



European Economic and Social Committee

CCMI/130
Asbestos

Brussels, 12 January 2015

DRAFT OPINION

of the
Consultative Commission on Industrial Change (CCMI)
on
Freeing the EU from asbestos (own-initiative opinion)

Rapporteur: **Mr Plosceanu**
Co-rapporteur: **Mr Gibellieri**

To the members and delegates of the
Consultative Commission on Industrial Change (CCMI)

N.B.: This document will be discussed at the meeting on **28 January 2015 beginning at 11 a.m.**
To allow time for translation, any **amendments** must be submitted in writing to the CCMI
secretariat **no later than 10 a.m. on 23 January 2015.**
- **by email:** (ccmi2@eesc.europa.eu) or by fax (+32 2 546 9938)

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Administrator: Adam Plezer

**Study Group on
Asbestos**

President: Mr Pegado Liz (PT-GRIII)

Rapporteur: Mr Plosceanu (RO-GRI) (Rule 62(3) Mr Strautmanis)

Co-rapporteur: Mr Gibellieri (Cat 2-IT)

Members: Mr Curtis (UK-GRII)
Mr Fernández Vázquez (Cat.2 - ES)
Mr Fornea (RO-GRII)
Mr Gay (Cat.1-FR)
Mr Kotowski (Cat.3-PL)
Mr Libaert (FR-GRIII) (Rule 62(3) Ms Attard)
Mr Olsson (Cat.3-SE)
Mr Paetzold (Cat.1-DE)
Mr Stoev (BG-GRI) (Rule 62(3) Mr Danev)

Experts:

Mr Campogrande (for the rapporteur)
Mr Gehring (for the co-rapporteur)

On 8 July 2014 the European Economic and Social Committee, acting under Rule 29(2) of its Rules of Procedure, decided to draw up an own-initiative opinion on

Freeing the EU from asbestos
(own-initiative opinion).

The Consultative Commission on Industrial Change (CCMI), which was responsible for preparing the Committee's work on the subject, adopted its opinion on ... (rapporteur: Mr Plosceanu, co-rapporteur: Mr Gibellieri).

At its ... plenary session, held on ... (meeting of ...), the European Economic and Social Committee adopted the following opinion by ... votes to ... with ... abstentions.

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1. Conclusions and recommendations

- 1.1 The total removal of all used asbestos and all asbestos containing products has to be a priority target of the European Union. Action plans are a matter for the Member States but the EU should coordinate. In this respect, the EESC encourages the EU to work with the social partners and other stakeholders at European, national and regional levels to develop and share action plans for asbestos removal and management. These plans should include: education and information; training for public employees; national and international training; programmes to fund asbestos removal; awareness-raising activities relating to the removal of asbestos and products containing asbestos (including during removal from buildings), public amenities and sites of former asbestos factories; cleaning premises and installations in buildings, for the destruction of asbestos and asbestos-containing debris; monitoring of the effectiveness of existing legal requirements; exposure assessments of at-risk personnel and health protection.
- 1.2 Several EU Member States have developed registers of buildings containing asbestos. The other Member States should be encouraged to develop such registers, which would serve to provide relevant information on asbestos risks to workers and employers prior to renovation work being undertaken and complement existing health and safety protection required under EU law. Registration could start at the local level for public buildings and public infrastructure.
- 1.3 Today only Poland has established an action plan, targeting the removal of all still existing asbestos resources. The aim is to remove all asbestos by the end of 2032. Taking this example as a blueprint, the European Union should encourage Member States to launch specific action plans and road maps at various levels: local, regional and national. In this respect, the full

enforcement of EU and national asbestos regulations is also of great importance. At European level the Senior Labour Inspectors' Committee (SLIC), and at national level the labour inspectorates, can play an important role in ensuring this is achieved.

