumers' Protection Service are studying the problems of asbestos under various headings :

(1) marketing and use
(2) health and safety in the workplace
(3) classification and labelling
(4) proposal for a directive on toxic and dangerous waste
(5) public health risks

In the UK the Advisory Committee on Asbestos is considering in great depth and with a balanced responsibility the medical and scientific evidence which is available. This Committee gave all interested parties the opportunity to present evidence and information in support of their viewpoint. Recommendations are expected at any time.

Moreover, the medical world along with the industry have already started ten years ago drawing conclusions from this evidence: the 1969 UK asbestos regulations were a direct result of conclusions from evidence available at that time, and EEC member states have in the meantime followed.

§ 4. In order to assess correctly the real size of the potential risks, it is essential to realise that these risks exist only when respirable dust is created.

There is no conclusive evidence of risks through contact with the skin or even through ingestion. The health hazards arise from a totally different form of exposure compared with commonly known toxic chemical substances : asbestos is not a poison.

The mere presence of asbestos in a workplace or in a product is not a sufficient condition for the existence of health hazards. Only when present under the condition of AIRBORNE RESPIRABLE DUST is there a positive health hazard.

Hence, the risks can be eliminated by preventing asbestos fibres from becoming airborne.

This is the case in most asbestos containing finished products in present day use, and particularly in those products, such as asbestos-cement, where the fibres are substantially "locked in".

When respirable asbestos fibre is likely to be created (by handling of pure fibre, manufacturing processes, or processing of asbestos containing materials), alternative work methods (wet process for instance) or dust extraction equipment can prevent the dust particles from becoming airborne.

§ 5. It does not seem to be adequately understood that diseases associated with exposure to respirable asbestos fibre relate to conditions of manufacture and use usually 20 to 40 years ago. Conditions today in most factories of EEC member countries are entirely different but the effect of these improved conditions will only be apparent with the passage of time. This is due to the long latent period between the onset of exposure and the moment the disease appears.

It is not questioned that it is indeed almost impossible to determine a theoritically "safe" level below which NO effect can be produced in the strict biological sense. Many specialists however believe in the possibility to set a PRACTICAL limit, below which the risk could become statistically acceptable.

In view of the dose-response relationship, studies have been going on for many years in many member states.

The industry fully agrees with the "necessity for further research" the motion calls for, since it continues to sponsor research such as it has been undertaking in collaboration with government and other institutions for many years.

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§ 7. The indiscriminate banning of crocidolite is considered unjustified.

The association of lung cancer and mesothelioma with crocidolite is related to inadequately controlled use in the past, resulting in high dust concentration and, consequently high doses of exposure, even for persons exposed for relatively short periods.
There is no reliable evidence that concentrations of the kind likely to occur under present day conditions and with present day uses will give rise to such cases. As for the assertion that mesothelioma is invariably linked with exposure to asbestos (explanatory statement to the motion IV. 11) and especially to crocidolite (explanatory statement IV. 13), there is evidence from authoritative medical sources that this is not true.
In all epidemiological studies, a proportion varying from 15 to 25% of the cases reviewed, were unrelated to asbestos exposure, even after the most persistent enquiries.

Very recent data from Turkey would appear to confirm that mesothelioma can occur without any exposure to asbestos. Failing to recognise this has induced scientists in erroneous interpretation of mesothelioma cases.

For almost anybody living in developed or developing countries, evidence of some minute exposure to asbestos can be traced. This exposure, no matter how small or short it was, has then immediately been blamed as the sole responsible for the disease.
Such cases were then considered as proof of the view that even the slightest exposure can cause the disease.

It now seems clear that mesothelioma may also be attributed to other, hitherto unsuspected or unrecognised substances to which the victims have been exposed in the course of their life.

On the other hand, the example can be quoted of a Dutch asbestos-cement factory, which started operating in 1937, and where crocidolite has now been processed for a long as 40 years, with adequate protective equipment. The National Health Inspectorate recently confirmed that not a single case of asbestos cancer nor metholioma has shown up among the workers of this plant. Similar experience has been reported from a factory in the UK.

For certain specialised uses, in particular in the manufacturing of asbestos-cement pipes, crocidolite is an essential raw material for which no replacement is yet in sight. Its use is vital as well for the production process as for the quality of the end product, which is submitted to extremely severe operational stresses.

In addition, due to the particular nature of this manufacturing process (wet process), it lends itself very well to preventive measures which make it an excellent example of safe use of asbestos.

§ 14. Initiatives for information of :

- the personnel employed in the manufacturing industry,
- the intermediates who sell, process or install asbestos containing goods,
- the public who benefits by the protection or services offered by these goods

have been taken by the individual branches of the asbestos industry, backed by expert institutions such as, for instance, the Asbestosis Research Council.

Publications recommending safe methods of work, and explaining the reasons why precautions must be taken, have been made available for products of almost every branch of this industry, and are currently kept up to date.

Diffusion of reliable information on the subject of asbestos is one of the chief preoccupations of the ASBESTOS INTERNATIONAL ASSOCIATION and of its national branches within the EEC :

- the "ASBESTOS INFORMATION CENTRE" in the UK.,
- the "CHAMBRE SYNDICALE DE L'AMIANTE" in France,
- the "WIRTSCHAFTVERBAND ASBEST" and the "WIRTSCHAFTSVERBAND ASBESTZEMENT" in Germany,
- the "DANISH ASBESTOS INFORMATION GROUP" in Denmark,
- the "IRISH ASBESTOS COUNCIL" in Ireland
- the "COMITE D'INFORMATION DE L'AMIANTE" in Benelux.

The A.I.A. for its part, has presently in preparation a series of "Guides" on various aspects of the asbestos problem, for the preparation of which all knowledge available at this time has been taken into consideration.

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§ 17. The long latent period between exposure to harmful dust and the appearance of the effect (15 years or more) makes it extremely doubtful whether absolute safety can be claimed for any new developed fibre designed to replace asbestos.

The lack of a sufficiently long observation period makes predictions as to the effect on human health of substitutes much more unreliable than the known effects of exposure to respirable asbestos fibre, which have been studied for several decades.

It is now believed that the effect on the lungs of respirable asbestos is not due to the chemical composition of this material, but to the physical characteristics of these dust particles (fibre-shape and dimensions), which make them readily inhalable and so cause subsequent damage to the lung tissue.

On this assumption therefore, any fibrous substance containing or giving rise to dust particles of similar shape and size, is likely to produce the same effect as exposure to respirable asbestos fibre.
The prevention measures for the safe use of these substitutes would then have to be identical to those safe working with asbestos ...

As long as no conclusive evidence is available on the safety of respirable fibrous dust other than asbestos, it would seem illogical to substitute a known but controllable hazard for the unknown.

Substitute materials have already been developed for a number of asbestos containing products, particularly in the field of thermal insulation, although the long term effect of the use of such substances is as yet unknown. Substitution of asbestos in the most remaining products, where there is no comparable history of risk to health, would be difficult technically and would entail serious economic as well as technical disadvantages.

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