

Revision of Directive 2009/148/EC on the protection of workers from risks related to the exposure of asbestos at work

This briefing is one in a series of 'implementation appraisals', produced by the European Parliamentary Research Service (EPRS), on the operation of existing EU legislation in practice. Each briefing focuses on a specific EU law, which is likely to be amended or reviewed, as envisaged in the European Commission's annual work programme. 'Implementation appraisals' aim to provide a succinct overview of publicly available material on the implementation, application and effectiveness to date of an EU law, drawing on input from EU institutions and bodies, as well as external organisations. They are provided by the EPRS Ex-Post Evaluation Unit, to assist parliamentary committees in their consideration of new European Commission proposals, once tabled.

SUMMARY

Asbestos is one of the main causes of work-related types of cancer in the EU. More specifically, asbestos-related risks are set to pose a major challenge in the context of the upcoming European Green Deal 'renovation wave', during which it is expected that millions of buildings will be renovated or demolished. In 2009, the EU adopted Directive 2009/148/EC, the Asbestos at Work Directive (AWD), in order to protect workers from and prevent their exposure to asbestos-related health risks, including by setting the EU occupational exposure limit (OEL). While noting substantial data gaps, a 2017 European Commission ex-post evaluation found that the AWD had been effective and remained relevant. However, it also highlighted the need for the OEL of 0.1 fibres/cm³ to be updated in line with the latest scientific evidence. In a 2021 legislative own-initiative report on the subject, the European Parliament made recommendations to the Commission on improving workers' protection from asbestos, including by lowering the EU OEL to 0.001 fibres/cm³. In a 2022 call for evidence for an impact assessment, the Commission announced that it intends to update the requirements under the AWD.

Background

Asbestos is one of the main causes of work-related types of cancer, despite the EU-wide ban on its use dating from 2005. As underlined in an 2021 EPRS European added value assessment on [Protecting workers from asbestos](#), before the discovery of its serious health risks, asbestos was commonly used for trade and industrial purposes due to its durability, resistance and the comparatively low cost of its mining and production. Today, asbestos-related risks still persist and will be a health-risk factor in the context of the European Green Deal 'renovation wave', aimed at helping make buildings fit for a climate-neutral Europe. Since asbestos is present in many buildings and infrastructure built before 2005, asbestos-related health risks continue to arise when works linked to the maintenance, demolition or renovation of buildings result in substantial exposure to this substance. Therefore, while asbestos can no longer be produced or used in the EU, there



remains a legacy challenge linked to the renovation of buildings that often requires the removal of asbestos used many years ago.

The European Commission has recently started preparatory work for an update of Directive 2009/148/EC, the Asbestos at Work Directive (AWD). The 2020 [EU chemicals strategy for sustainability](#) had highlighted the need to strengthen the protection of workers by lowering the existing limit values for asbestos. That same year, in a [communication](#) on the Renovation Wave for Europe – greening our buildings, creating jobs, improving lives, the European Commission presented an occupational safety and health (OSH) perspective 'with a particular attention to protecting workers renovating old buildings from exposure to asbestos, also through appropriate training'. Then again in its 2021 [Europe's beating cancer plan](#), the Commission reiterated its intention to update the AWD. In June 2021, the Commission further adopted the EU [strategic framework](#) on health and safety at work 2021-2027, which, under the objective of 'anticipating and managing change in the new world of work', stipulated that the Commission would update protective limits on asbestos and lead. Subsequently, the European Commission's [2022 work programme](#) announced an upcoming proposal to improve the protection of workers from the risks related to exposure to asbestos at work and stated that 'we agree with the European Parliament and its recently-adopted Article 225 TFEU report that the issue of asbestos is of grave concern'.

Research on asbestos and its impact on health and society

Before the discovery of its health risks, asbestos was commonly used in ships, train coaches, aeroplanes, industrial buildings and private homes, also due to its ability to resist heat and corrosion. Today, despite the awareness of these health risks, the level of asbestos contamination in public and private buildings is often unknown. All forms of asbestos are carcinogenic; moreover, asbestos is a non-threshold carcinogen, meaning that every level of exposure carries the risk of triggering cancer. Once absorbed, asbestos fibres cannot be removed from the body. In general, exposure to asbestos leads to an elevated risk of developing certain diseases, including asbestosis, mesothelioma (a cancer of the pleural and peritoneal linings caused almost exclusively by exposure to asbestos) and lung cancer. As a result of the long latency time from first exposure to occurrence of mesothelioma (at least 10 years but typically 30-40 years), asbestos victims are often unable to substantiate the causality of their occupational asbestos exposure, be it occupational or else.