- 1.4 What can be learned from the Polish example is the crucial importance of sufficient funding for the removal of asbestos. We also consider the organised and structured removal of asbestos to be a type of improvement of regional development and the improvement of infrastructure of those regions. The European Commission should consider opening access to its structural funds explicitly for asbestos removal plans.
- 1.5 The European Commission is urged to undertake a study of existing national approaches and systems for the registration of asbestos as well as their financing.
- 1.6 Landfills for asbestos waste are only a temporary solution to the problem, which is thus left to be dealt with by future generations, as asbestos fibres are virtually indestructible over time. Therefore, the EESC calls on the Commission to promote research and innovation to find sustainable technologies for the treatment and inertisation of waste containing asbestos with a view to their safe recycling, re-utilisation, and the reduction of their delivery to landfills.
- 1.7 EU funding and MS incentives targeting better energy efficiency in buildings should be linked with the safe removal of asbestos from those buildings. Whereas the EU has developed an ambitious policy for energy efficiency and the revised Energy Efficiency Directive is expected to establish a long-term strategy in each Member State for renovation of buildings, this policy is not combined with asbestos removal strategies. Such a combination, formulated in a consistent EU policy that integrates the relevant policy areas is strongly recommended.

Any kind of action plan for the removal of asbestos needs to consider the qualifications of all stakeholders involved in the work/action. This concerns workers and companies, Occupational Safety and Health (OSH) coordinators as well as labour inspectors, advisers, trainers, employers and others. Certification of the capabilities of the companies to be involved in these action plans is highly needed and recommended.

- 1.8 Safe removal is highly dependent on trained workers of two categories: those working in specialised companies, and those in professions and occupations who come into contact with asbestos accidentally.

The EESC calls on the Commission, in cooperation with the national authorities, to provide the necessary support for actions and initiatives aiming at ensuring the protection of the entire EU workforce, given that small and medium enterprises, which employ most of the European workforce, are particularly exposed as regards the implementation of health and safety legislation. Sound training is crucial in this relation.

- 1.9 The EESC calls on the Commission to draw up, together with the social partners and other relevant stakeholders, programmes and awareness-raising activities on asbestos-related risks and the need for appropriate training for all staff likely to be affected by ACMs, in accordance with Article 14(1) of Directive 2009/148/EC, and to improve information about existing asbestos legislation and provide practical guides as to how to comply with it, including EU citizens.
- 1.10 EU legislation should also reflect and adopt the latest scientific and medical research results. Recent research has also discovered that also very low exposure and a very long latency period can result in mesothelioma and lung cancer. Therefore, the EESC urges the Commission to amend Recommendation 2003/670/EC to reflect the progress of medical research and to include cancers of the larynx and ovary as asbestos-related.
- 1.11 It should be ensured that at Member State level all cases of asbestosis, mesothelioma and other asbestos-related diseases are registered by means of systematic data collection on occupational and non-occupational asbestos diseases, that pleural plaques are categorised and officially registered as an asbestos-related disease, and that reliable mapping of asbestos presence is ensured, with the assistance of dedicated observatories. Medical staff need appropriate training so they can perform their duty of sound diagnosis.
- 1.12 Additionally, EU institutions should disseminate, or support the dissemination of, best practices on national guidelines and practices regarding national procedures for the recognition of asbestos-related diseases.
- 1.12.1 In particular, the active role of victims in recognition procedures needs to be improved. To give them access to the necessary information and to give them a voice, legal, financial and personal support has to be provided. Asbestos victims associations must be organised. This can reduce the personal burden they bear within such recognition procedures, which always adds to their personal suffering from the disease.

Therefore, the EESC:

- calls on insurance and compensation bodies to adopt a common approach to recognition and compensation of asbestos-related occupational diseases;
- calls for recognition procedures to be simplified and facilitated;
- recognises that, due to very long latency periods, asbestos victims are often unable to substantiate the causality of their occupational asbestos exposures;
- calls on the Commission to support conferences which provide asbestos victims' groups with professional advice, and which provide support for their members.

