

6 June 2022

Statement received by Prof Rory O'Neill from Joaquim Pintado Nunes, head of the International Labour Organisation (ILO) LabAdmin/OSH branch, 24 May 2022

Asbestos, in all of its forms, including chrysotile, is a proven human carcinogen. More than 125 million workers continue to be exposed to asbestos in their working environments. While the most recent estimates indicate that exposure to asbestos causes 210,000 deaths each year, this figure is likely to be underestimated. Occupational exposure to asbestos is the 2nd deadliest occupational risk factor among chemical exposures, and the 4th deadliest occupational risk factor overall.

The ILO position on asbestos is governed by the international instruments adopted by the Organization. These international instruments provide solid legal bases as well as practical guidance for comprehensive preventive measures at the national and enterprise levels in order to protect workers and prevent asbestos-related diseases.

A Resolution concerning asbestos was adopted by the International Labour Conference at its 95th Session in 2006. Noting that all forms of asbestos, including chrysotile, are classified as human carcinogens by the International Agency for Research on Cancer (IARC), and expressing its concern that workers continue to face serious risks from asbestos exposure, particularly in asbestos removal, demolition, building maintenance, ship breaking and waste handling activities, it calls for the elimination of the future use of asbestos and the identification and proper management of asbestos currently in place as the most effective means to protect workers from asbestos exposure and to prevent future asbestos-related diseases and deaths.

The Resolution also underlines that the ILO Convention on Safety in the Use of Asbestos, No. 162, should not be used to provide a justification for, or endorsement of, the continued use of asbestos. In light of the instructions of the Governing Body following the Resolution, the Office has been:

- continuing to encourage member States to ratify and give effect to Conventions Nos. 162 and 139;

- promoting the elimination of the future use of all forms of asbestos and asbestos-containing materials;
- promoting the identification and proper management of all forms of asbestos currently in place; and
- encouraging and helping ILO member States to include measures in their national programmes on occupational safety and health to protect workers from exposure to asbestos.

Importantly, the Occupational Cancer Convention, 1974 (No. 139), provides for the measures to be taken for the control and prevention of occupational hazards caused by carcinogenic substances and agents. Key provisions of Convention No. 139 concern:

- periodically determining the carcinogenic substances and agents to which occupational exposure shall be prohibited or made subject to authorization or control;
- making every effort to have carcinogenic substances and agents to which workers may be exposed in the course of their work replaced by non-carcinogenic substances or agents or by less harmful substances or agents;
- reducing the number of workers exposed to carcinogenic substances or agents and the duration and degree of such exposure to the minimum.

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Statement received by Prof Rory O'Neill from Lesley J Onyon, World Health Organisation (WHO) Chemical Safety and Health Unit, 23 May 2022

- The World Health Organization is concerned that countries receive accurate and clear information about the health risks of chrysotile. Chrysotile asbestos causes cancer in humans, specifically, it causes mesothelioma and cancer of the lung, larynx and ovary. The scientific evidence that it causes cancer is conclusive and overwhelming.
- No threshold for adverse effects has been identified, and therefore it is not possible to establish safe levels of exposure. Chrysotile is widely used in building materials and in vehicle parts, where it is not possible to prevent exposure of workers and the general public. Following initial use of chrysotile, the products degrade in situ, and present waste management challenges particularly following natural and other disasters.
- In developing countries information about chrysotile toxicity may not be well disseminated and exposure prevention is difficult. Mesothelioma cases do occur in countries producing and using chrysotile, however in many countries there are not adequate systems in place to detect mesothelioma. Therefore an absence of reported cases does not mean there are no cases.
- Safer alternatives are available, and have been deployed by the many countries that have stopped the use of chrysotile.
- The World Health Organization reiterates its policy, which remains unchanged, that the most efficient way to eliminate asbestos-related diseases is to stop the use of all types of asbestos. WHO continues to offer its support to countries to address the problem of chrysotile asbestos and the serious threat it poses to public health.
- The World Health Organization's policy is set out in the following document :
<https://www.who.int/publications/i/item/9789241564816>

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