According to [estimates](#) by the International Labour Organization (ILO) 1 million workers worldwide died due to hazardous substances in 2015; a joint [global estimate](#) by the World Health Organization (WHO) and the ILO attributes 209 481 deaths in 2016 to occupational exposure to asbestos. In addition, the ILO [estimates](#) that 125 million people worldwide are annually exposed to asbestos in the workplace. According to the European Agency for Safety and Health at Work ([EU-OSHA](#)) occupational cancer was the first cause of work-related deaths in the EU-28 and other developed countries, with a share of 53 % in 2015 as compared to circulatory illnesses (28 %) and accidents and violence (2 %). [Research](#) has found that in 2016 asbestos was globally responsible for the largest number of deaths due to occupational carcinogens (63 %).¹ As highlighted by a 2021 European Parliament [report](#), 90 730 asbestos-related deaths (including from conditions such as mesothelioma, lung cancer, ovary cancer, larynx cancer and asbestosis) were estimated to have occurred across the EU-28 in 2019; 300 000 individuals are expected to die from mesothelioma alone by 2030.² A 2016 [research report](#) estimated the direct costs (healthcare and productivity losses) associated with occupational cancer at €4-7 billion per year. In terms of the occupational exposure limit (OEL), a 2018 [research paper](#) proposed a limit value of 0.001 fibres/cm³ to adequately protect workers against cancer during asbestos removal works.

Since the renovation of buildings often requires the removal of asbestos, workers – those involved in areas of activity such as construction and renovation of buildings, mining and waste management, and firefighting – but also homeowners and tenants are at risk of exposure to asbestos. As highlighted in the Commission's [Annual report on intra-EU labour mobility 2020](#), the construction industry is the third largest sector in the EU, with a 10 % share of cross-border workers,

including a significant share of self-employed workers. In addition, within the construction industry, the share of temporarily posted workers from low-wage countries is particularly high. As a result, these types of workers have a particularly high risk of exposure to asbestos.

State of play with regard to the Asbestos at Work Directive and the legal framework

To protect public health and the environment, the EU has developed legislation prohibiting the production of asbestos and regulating asbestos-related risks as regards emissions, worker safety and waste management. To prevent asbestos-related health risks in particular, the EU adopted one directive in 1999 and another in 2009. [Directive 1999/77/EC](#) banned the use of any asbestos fibres and new applications of chrysotile asbestos throughout the European Union as of 1 January 2005. [Directive 2009/148/EC](#) – the Asbestos at Work Directive (AWD) – has been the main legislative tool ensuring workers' protection against risks related to asbestos exposure, with EU law in this area dating back to [Directive 89/391/EEC](#) and [Directive 83/477/EEC](#). With the AWD, the EU established the legal basis for both national and EU-wide action, with the intention of protecting workers against risks to their health from exposure to asbestos, including the prevention of such risks. Importantly, the legislation also set limit values for workers' exposure to asbestos. In this way, the legislation aimed to set minimum standards and to reduce the disparities in the levels of health and safety protection for workers between EU countries, as well as to create a level playing field for economic operators within the single market.

As regards the protection of the environment from asbestos, [Directive 87/217/EEC](#) introduced the requirement that both the demolition of buildings, structures and installations containing asbestos, and the removal of asbestos should occur without causing significant environmental pollution or the release of asbestos dust into the air. Once asbestos becomes waste, [Council Decision 2003/33/EC](#) lays down requirements for its safe disposal in landfill sites and its placement in watertight packaging, to ensure zero emissions of asbestos fibres. In addition, Recital 7 of [Directive \(EU\) 2018/844](#) on the energy performance of buildings states that Member States should support energy performance upgrades of existing buildings that contribute to achieving a healthy indoor environment, which includes removal of asbestos.

The AWD established employer obligations and worker rights with regard to protection, planning and training related to asbestos. Its key measures, aimed at preventing and protecting against asbestos-related risks at work, include:

- prohibiting specified activities using asbestos;
- introducing measures to reduce exposure to asbestos to a minimum;
- establishing maximum limits for exposure to asbestos. Specifically, Article 8 introduces the requirement for employers to ensure that no worker is exposed to an airborne concentration of asbestos in excess of 0.1 fibres/cm³ as an 8-hour time-weighted average (TWA);
- the requirement for measuring asbestos exposures;
- establishing a notification system to authorities of the Member State before starting any asbestos work;
- the requirement that before commencing demolition and refurbishment work, companies should give proof of their expertise and, if the national legislation so requires, have an official licence for working with asbestos;
- adopting measures intended to ensure protection of the workers while they are engaged in activities such as demolition, asbestos removal work, repair and maintenance;
- monitoring the health of those working with asbestos;
- stating that employees must have the opportunity to undergo medical examination;
- the requirement for the provision of training on medical surveillance requirements; and

- providing regular training for all workers who are, or are likely to be, exposed to dust from asbestos or materials containing asbestos.

