ASBESTOS RELATED DISEASES IN EUROPE: TRENDS AND PERSPECTIVES

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Situation To date Europe has consumed about 50% of the cumulative world asbestos production. Although 38 out of 53 European countries (72%) have banned asbestos, 300 million Europeans still live with a potential risk of exposure.

Use and health outcomes Europe’s takes 65% share of the yearly world asbestos production and 30.7% share of consumption. A total of 30 000 to 47000 ARD fatalities are estimated to occur in Europe including about 50% of all occupational cancer deaths. In the asbestos banning countries the ARDs increase; the non-banning countries record lower ARD rates.

Policies and practices Many European countries prohibited crocidolite and asbestos spraying in the early 1970s. Total bans were launched in 9 countries in the 1980s and the 1990s. The EU launched in 1983 protective and in 1999 preventive policies against asbestos. The EU asbestos ban came into force in 2005. The banning terminated the use of new asbestos, but protection of asbestos demolition workers is a great challenge for which the EU has provided stringent regulations and guides. Policies from the WHO Regional Office for Europe and ILO cover all the 53 countries, including the 15 non-banning countries. The ILO and WHO Euro have called all countries to draw up national asbestos profiles, national programmes for elimination of ARDs and their better registration.

Proposals for further actions International Organisations, Global Coalition, EU and countries could jointly work for:
- Pan–European ban of asbestos
- Implementing the ‘Freeing the EU from asbestos by 2030’ initiative
- Information and support for safe alternatives
- Registration and labelling of sources, surveillance and registration of exposures and exposed workers
- Guidance in diagnosis and recognition of ARDs
- National programmes for:
  - Elimination of exposures and for demolition
  - Elimination of ARDs
  - Capacity building, information, awareness raising.

ASBESTOS RELATED DISEASES IN THE UNITED STATES: HISTORICAL TRENDS AND CURRENT SITUATION

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Asbestos use Asbestos was first discovered in the USA in 1825. Importation began in the mid-1800s and domestic mining in the 1890s. The industry grew in the 20th century and by the 1970s, over 7 000 000 tons were consumed annually. Then, because of environmental and occupational restrictions coupled with vigorous efforts to seek legal compensation for injured workers, use declined. By 2000 annual consumption had fallen to 14 600 tons, and most manufacturers had ceased production. However, the USA has never banned asbestos and still imports over 300 tons per year. Importation has recently increased. The chloralkali industry is the principal consumer.

Asbestos-related disease Asbestos has caused over 20 000 deaths in the USA. Multiple studies published between 1918 and 2000, most notably those of Irving Selikoff, documented the American ARD epidemic and linked asbestos to multiple cancers, mesothelioma in particular. The epidemic continues to the present, and in 2016 there were 2597 mesothelioma deaths, many in persons<55 years.

Prevention policies The first non-binding guidance on occupational asbestos exposure was proposed in the USA in 1938. The first regulation was established in 1972. In 1975, OSHA declared asbestos a human carcinogen. In 1979, OSHA and NIOSH declared that there is no safe level of exposure to asbestos. In 1989, EPA issued a rule banning most asbestos-containing products, but this ban was overturned by the
In Belgium the support to the internal service in well-being at work and occupational medicine is typically delivered by multidisciplinary external services. Due to the extent of services delivered, the number of services decreased and most of the Belgian working population is served by a small number of large services that have 400-800 own personnel. Half of the personnel is delivering occupational health services, the other half is advising and supporting in occupational safety, psychosocial factors at work, ergonomics and industrial hygiene. Some recent changes in activity and newer tendencies in the field of occupational medicine and well-being at work in general will be discussed.

The EU has developed an OHS strategy 2020: Healthy Workplaces for all ages, promoting a sustainable working life. This strategy was translated in The Healthy Workplaces Campaign 2016–2017. The Occupational Medicine Section of UEMS (European Union of Medical Specialists) was a partner in this strategy and campaign. The main issues and key objectives of this campaign will be shown. Important themes were prevention throughout working life, the workability concept, a diversity-sensitive risk analysis, workplace adaptation and disability prevention, rehabilitation and return to work. There was also attention to newer issues like cooperation between Human Resources and OSH management and workplace health promotion. Besides of improving the health and well-being of all employees, this shall also improve productivity and cost-effectiveness at organisational level.