- 1.12.2 Lastly, the EESC encourages the EC, in cooperation with the World Health Organisation (WHO) and International Labour Organisation (ILO), third countries and other international bodies, to promote worldwide high levels of health and safety at the workplace, for example

by identifying asbestos-related problems and promoting solutions conducive to health protection, as well as for better information and support for victims of asbestos-related diseases.

1.12.3 Considering the great importance of the matter, the EESC/CCMI will present this opinion at a conference jointly organised with the European Parliament, the Committee of the Regions and the European Commission.

2. **Introduction**

2.1 Despite the Europe-wide ban on asbestos¹ (1999, to be implemented by 2005), asbestos still kills people in Europe. Whereas all types of asbestos are dangerous and its hazard impact has been documented and subject to regulations, and despite the ban on the use of asbestos, it is still found in many ships, trains, machinery, bunkers, tunnels, galleries, pipes in public and private water distribution networks and especially in buildings, including many public and private buildings.

2.2 According to the WHO, between 20 000 and 30 000 cases of asbestos-related diseases are recorded every year in the EU alone, and more than 300 000 citizens are expected to die from mesothelioma by 2030 in the EU. It is further estimated that worldwide 110 000 to 160 000 people die every year of asbestos-related diseases².

2.3 The Europe-wide ban on asbestos³ (1999, to be implemented by 2005) and the existing market surveillance do not ensure that asbestos-containing products are not imported into the European market. This concerns a wide range of products, among them building materials, household appliances, linings for car brakes or thermos flasks. Based on the new approach for the European Market Surveillance⁴, the EU could start action against asbestos containing products.

2.4 At EU level there is a comprehensive set of legislation on asbestos regarding a ban, limit values and workers' protection. Beside the ban on asbestos use and marketing, limit values have been established and a specific EU directive regulates working conditions⁵, while certification of companies and the information and worker training are compulsory. However, EU provisions are often very general and result in diverging implementation. Further, aspects

1 Directive 1999/77/EC.

2 <http://www.efbww.org/pdfs/Presentation%20Mr%20Takala.pdf>.

3 Directive 1999/77/EC.

4 <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2013:0075:FIN:EN:PDF>; COM(2013)75 final, see especially article 12.

5 Directive 83/477/EEC of 19/9/1983, modified by Directive 91/382/EEC of 25/6/1991 and amended by Directive 98/24/EC of 7/4/1998.

like specific provisions for training levels for the various functions or provisions regarding the registration of asbestos sources are still missing.

- 2.5 At this point, it should be mentioned that an own initiative report of the European Parliament, adopted in March 2013⁶, comprehensively describes the various problems and policy areas related to the asbestos issue and lists 62 specific demands, directed to the European and national policy makers.
- 2.6 Today we must face the fact that annual asbestos production across the world remains at the same high level, even though many countries have banned its use. The trade in and use of asbestos has simply shifted from industrialised to emerging countries. The flourishing worldwide trade in asbestos is accompanied by the powerful activity of an international asbestos lobby, which also uses complaisant research by some scientists in its propaganda. It should also be noted in this regard that European financial investment in global asbestos industries is ongoing. Europe is also continuing to export asbestos, by sending ships for scrap to other parts of the world. We also need to note that vessels carrying asbestos as cargo in transit still dock and use port facilities or temporary storage within the EU.
- 2.7 It is of crucial importance to have a worldwide level playing field as regards asbestos and in this respect the EU should play a decisive role in banning the use of any kind of asbestos worldwide. In this respect, Europe can provide other regions of the world with its knowledge on health effects of asbestos, its substitution by other materials and the safe removal of asbestos. What is required is a stronger EU engagement in the international institutions to pioneer instruments to label the asbestos market as a toxic trade and to make the listing of chrysotile asbestos in Annex III of the Rotterdam Convention⁷ a top priority.

