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DRAFT REPORT

on asbestos related occupational health threats and prospects for abolishing all existing asbestos
(2012/2065(INI))

Committee on Employment and Social Affairs

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MOTION FOR A EUROPEAN PARLIAMENT RESOLUTION

on asbestos related occupational health threats and prospects for abolishing all existing asbestos (2012/2065(INI))

The European Parliament,

- having regard to the Treaty on European Union, in particular the preamble and Articles 3 and 6 thereof,
- having regard to the Treaty on the Functioning of the European Union, in particular Articles 6, 9, 151, 153, 156 and 168 thereof,
- having regard to the Charter of Fundamental Rights of the European Union, in particular Articles 1, 3, 6, 31, 37, 35 thereof¹,
- having regard to the ILO Resolution of 1 June 2006 concerning asbestos,
- having regard to the ILO Convention of 16 June 1989 concerning Safety in the Use of Asbestos,
- having regard to WHO declarations on asbestos,
- having regard to the Declaration on the Protection of Workers from the Dresden Asbestos Conference (2003),
- having regard to Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work (the Framework Directive)²,
- having regard to Council Directive 92/57/EEC of 24 June 1992 on the implementation of minimum safety and health requirements at temporary or mobile work sites³,
- having regard to Directive 2009/148/EC of the European Parliament and of the Council of 30 November 2009 on the protection of workers from the risks related to exposure to asbestos at work⁴,
- having regard to Commission Recommendation 90/326/EEC of 22 May 1990 to the Member States concerning the adoption of a European schedule of occupational diseases⁵,
- having regard to the Commission communication entitled ‘Improving quality and productivity at work: Community Strategy on Health and Safety at Work 2007-2012’

¹ OJ C 303, 14.12.2007, p. 1.

² OJ L 183, 29.6.1989, p. 1.

³ OJ L 245, 26.8.1992, p. 6.

⁴ OJ L 330, 16.12.2009, p. 28.

⁵ OJ L 160, 26.6.1990, p. 39.

(COM(2007)0062),

- having regard to the Commission staff working paper of 24 April 2011 entitled ‘Mid-term review of the European strategy 2007-2012 on health and safety at work’ (SEC(2011)0547),
- having regard to its resolution of 15 January 2008 on the Community strategy 2007-2012 on health and safety at work¹,
- having regard to its resolution of 7 May 2009 on draft Commission regulation amending Regulation (EC) No 1907/2006 of the European Parliament and of the Council on the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH), as regards Annex XVII²,
- having regard to its resolution of 15 December 2011 on the mid-term review of the European strategy 2007-2012 on health and safety at work³,
- having regard to the report of the Committee of Senior Labour Inspectors, SLIC, on the European Asbestos Campaign (2006),
- having regard to the WHO report ‘Preventing Disease Through Healthy Environments: Action is needed on Chemicals of Major Public Health Concern’⁴,
- having regard to Monograph 100C of the International Agency for Research on Cancer (IARC) entitled ‘Arsenic, Metals, Fibres, and Dusts: A Review of Human Carcinogens’ (2012)⁵,
- having regard to the statement ‘Global Asbestos Ban and the Elimination of Asbestos-related Diseases’ by the International Commission on Occupational Health (ICOH)⁶,
- having regard to the Commission’s Information Notices on Occupational Diseases - Guide to Diagnosis (2009)⁷,
- having regard to Eurogip Enquiry Report 24/E (April 2006) entitled ‘Asbestos-related Occupational Diseases in Europe: Recognition - Figures - Specific systems’⁸,
- having regard to Eurogip report 08-E (August 2004) entitled ‘Costs and funding of

¹ OJ C 41 E, 19.2.2009, p. 14.

² OJ C 212 E, 5.8.2010 p. 106

³ Texts adopted, P7_TA(2011)0589.