In 2012, the Commission prepared [practical guidelines](#) for the provision of information and training to workers involved in asbestos removal or maintenance work. The guidelines include examples of the measures that should be applied when there is a risk of asbestos exposure. At the national level, there are also numerous activity-specific guidance documents and technical specifications targeting work involving the handling of asbestos, two examples being the [German](#) and [Finnish](#) ones.

The AWD has no provisions on compensation for asbestos exposure. However, [Commission Recommendation 2003/670/EC](#) on the European schedule of occupational diseases suggests that Member States introduce provisions on scientifically recognised occupational diseases liable for compensation. Occupational diseases that can be related to asbestos exposure, including silicosis, asbestosis and mesothelioma, are mentioned in Annex I of the recommendation. Since recommendations are non-binding instruments, the compensation to be paid in relation to occupational diseases is a matter within the competences of the Member State concerned.

As detailed in Article 22 of the AWD, Member States have to report to the Commission on the implementation of the directive every five years. These national implementation reports then serve as a basis for an evaluation that is carried out by the Commission. In one such [evaluation](#), the Commission noted that there are marked differences between Member States' applied OEL, with some countries having applied stricter limits than others. For instance, France and Germany have a national OEL of 0.01 fibres/cm³, while the Netherlands has one of 0.002 fibres/cm³. Equally, some Member States have adopted more stringent measures on inventory and management of asbestos and have introduced additional measures on health and safety, including requirements for demolition and a specific report in cases of dangerous occurrences involving asbestos.

EU-level reports

EPRS in-depth analysis on protecting workers from asbestos at work

The 2021 EPRS [in-depth analysis](#) on Protecting workers from asbestos provided a European added value assessment of the AWD accompanying the European Parliament's request for a legislative proposal, 2019/2182(INL). It outlines the occupational health challenges linked to asbestos, the use of asbestos in the EU, the legal framework protecting workers from asbestos, the European Parliament's position and an assessment of the European added value of the AWD.

The in-depth analysis details that the asbestos epidemic has unfolded in four 'waves',³ with the third and fourth waves remaining relevant today:

- first wave: handling of raw asbestos by miners and dockers and the manufacturing of asbestos products;
- second wave: installing of asbestos products by insulation workers;⁴
- third wave: repair, renovation and removal of asbestos by construction workers;
- fourth wave: people working and living in buildings containing asbestos.

The in-depth analysis highlights the WHO's and the ILO's work towards the elimination of asbestos-related diseases. It details that the [Occupational Cancer Convention, 1974 \(No 139\)](#) provided for measures to be taken for the control and prevention of occupational hazards caused by carcinogenic substances and agents. In 1986, the [ILO Asbestos Convention, 1986 \(No 162\)](#) also highlighted measures for the protection of workers against health hazards due to occupational exposure to asbestos. Subsequently, in 2006 the International Labour Conference adopted a [resolution](#) on asbestos calling for the elimination of the future use of asbestos and the identification and proper management of asbestos currently in place.

Overall, the in-depth analysis **identifies a clear European added value of the AWD**, stating that the implementation of minimum standards across the EU has been associated with an upward

convergence of all Member States towards higher levels of prevention, safety standards and working conditions. In particular, it finds that prior to EU legislative action in this area, EU Member States' practices as regards the handling of asbestos products and their policies aimed at risk prevention were quite disparate. Following the implementation of Directive 1999/77/EC, the in-depth analysis also shows that the absolute use of asbestos declined significantly over 1971–2000, with levels close to zero in 2001–2012. The in-depth analysis further highlights positive synergies at the EU level between the AWD and [Directive 87/217/EEC](#)³⁹ on the protection of the environment from asbestos, concerning activities involving the demolition of buildings, installations containing asbestos, and the removal of asbestos and products containing asbestos. Lastly, the in-depth analysis underlines that the lowering of exposure limits as set in the AWD should be considered in order to increase the effectiveness of the AWD in the future.

