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Asbestos International Association

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THE INDUSTRY'S CODE ON ASBESTOS

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The effect of asbestos on human health has been, and still is, the subject of great concern.

For many years considerable scientific work has been devoted to this subject and the state of knowledge is steadily advancing. This has been recognised at the World Symposium on Asbestos in Montreal and other international conferences. At the same time the discussion is still being influenced by an emotional approach, and this is conducive neither to the adoption of good and reasonable regulation nor to providing a background for the improvement of scientific knowledge.

In these circumstances, the asbestos industries will continue to co-operate with all of those concerned and in particular with:

— the workers and their representative organisations;
— the consumer and environmental groups;
— the medical and scientific professions;
— national and international authorities;
— the media;

in order to achieve the following:

— defining and establishing measures for worker protection;
— ensuring the safe use of asbestos-containing products by the consuming public;
— encouraging and/or initiating all the requisite technical, scientific and medical studies for gaining improved knowledge of the pathology of asbestos-related disease;
— comparing and discussing together the conclusions that can be drawn from the present state of knowledge.

In this context, the asbestos industries wish to state their position as follows:

1. The health hazards associated with asbestos are due to the inhalation of fine asbestos dust. It is known that exposure to uncontrolled and excessive concentrations of asbestos dust can result in the onset of asbestosis, cancers of the lung and mesothelioma.

2. These occupational diseases normally show up only after a period of 15 to 40, or more, years after the exposure. This indicates that the cases presently occurring are the result of working conditions in the past that were very different from those encountered today – the dust levels at that time were up to 100 or even 1,000 times higher than at present. It also follows that the cases of asbestos-related disease which will occur in the near future will also have had their origins in past conditions.

3. Industry considers that regulations to reduce dust exposure at the working site to the lowest reasonably practicable level are necessary. Many countries have legislated for, or their industries have voluntarily agreed to, a 1 fibre per ml standard.

4. Industry considers that the dust level at work places must be regularly monitored. The workers concerned and their representatives should be kept advised of the results, as should factory doctors and official health inspectors. Medical surveillance of workers should be standard practice and smoking actively discouraged.

5. Uses of asbestos in which adequate dust control cannot be achieved (such as spraying) must be abandoned.

6. Industry is continuously striving to improve the quality of its products and is actively investigating and developing the application of alternative fibrous materials. In this connection, however, it is emphasised that such materials must meet three basic requirements:

   – they must present less hazard to health than asbestos;
   – they must offer equivalent technical performance characteristics;
   – they must be economically viable.

7. Industry will always furnish proper information to the users of asbestos-containing products in order to ensure that they are used safely.

8. For many years industry has supported medical and scientific research. Although much has been learnt since this Code was first issued in 1979, work still remains to be done. At that time the priority studies – which require close international collaboration between researchers – were listed as follows:

   — the epidemiology of asbestosis, lung cancer and mesothelioma;
   — the effects of tobacco and other carcinogenic co-factors;
   — the possible relationship between ingested asbestos and disease.

Since then, however, some of these priorities have been modified:

   — Further basic research into asbestosis is no longer a priority since considerable data are now available. However, further epidemiological study into asbestosis should indicate the effects of improvements in factory dust control over the last 20 years.
   — Lung cancer and mesothelioma associated with asbestos remain a major concern: dose-response relationships particularly need urgent clarification.
   — Further studies are needed on the long-term effects of low dust exposure (below 1 f/ml).
   — The possible relationship between ingested asbestos and disease has been the subject of exhaustive studies. No such relationship has been identified.
   — There is a need for further research into the biological effects of alternative fibres.

9. In the present state of scientific knowledge, there is no evidence that the mining of asbestos or its manufacture into articles, nor the proper use of asbestos-containing products involves any health risks to the public at large. However, because of the level of public concern there is a need to define what level of asbestos fibre in the general atmosphere can be considered normal, bearing in mind that asbestos is a naturally-occurring substance.

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