⁴ http://www.who.int/ipcs/features/10chemicals_en.pdf

⁵ <http://monographs.iarc.fr/ENG/Monographs/vol100C/mono100C.pdf>

⁶

http://www.icohweb.org/site_new/multimedia/news/pdf/ICOH%20Statement%20on%20global%20asbestos%20ban.pdf

⁷ <http://ec.europa.eu/social/BlobServlet?docId=3155&langId=en>

⁸ <http://www.eurogip.fr/en/docs/EUROGIP-24E-AsbestosOccDiseases.pdf>

occupational diseases in Europe'¹,

- having regard to Rule 48 of its Rules of Procedure
- having regard to the report of the Committee on Employment and Social Affairs and the opinion of the Committee on the Environment, Public Health and Food Safety,
- A. whereas all types of asbestos are dangerous and its hazard impact has been documented and regulated; whereas most harmful health effects of inhaled asbestos fibres appear decades after exposure;
- B. whereas increased cancer risks have been observed in populations exposed to very low levels of asbestos fibres, including chrysotile fibres;
- C. whereas, despite the ban on the use of asbestos, it is still found in many ships, trains and especially in buildings, including many public buildings;
- D. whereas despite the ban, existing market surveillance is unable to ensure that asbestos is not imported into European markets;
- E. whereas many Member States have provided training courses for demolition, building and maintenance workers and others who work with the removal of asbestos-containing materials (ACMs);
- F. whereas many workers are exposed to asbestos during their work activities;
- G. whereas in many Member States which have long-standing asbestos bans, younger workers and construction workers do not recognise asbestos in buildings when performing refurbishment or demolition work;
- H. whereas many ACMs have already been removed, sealed or encapsulated and many companies and building owners have documents precisely detailing asbestos removal sites;
- I. whereas ACMs have a typical life cycle of 30 to 50 years; whereas this will lead to an increase in renovation and construction projects and therefore a rise in the number of workers being exposed;
- J. whereas the success of asbestos regulations in the Member States is limited by a lack of knowledge of the existing of ACMs;
- K. whereas the location of ACMs is often hidden and knowledge about these locations is sharply decreasing over time;
- L. whereas a mandatory asbestos audit of buildings would provide a solid and informed basis for national, regional and European removal programmes;
- M. whereas the EU has developed an ambitious policy for Energy Efficiency and the revised

¹ http://www.europeanforum.org/pdf/Eurogip-08_E-cost.pdf

Energy Efficiency Directive is expected to establish a long-term strategy in each Member State for renovation of buildings, but this policy is not combined with asbestos removal strategies;

- N. whereas doubt as to whether asbestos is present or has been encapsulated or removed from specific buildings leads to possible conflict between employers and workers and whereas prior knowledge about the presence of asbestos will provide much safer work conditions, particularly during refurbishment work;
- O. whereas encapsulation or sealing of ACMs should only be allowed when materials are properly labelled with warnings;
- P. whereas three Member States still allow asbestos fibres in electrolysis cells while technical alternatives exist and have been successfully implemented in other countries;
- Q. whereas there are still unacceptably high differences between Member States' schedules for recognising occupational asbestos-related diseases;
- R. whereas underreporting of asbestos-related diseases is one of the main obstacles for the treatment of victims;
- S. whereas national health surveillance programmes for workers exposed to asbestos diverge widely across the EU, especially regarding post-occupational medical supervision;
- T. whereas asbestos exposure is a threat to the general population and causes diseases to a recognised extent;
- U. whereas according to WHO estimates, the number of cases of asbestos-related diseases in the EU is 20 000-30 000 per year and has not yet reached its peak;
- V. whereas due to the very long latency period and due to the lack of knowledge among medical staff, victims often do not receive proper support by healthcare providers;
- W. whereas Poland is the only Member State to have adopted an action plan for an asbestos-free country;
- X. whereas labour inspections are being reduced in many Member States and whereas moves towards more deregulation increase the risks from asbestos;
- Y. whereas many construction workers and building users remain unprotected against high levels of asbestos exposure;
- Z. whereas even with a ban, millions of tonnes of asbestos remain in buildings and there is no register of where it is located and how much asbestos needs to be removed;

Screening and registration of asbestos

1. Urges the EU to make asbestos screening and registration obligatory;
2. Urges the EU to develop models for monitoring existing asbestos in private and public

buildings;

3. Urges the EU to establish action plans for owners of public buildings for the safe removal of asbestos and to encourage private house owners to audit their premises for ACMs;
4. Urges the Commission to integrate the asbestos issue into other policies such as the EU policy on energy efficiency;
5. Proposes the combination of a strategy for the renovation of buildings to make them more energy-efficient in parallel with removal of all asbestos;
6. Urges the Commission to make mandatory the establishment of public asbestos registers by Member States;
7. Urges the EU to make it mandatory for building owners to inform the Labour Inspectorate about intended plans for work with ACMs;
8. Calls on the Secretaries General of the EU institutions to provide a complete register – which should be open to the public – of ACMs in EU buildings;