The Commission's ex-post evaluations of the AWD

In general, Article 17a of the [EU OSH Framework Directive 89/391/EEC](#) sets the requirement that the implementation of the EU occupational safety and health (OSH) directives be evaluated. In November 2015, the Commission published an external [evaluation study](#) on the practical implementation of the EU OSH directives, including the AWD, aimed at evaluating their effects and impact. The study took into account statistical data and the information published in the national implementation reports (NIRs), as well as information gathered through interviews with national and EU-level stakeholders.⁵

Highlighting that the impacts of the AWD are difficult to evaluate due to the long latency period of asbestos-related diseases and prominent data gaps, both of which constitute barriers to establishing causality, the study nonetheless found that the directive **remains relevant** through the setting of minimum requirements across Member States. It also found that the most **effective** aspects of the AWD were the prohibition of the application of asbestos by spraying and of activities that expose workers to fibres during the extraction of asbestos, as well as the manufacturing and processing of asbestos products. The study found that due to the aforementioned data challenges, it was not possible to quantitatively estimate compliance costs and therefore assess **efficiency**. In terms of **coherence**, the study identified areas of legal inconsistency or a lack of coherence between Directive 2004/3007/EC (carcinogens or mutagens), Directive 2009/148/EC (asbestos) and Directive 98/24/EC (chemical agents), with the evaluation recommending streamlining provisions dealing with chemical agents across these directives to ensure coherent coverage of risks related to various chemical agents. Some consulted stakeholders also advocated improving the definition of the terms 'sporadic' and 'low intensity' in Article 3(3) of the AWD, since these concepts can be subject to different interpretations by individual Member States.

In 2017, the Commission published an [ex-post evaluation](#) of the European Union occupational safety and health directives. The ex-post evaluation is based on the 2015 external study, the Member States' NIRs and collected data, while also taking into account the outcome of the consultations held with Member States, the Advisory Committee for Safety and Health at Work (ACSH), the Senior Labour Inspectors Committee (SLIC) and the Sectorial Social Dialogue Committee. In terms of the **effectiveness** criterion, the ex-post evaluation underscores that long latency periods of asbestos-related diseases do not make it possible to fully monitor the effectiveness of the AWD through the available volume of data, since current mortality and morbidity cases relate to past exposures that often occurred before the entry into force of the directive.

However, the available evidence from some Member States showing a significant reduction in the use of asbestos and asbestos-containing articles supports the view that the AWD had been effective. A comprehensive assessment of **efficiency** was again not possible due to the lack of systemic EU monitoring data. As for the general provisions of the directive, the ex-post evaluation found they were still **relevant**. However, it stated that the limit value for airborne asbestos, or at least for chrysotile, may need to be reconsidered. In terms of **coherence**, positive synergies were identified between the AWD and Directive 87/217/EEC on the protection of the environment from asbestos,

with the two pieces of legislation supporting the achievement of each other's respective goals. The **EU added value** was assessed to be that minimum requirements for health and safety at work contribute to achieving the objectives of raising the level of protection and creating a level playing field by harmonising conditions. The setting of minimum requirements was also found to prevent duplication with regard to risk assessment efforts at the Member State level. In particular, introducing legislative provisions on an EU limit value was discussed as an aspect of EU added value. Overall, the EU OSH acquis was found to have influenced not only the content of provisions in many Member States but also the structure of national OSH legislation.

In addition, the Commission's evaluation concluded that the AWD had been **transposed and implemented** in all Member States but no conclusive assessment could be made regarding compliance. Based on the views expressed by individual Member States, it found guidance and other supporting material to be seemingly insufficient, and specifically underscored that support for SMEs was lacking. In terms of **enforcement**, it highlighted the large degree of variance with regard to the number and frequency of OSH inspections across the Member States.

In September 2021, the Commission published an [external study](#) on the health, socio-economic and environmental impacts of substances in connection with a possible amendment of the Chemical Agents Directive and the Asbestos Directive.

ECHA scientific report and ACSH opinion

To assist in the preparation of a proposal amending the AWD, the Commission asked the Committee on Risk Assessment (RAC) to assess the scientific relevance of the current occupational exposure limit for asbestos. Therefore, it requested the European Chemical Agency (ECHA) to review the current occupational exposure limit (OEL) set out in Article 8 of the AWD and to include an evaluation of different types of asbestos fibres as defined in Article 2 of the AWD. The requested [scientific report](#) was published in February 2021, and interested parties were invited to submit comments by April 2021. In June 2021, the RAC adopted an [opinion](#) on the scientific evaluation of the OELs for asbestos, based on the ECHA scientific report.