3. Specific developments

- 3.1 According to a study published in 2011⁸ a substantial share of the existing built environment in the EU is older than 50 years. More than 40% of residential buildings were constructed before the 1960s. A large boom in construction took place between 1961 and 1990, a period during which housing stock, in almost all the Member States, more than doubled and asbestos was widely used.

⁶ European Parliament resolution of 14 March 2013 on *Asbestos related occupational health threats and prospects for abolishing all existing asbestos* (2012/2065/INI).

⁷ The Convention entered into force on 24 February 2004 and its objectives are: to promote shared responsibility and cooperative efforts among Parties in the international trade of certain hazardous chemicals in order to protect human health and the environment from potential harm; to contribute to the environmentally sound use of those hazardous chemicals, by facilitating information exchange about their characteristics, by providing for a national decision-making process on their import and export and by disseminating these decisions to Parties.
<http://www.pic.int/TheConvention/Overview/TextoftheConvention/tabid/1048/language/en-US/Default.aspx>.

⁸ BPIE (Buildings Performance Institute Europe), *Europe's buildings under the microscope*, October 2011.

- 3.2 According to the same study buildings consume about 40% of total final energy requirements in Europe. They represent the largest-consuming sector, followed by transport at 33%. At the same time the EU is committed to a 80-95% reduction of greenhouse gas emissions by 2050 as part of its roadmap for moving to a competitive low-carbon economy in 2050⁹.
- 3.3 This means that renovation of the built environment offers on both significant potential for enhancing building energy performance, thereby achieving the objectives of the EU Roadmap 2050, and a unique opportunity for removing asbestos.
- 3.4 This however requires a coordinated approach and close cooperation at both EU and national level in terms of policies and financial schemes. Innovative financial instruments are also needed, in order to trigger private investment.
- 3.5 What is expected of the EU level in this respect is a supporting and coordinating role. Additionally topics like workforce training, registration, recognition of asbestos-related diseases are policy fields that need to be better coordinated.

4. **Developments at national level**

- 4.1 Even with the ban, millions of tonnes of asbestos remain in buildings and not all the Member States have yet introduced registers of where it is located and how much asbestos needs to be removed. Therefore, we lack an adequate starting point for the proper treatment of all remaining asbestos resources in Europe.
- 4.2 Today, Poland is the only EU country that has established a nation-wide programme for the removal of all existing asbestos estimated at EUR 10 billion up to 2030, with a clear timeframe and the corresponding financing through a mixture of public (State, EU programmes) and private (owners, territorial associations, etc.) means. This type of initiative needs to be launched in all EU countries¹⁰.
- 4.3 In France 3 million social housing units from a stock of 15 million have been identified as having asbestos related problems and the estimated costs for the necessary rehabilitations are EUR 15 billion. The estimated cost per unit is between EUR 15 and 20 000. Development work concerning asbestos in the iconic Montparnasse Paris tower should be watched closely.
- 4.4 In the United Kingdom a campaign is under way to free all schools from asbestos. One of the reasons for the campaign is an increased mesothelioma rate among teachers in the UK. (we are waiting for information)

⁹ Directive 2010/31/EC of 17.5.2010.

¹⁰ Annex to the Resolution No. 39/2010 of the Council of Ministers of 15 March 2010.

4.5 Figures have also been published in Germany, showing high contamination rates in schools and buildings in some communities (Hamburg and Berlin). (we only have articles from newspapers – would that be sufficient?)

4.6 In Lithuania an asbestos roof replacement program started in 2012 implemented by the Ministry of Agriculture where the applicants are villagers and the maximum amount of financial support for a project cannot exceed LTL 6 000 (EUR 1 740). The EU and the state budget support up to 50 percent of total eligible project costs.