Ensuring qualifications and training

9. Calls on the EU to set up minimum requirements for mandatory asbestos-specific qualifications for civil engineers, architects and, employees of registered asbestos removal companies and to provide asbestos-specific qualifications for the training of other workers likely to be exposed to asbestos;
10. Calls on the Commission to propose a specific directive with minimum requirements for the vocational training of construction and maintenance workers, including construction professionals who are working incidentally with asbestos;
11. Calls on the EU through SLIC and national labour inspectorates to ensure that labour inspectors receive ACM training;

Development of removal programmes

12. Urges the EU to start action plans for asbestos removal at European, national and regional levels, which are to include: legislation; education and information; training for public employees; national and international training; awareness-raising activities related to the removal of asbestos and products containing asbestos from buildings, public amenities and sites of former asbestos factories; cleaning premises, building landfills and installations for the destruction of asbestos and asbestos-containing debris; monitoring of the implementation of regulations, exposure assessments of at-risk personnel, and health protection;
13. Urges the Commission to lower the limit value for asbestos fibres;
14. Calls on the EU through SLIC and national labour inspectorates to ensure full enforcement of EU and national asbestos regulations;

15. Calls on the EU to establish a roadmap for asbestos-free workplaces and an asbestos-free environment, based on the principles laid out by the WHO;
16. Calls on the Commission to include a coordinated strategy on asbestos in the upcoming Community Strategy for Health and Safety 2014-20;
17. Calls on the Commission to immediately revise the provisions on exemptions for chrysotile asbestos in annex XVII of REACH;
18. Calls on the Commission to improve market surveillance to ensure that ACMs no longer enter the EU;

Criteria for Recognition of Asbestos-related Diseases

19. Recognises that the two Recommendations on occupational diseases have not led to harmonised national standards and procedures of identification, notification, recognition and compensation for asbestos-related diseases, and that national systems therefore still differ enormously;
20. Urges the Commission to amend Recommendation 2003/670/EC to reflect the progress of medical research and include cancers of the larynx and ovary as asbestos-related;
21. Calls on insurance and compensation entities to adopt a common approach to recognition and compensation of asbestos-related occupational diseases;
22. Recognises that, due to very long latency periods, asbestos victims are often unable to substantiate the causality of their occupational asbestos exposures;
23. Calls on the EU to ensure that all asbestos-related occupational diseases are recognised and compensated for;
24. Calls on the Member States not to place the burden of proof on asbestos victims but to establish wider rights to claim compensation as proposed in Commission Recommendation 2003/670/EC¹;
25. Calls on the EU to propose regulation to ensure that all cases of asbestos-related occupational disease are identified, reported to the competent authority and examined by experts;
26. Calls on the Commission to create binding minimum guidelines for national procedures for the recognition and compensation of asbestos-related diseases;
27. Calls on the Commission to support the exchange of best practice for the training of medical staff in the diagnosis of asbestos-related diseases;
28. Calls on the EU to establish independent advisory boards of medical and technical experts to delineate the scientific proof required to prove that certain working conditions induced asbestos-related disease;

¹ OJ 238 L, 25.9.2003, p. 28

Support for Asbestos Victims' Groups

29. Calls on the Commission to assist asbestos victims' groups in accessing professional advice and providing practical support for their members;
30. Calls on the Commission to establish and support an EU network of asbestos victims; takes the view that victims' groups should play a major role in devising responsive, appropriate and cost-effective ways of addressing victims' needs;
31. Calls on the Commission to establish a Charter for Asbestos Victims specifying the rights EU asbestos victims can expect;

Strategies for a global ban of asbestos

32. Calls on the EU to work with international organisations to pioneer instruments to label the asbestos market as a toxic trade;
33. Calls on the EU to make the listing of chrysotile in Annex III of the Rotterdam Convention a top priority;
34. Calls on the EU to address the unacceptable dumping of asbestos on developing countries at forums where trade agreements are being discussed and to exert diplomatic and financial pressure on asbestos-exporting countries to shut down asbestos mining industries and to stop the illegal and unethical practice of exporting end-of-life ships containing asbestos;
35. Calls on the EU to develop and support the export of non-asbestos technologies, and of knowledge of asbestos, to developing countries;
36. Instructs its President to forward this resolution to the Council and the Commission.