Overall, the opinion stresses that asbestos is to be categorised as a non-threshold carcinogen and therefore **no health-based OEL can be identified**. Instead, it establishes an exposure-risk relationship (ERR), which expresses the excess risk for lung cancer and mesothelioma mortality (combined) as a function of the fibre concentration in the air. The opinion states that the ERR can facilitate the setting of an OEL.

Table 1 – Cancer exposure-risk relationship after exposure to an 8-hour air concentration over 5 days, by derived limit values

Air concentration of asbestos (fibres/cm ³)	Excess life-time cancer risk (cases per 100 000 exposed)
0.001	1.2
0.002	2.5
0.005	6.2
0.01	12
0.02	25
0.05	62
0.1	125

Source: ECHA Scientific report for the evaluation of limit values for asbestos at the workplace.

With regard to the AWD, the ECHA report finds that concerning the safe handling of asbestos, the **most important measures in the directive are the notification of authorities, the risk assessment and the work plan, as well as training and protection of the workers involved.** In addition, the report underlines that employees must be given the opportunity to have a medical examination and companies should give proof of their expertise, including, if national legislation so requires, proof that they are in possession of an official licence for working with asbestos, before being allowed to start with demolition and refurbishment work.

Below are some **key evaluation and recommendations points** made by the report:

- while Annex I of the directive does not list carcinoma of the larynx, carcinoma of the ovary or non-malignant pleural diseases, there is convincing current evidence about the causal role of asbestos exposure for these diseases;
- with regard to safe asbestos removal at work, the prevention of exposure in such settings requires a comprehensive approach combining work organisation, technical, and individual protection related aspects;
- given that the latest EU guidance on asbestos work is from 2012, the Commission should consider whether other actions are also needed to ensure the safety of workers during asbestos work.

An [opinion](#) by the ACSH, which assists the Commission in the preparation, implementation and evaluation of activities in the field of occupational safety and health, was adopted in November 2021 in support of a forthcoming Commission proposal to amend the AWD. It stated that there is consensual agreement on the need to substantially revise downwards the existing binding OEL to better protect workers' health and safety. It also highlighted that phase contrast microscopy (PCM), which is currently the most widely used methodology for measuring the quantity of asbestos fibres in the air, as mentioned in Article 7 of the AWD, must be replaced by a more sensitive methodology based on electron microscopy (EM). Concerning EM techniques, it also stressed that more harmonisation is needed across Member States, including conversion factors and different sizes of fibres counted. In order to facilitate compliance with the new OEL and improve risk management measures, it was further underscored that guidance should be provided by the Commission, in consultation with the ACSH, taking into account different sector needs and firm sizes.

European Parliament position / MEPs' questions

European Parliament's 2019 legislative own-initiative report

Adopted in October 2021, the Parliament's legislative own-initiative report on Protecting workers from asbestos ([EP resolution 2019/2182\(INL\)](#)) makes recommendations to the Commission on adopting measures to protect workers from asbestos. The EPRS provided input through the aforementioned assessment of a European added value of such measures. Member of the European Parliament (MEP) Nikolaj Villumsen (The Left, Denmark) was assigned as rapporteur; the Committee on Employment and Social Affairs (EMPL) was appointed as the committee responsible for the file; the Committee on the Environment, Public Health and Food Safety (ENVI) and the Committee on the Internal Market and Consumer Protection (IMCO) were appointed as the committees for opinion.

The report reiterated the Parliament's **call for a comprehensive European strategy for the removal of all asbestos (ESRAA)** in the EU, using synergies from several policy areas and giving top priority to safe working conditions. Stressing that the safe removal of asbestos is an urgent and difficult task, MEPs suggested that **EU structural and investment funds should also be mobilised** to improve the reliability and speed of asbestos diagnostics and the safe removal and management of waste. The report stressed that EU funds allocated under the building renovation wave should be reserved for beneficiaries who comply with EU and national regulations to protect workers from asbestos. In addition, **it called for EU-OSHA to be strengthened**, which would enable it to increase

its technical support to Member States for improving preventive actions, better monitoring and identifying workplaces containing asbestos, including the workers who have been exposed to it.