5. **Training actions**

5.1 One major problem is knowledge - and lack of knowledge - regarding asbestos. Many workers are exposed to asbestos in their occupations. This is the case particularly in the maintenance and decontamination sectors, but many others are potentially concerned (roofers, electricians, heating installers, recycling workers, OSH coordinators, labour inspectors and many others). With the ban on the use of the various types of material, knowledge about the hazards, characteristics and visual appearance is progressively being lost. While many Member States have provided training courses for demolition, building and maintenance workers and others who work with the removal of ACMs, we still lack sufficient standards applicable throughout Europe.

5.2 Physical integrity is a fundamental human right, laid down among others in the European Charter of Fundamental Rights. EU policies are to be designed to protect this right. This concerns first and foremost public health policies and policies on occupational safety and health but also other policy areas concerning possible exposure to asbestos and on how asbestos is to be treated.

5.3 Another area of concern is adequate knowledge on the part of civil engineers, architects and employees of companies that are not specialised in asbestos removal. The EESC calls on the Commission to establish a working group, together with the Member States, to develop minimum asbestos-specific qualifications and to provide asbestos-specific qualifications for the training of those professions/workers.

5.4 The European social partners from the construction industry (FIEC and EFBWW) have tackled this problem by developing Asbestos Information Modules¹¹ for the second category of workers. Another EU-funded project (ABClean – Leonardo Da Vinci project), outside the framework of the social dialogue, is developing some materials for "train the trainer" courses¹².

11 <http://www.efbww.org/default.asp?Issue=Asbestos&Language=EN> and: <http://www.fiec.eu/en/library-619/other-publications.aspx>.

12 <http://www.abcleanonline.eu/Project.aspx>.

6. Outcome of the Mini hearing

- 6.1 Far too many persons in Europe are suffering from various asbestos-related diseases. Most of these diseases are work-related but far from all of them. Housewives who clean the working clothes of their husbands are exposed to asbestos fibres as are as their children. A campaign in the UK has discovered that some 80% of all schools are still asbestos contaminated. This can easily turn into another generation of asbestos victims, especially in the light of the latest scientific research regarding the question of exposure levels/latency periods and the development of diseases. Also very low doses of exposure can, combined with a long latency period, turn into the various asbestos related diseases. Asbestos exposure is therefore a threat to the general population in several Member States.
- 6.2 Additionally, and due to the very long latency period and the partial lack of knowledge among medical staff, victims often do not receive timely and proper support and information from healthcare providers.
- 6.3 Safe disposal is an important aspect of each removal plan. If this aspect is neglected, unexpected exposure will occur. In Switzerland, for example, the highest asbestos exposure was measured in the recycling sector.
- 6.4 With a view to protecting citizens and workers, functioning market surveillance is a precondition for preventing new asbestos-containing material from entering the European market.
- 6.5 Regarding the lethal character of all forms of asbestos the EU is acting on sound common ground. Directive 1999/77/EC states that "no threshold level of exposure has yet been identified below which chrysotile asbestos does not pose carcinogenic risks" and that "an effective way of protecting human health is to prohibit the use of chrysotile asbestos fibres and products containing them".
- 6.6 An asbestos related disease can and often does lead to a particularly painful lingering death. An EUROGIP report¹³ and the report on a joint project from EFBWW, ETUC and IBAS have shown the situation regarding the recognition and compensation of asbestos-related diseases as it is regulated in the Central and Eastern European member states¹⁴. Even though the most relevant asbestos-related diseases are in principle recognised in most of the Member States, all too often victims are still fighting for their recognition without success.

13 <http://www.eurogip.fr/en/publications-d-eurogip/130-asbestos-related-occupational-diseases-in-europe-recognition-statistics-specific-systems>.

14 [http://www.efbww.org/default.asp?Issue=Asbestos diseases&Language=EN](http://www.efbww.org/default.asp?Issue=Asbestos+diseases&Language=EN).

The above-mentioned reports also reveal that national provisions and procedures regarding recognition and compensation differ widely. Often the support and guidance that victims need do not exist.