Within the ESRAA, it specifically called for:

- **adopting a European framework directive requiring Member States to draw up national asbestos removal strategies (plans)** and including clear and realistic timelines, priorities and interim targets for the detection and registration of asbestos, financing and support to homeowners and SMEs, protection measures for workers against the risk of asbestos exposure and the safe disposal of asbestos, in order to prevent asbestos from entering into recycling processes;
- **updating Directive 2009/148/EC**, in light of recent scientific knowledge, in order to strengthen worker protection against the risks of asbestos and place increased emphasis on the prevention of asbestos-related casualties during the renovation wave. Specifically, the Commission was called upon to set the exposure limit value at 0.001 fibres/cm³ (1000 fibres/m³);
- **recognition and compensation of asbestos-related diseases**, for which the Commission was urged to update its 2003 Recommendation on the European schedule of occupational diseases. The updated recommendations would include i) the recognition of work-related diseases, including all known asbestos-related diseases, with minimum standards for recognition procedures; and ii) minimum standards for compensation for victims of asbestos-related occupational diseases. EU legislation should also be amended to include the reversal of the burden of proof in recognition procedures, the establishment of national one-stop shops for all matters concerning occupational diseases, and an Ombudsman to assist the workers concerned in recognition procedures;
- **asbestos screening prior to energy renovation works and selling or renting out of buildings**. In the context of the Renovation Wave, Parliament called for an amendment to [Directive 2010/31/EU](#) that would introduce a requirement for mandatory asbestos screening, registering, and the removal of asbestos before any renovation works can start. Specifically, the Commission was urged to present a legislative proposal for the mandatory screening of buildings before sale or rent and for the establishment of asbestos certificates for buildings constructed before 2005 or before the year of an equivalent national asbestos ban, whichever occurred earlier. Prior to energy renovation works, protective measures should also be adopted for tenants of buildings where asbestos is found. It was also underlined that screening and removal expenses should not be payable by the tenants.

The Commission responded to the European Parliament's legislative resolution on protecting workers from asbestos with a [letter](#) sent on 19 January 2022. In its letter, the Commission stressed that it would present a proposal to revise Directive 2009/148/EC and that it had substantially advanced with the preparatory work to lower the occupational exposure limit, based on an established process for scientific evaluation and in consultation with stakeholders and social partners. It also stated that it would support further awareness raising and training activities for workers with regard to the dangers of asbestos exposure. The Commission highlighted that in order to better target awareness-raising campaigns and preventive measures, EU-OSHA was also preparing a workers' exposure survey on cancer risk factors in Europe, including a focus on asbestos as a risk factor. To further support victims of asbestos-related diseases, the ACSH would be consulted on the need to update Commission Recommendation 2003/670/EC on the European schedule for occupational diseases.

Moreover, the Commission stated that it was examining the possible scope of a European framework for national asbestos-removal strategies, as well as investigating the possibility of EU action with regard to building screening requirements and minimum requirements for national asbestos registers. In addition, the Commission stressed that the 2016 EU construction and

demolition waste management protocol and the 2018 guidelines for the waste audits to assist operators in the safe removal and management of asbestos would be revised as necessary. In terms of supporting the funding of Member States' efforts, it stressed that funding under the Recovery and Resilience Facility can be made available for the safe removal of asbestos and related activities.

European Parliament's 2013 own-initiative resolution

In March 2013, the European Parliament adopted an own-initiative resolution on **asbestos-related occupational health threats and prospects for abolishing all existing asbestos** ([2012/2065\(INI\)](#)). In its resolution, the Parliament voiced its support for a model for asbestos screening and registration in the Member States, in accordance with Article 11 of the AWD. Under this model, owners of public or commercial buildings would be required to prepare plans to manage asbestos-related risks, to ensure the availability of information to workers, and to increase the efficiency of existing schemes. The resolution also highlighted that the European Commission should integrate issues related to asbestos into other policies, including those concerned with energy efficiency and waste. Additionally, the Parliament urged the Commission, together with the Member States, to establish a working group for the purpose of developing minimum asbestos-specific qualifications for civil engineers, architects and employees of registered asbestos-removal companies and providing asbestos-specific qualifications for the training of other workers likely to be exposed to asbestos.

Selected questions by the Members of the European Parliament

MEPs have on numerous occasions during the current and previous parliamentary terms drawn attention to the major health risk posed by asbestos fibres to workers and the public in general, including during renovations and asbestos removal operations. Questions related to asbestos featured 84 times in the 2014-2019 period, 128 times in the 2009-2014 period and 78 times in the 2004-2009 period. During the current term, the continued potential health risks caused by exposure to asbestos, including through inhabiting buildings with asbestos, during removal activities and during the disposal of asbestos in landfills have been highlighted at the national level by several MEPs, including in [Portugal](#), [Italy](#), [Czechia](#), [Spain](#) and [Greece](#).

MEPs have also asked questions on whether the current EU legal framework for protecting workers from asbestos-related risks is fit for purpose. Underlining shortcomings of the current legal framework, in her [question](#) to the Commission in July 2020, Cindy Franssen (PPE, Belgium) highlighted that the current legislation allows individuals to freely dispose of semi-bonded asbestos. In its [reply](#), the Commission stressed that it has requested the RAC to make a scientific assessment of the health risks stemming from exposure to asbestos. Questions have also been raised about [awareness activities](#) focusing on the dangers of asbestos during the renovation wave, the [available compensation for asbestos victims](#) and Commission action on the [safe disposal of asbestos in landfills](#), which had been judged to be a problem at the national level by several MEPs. In its replies, the Commission highlighted that the [renovation wave communication](#) addresses legal certainty, finance, inclusion, environmental and health standards, that there is currently no [EU-level compensation](#) available for victims of exposure to asbestos, and that it has published a [construction and demolition waste management protocol](#) aimed at improving management of this waste. In its 2020 [reply](#) to Cindy Franssen, the Commission also underlined that the Horizon 2020 programme had financed 10 projects, with a total funding of €13 million, on asbestos elimination and related occupational risks, covering fields including research on exposure prevention, removal and diagnostic methods.

Several MEPs have also asked the Commission what funding is made available for the handling and removal of asbestos. In its [answer](#) to the [parliamentary question](#) by Marina Albiol Guymán (GUE/NGL, Spain) in 2018, the Commission underlined that Member States can allocate European structural and investment funds for the handling and removal of asbestos in line with the objectives of the respective national or regional programmes. However, as also highlighted by the

abovementioned EPRS study, the Commission explained that it does not collect data on investment in this area.

European Economic and Social Committee

In February 2015, the European Economic and Social Committee (EESC) adopted an own-initiative opinion on [Freeing Europe from asbestos](#). In general, it emphasised that EU funding and Member State incentives targeting better energy efficiency in buildings should be linked to the safer removal of asbestos from those buildings. It also called for the total removal of all used asbestos and all asbestos-containing products to be a priority target of the European Union and encouraged the EU to work with the social partners and other stakeholders to develop and share action plans for asbestos removal and management. Specifically, the opinion urged the Commission to consider opening access to its structural funds explicitly for asbestos removal plans. In order to gather a more solid evidence base, it also called for a study of existing national approaches and systems for the registration of asbestos, including their financing, and the promotion of research and innovation to find sustainable technologies for the treatment and inertisation of waste containing asbestos. Focusing particularly on SMEs, the EESC requested that the Commission provide support to actions and initiatives aimed at ensuring the protection of the entire EU workforce. In addition, the opinion called on insurance and compensation bodies to adopt a common approach on the recognition and compensation of asbestos-related occupational diseases. It furthermore called on the Commission to launch awareness-raising activities on asbestos-related risks. The opinion also underlined the need for the appropriate training of all workers who are likely to be affected by exposure to asbestos.

In May 2019, the EESC published an own-initiative opinion on [Working with asbestos in energy renovation](#). In it, the EESC called for **better protection of workers in the Energy Performance of Buildings Directive (EPBD)** by ensuring that the removal of asbestos goes hand-in-hand with energy renovation. This includes the adoption of waste legislation and guaranteeing a sufficient number of landfills to handle asbestos waste. It also urged the Commission to collaborate with the ILO and the WHO, as well as to utilise previous ILO/WHO programmes. In addition, the opinion urged the Commission to make the removal of harmful substances, including asbestos, a priority when developing complimentary tools such as a digital building logbook and a building renovation passport. In terms of funding, it also stated that the Commission and the Member States should work together to make effective use of the European structural and investment funds for asbestos abatement. On the issue of the limit value, it stressed that the existing EU workplace limit value for asbestos fibres of 0.1 fibres/cm³ should be reassessed, highlighting that the International Commission on Occupational Health (ICOH) recommends lowering the limit value to 0.001 fibres/cm³. Concerning action at the national level, the opinion highlights that the current models for the registration of asbestos and other harmful substances in Member States are by and large not fit for purpose and that the recognition and compensation procedures for victims of asbestos exposure need to be improved. Furthermore, it stressed that training requirements and provisions in many Member States are insufficient to adequately protect workers from the risks of asbestos. As an additional incentive to accelerate asbestos removal, the opinion underlined that a higher frequency of natural disasters could result in the uncontrolled release of asbestos fibres from buildings and public infrastructure.

Council of the European Union

With regard to the European health union, in its November 2021 [conclusions](#) the Council praised Europe's beating cancer plan as one of the keys pillars of a strong European health union and invited the Commission to ensure a comprehensive approach to health promotion and prevention of cancer, in order to ensure that best practices are developed for cancer prevention. It also called on the Commission and the Member States to invest in sustainable cancer prevention by addressing the health determinants of cancer. In December 2021, the Council again [called](#) for the further strengthening of health promotion as well as the prevention, early detection and treatment of cancer.

European Commission consultation of stakeholders

The Commission consulted the social partners between 17 December 2020 and 11 February 2021 on the establishment or revision of binding occupational limit values for lead and its compounds and diisocyanates under [Directive 98/24/EC](#) on chemical agents at work and asbestos under the AWD. The results are summarised in an [analytical document](#).

Among the stakeholders, there were numerous calls to **revise the OEL for asbestos**, as the current limit value was regarded as outdated. The European Trade Union Confederation (ETUC) and the European Federation of Building and Woodworkers (EFBWW) highlighted that the OEL should be set at 0.001 fibres/cm³. The employer organisations BusinessEurope, SMEUnited and the European Construction Industry Federation (FIEC) also supported settings OELs at the EU level, stressing that this exercise should be centred on the opinion of the ACSH, on scientific evidence and on sound impact assessments. The FIEC stated that the EU legal framework is sufficient in its current form.

Compensation for victims of asbestos exposure, currently a Member State competence, was mentioned by stakeholders as an area requiring Commission action. ETUC and EFBWW called for a legislative proposal establishing robust EU minimum standards for the recognition and adequate compensation of asbestos-related occupational diseases. They also suggested asbestos-related diseases should be included in the update of the 2003 Recommendation concerning the European schedule of occupational diseases. **Other suggested revisions** by ETUC and EFBWW were the removal of the concepts of sporadic exposure and low intensity exposure, as well as friable and non-friable asbestos-containing materials. They also called for the prohibition of the encapsulation and sealing of asbestos.

Planned revision of the Asbestos Directive

The Commission has announced that it is carrying out preparatory work to lower the OEL set by Directive 2009/148/EC, in order to further increase worker protection. In February 2022, the Commission published a [call for evidence for an impact assessment](#), in which it highlighted that the EU OEL for asbestos does not reflect the latest scientific or technical developments. Outlining its consultation strategy, the Commission stated that this involves a two-stage social partner consultation, a tripartite consultation of the ACSH, consultations of other stakeholders in the context of the RAC scientific evaluation and no public consultation.

In terms of policy options, it lists the possibilities of **no policy change, a legislative option and a non-legislation option**. The legislative option would involve revising the current OEL based on scientific evidence, in particular by the European Chemicals Agency's RAC and the ACSH. The non-legislative option involves revising and disseminating guidance documents or examples of good practices together with EU-OSHA and/or the ACSH and its relevant working party, including potentially re-launching awareness-raising campaigns for employers and workers. The call for evidence outlines that an impact assessment will accompany a Commission proposal amending the AWD. In terms of likely impacts, it outlines that the economic impacts of all the options should be limited, including for SMEs, with countries whose national OEL is higher than the potentially proposed new OEL possibly being more affected by this change. It also notes that a lower OEL may indirectly lead to positive environmental impacts by reducing the concentration of asbestos in the air. A positive impact is also expected with regard to administrative simplification, since national authorities would not have to initiate procedures and bear the associated costs to revise national OELs.

EUROPEAN PARLIAMENT SUPPORTING ANALYSIS

Amand-Eeckhout L., [Protecting workers from asbestos](#), EPRS, October 2021.

Mueller K., [Protecting workers from asbestos: European added value assessment accompanying request for a legislative proposal 2019/2182\(INL\)](#), March 2021.

ENDNOTES

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- ¹ With an estimated 219 000 deaths each year from asbestos-related cancer.
 - ² Lancet 2020;396: pp. 1223–49.
 - ³ G. van der Laan, *The Burden of Asbestos-related Diseases in the EU*, WHO Collaborating Centre, 2013.
 - ⁴ The Asbestos Victims' Families Association sent a statement to Turin's public prosecutor with the names of 1 000 people who had fallen ill or died as a result of asbestos exposure. Eternit lawsuit, asbestos exposure in Italy, 2019.
 - ⁵ In total, 540 national stakeholder interviews were conducted across Member States and 44 stakeholder interviews were conducted at the EU level. National stakeholders included national authorities (1-4 interviews), labour inspectorates (2-4 interviews), workers' representatives (5-7 interviews), employers' representatives (5-7 interviews) and other national stakeholders (1-3 interviews).

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