ASBESTOS + HEALTH 1983

Community Health

ASBESTOS: THE BLUE, THE BROWN, AND THE WHITE

IN 1979, Prof E. D. Acheson and Dr M. J. Gardner, of the MRC Environmental Epidemiology Unit at Southampton, prepared for the Advisory Committee on Asbestos a report on the ill-effects of asbestos on health.[1] Since then investigations into the ill-effects of asbestos have continued apace and in November, 1932, Professor Acheson and Dr Gardner were asked to examine any data published since 1979 that they considered would require substantial change to be made to the 1979 report and to present their new findings to the Health and Safety Commission. They also reviewed evidence which was available in 1979 but not presented to the Advisory Committee, and the 1977 report by Dr J. G. Morris on the health experience of workers in an asbestos factory in Rochdale. In a Yorkshire TV programme, *Alice: A Fight for Life*, broadcast on July 20, 1982, doubts were raised as to whether Dr Morris' work had been properly considered by the Advisory Committee. Acheson and Gardner's new report[2] was issued by the Health and Safety Executive last week.

Acheson and Gardner conclude that they have found no material that was available to the advisory committee in 1979 which on reconsideration would have altered the conclusions of their previous report. The present report is confined to the issue of the limit in the workplace; of data on this issue the authors say that their previous conclusions would be altered as follows:

"Amosite [brown asbestos] imports have effectively ceased and chrysotile [white asbestos] is at present for practical purposes the only type of raw asbestos fibre imported into the UK.

"The evidence that asbestos fibre causes alimentary tract cancer in man is less convincing than in 1979.

"The case that amosite is more dangerous than chrysotile has strengthened in respect of both peritoneal and pleural mesothelioma. We recommend that formal prohibition of the manufacture and importation of new products made of amosite and crocidolite [blue asbestos] should be considered.

"The range in the slopes of the dose-response relationships for lung cancer and chrysotile exposure has widened since our report of 1979. At one extreme the risk associated with the manufacture of textiles in South Carolina may have been greater than has been previously reported in relation to any other chrysotile application, while at the other extreme the presence of any increased risk with increasing exposure in a large cohort of men who manufactured brake linings is questionable."

Evidence published since 1979 has supported the first report's conclusions on two topics: firstly, that the relation between mortality from lung cancer and exposure to asbestos is linear; and, secondly, that peritoneal mesothelioma has never, for practical purposes, and pleural mesothelioma has rarely occurred in human beings after exposure to white asbestos alone.

Among the report's recommendations are the following:

"In view of the fact that all forms of asbestos can be carcinogenic, further improvements in control should be made as advances in engineering make them reasonably practicable and the use of all types of asbestos should be curtailed as safer and effective substitutes become available.

"Steps should be taken to ensure that measurements of exposure to asbestos in the workplace are made and recorded in such a way that it is possible to determine what benefits (if any) have occurred as a result of improvements in the control of dust.

"We draw attention to the fact that little epidemiological information is available about the effects of work in the asbestos cement industry where chrysotile only has been used. As this is now the largest single section of the asbestos industry in the UK, further research should be carried out at the earliest opportunity."

The report also points out that all types of asbestos are extremely durable; workers may be exposed to them not only during construction but also during servicing and demolition. Public policy should take account of these facts and precautions should be taken whenever asbestos is handled. Last week the Government announced a change of policy on the demolition of disused power stations containing asbestos: the power stations will now be stripped of all asbestos by the Central Electricity Generating Board before they are sold to private contractors for demolition, thus reducing the risk of release of asbestos fibres by inexperienced contractors.

The implications of the latest findings have not yet been discussed by the Health and Safety Commission. It seems odd that the Commission did not take this opportunity; the report could have waited a couple of weeks. The question now seems to be not whether but when use of asbestos should be banned in new projects. Perhaps the Commission judged the matter too sensitive for a comment of its own at this stage.

1 Health and Safety Commission. Asbestos: vol 2: final report of the Advisory Committee. London: HM Stationery Office, 1979.

2 Acheson ED, Gardner MJ. The control limit for asbestos. Health and Safety Commission. London: HM Stationery Office, 1983. £3.50.

CAMPAIGNS AGAINST SMOKING

EVERY four years, representatives from many countries meet to exchange information on national smoking patterns. About 1000 people attended the 1983 conference on Smoking and Health in Winnipeg last month. Amidst those dedicated to eradicating the smoking habit were an unknown number of representatives from tobacco companies, including British American Tobacco, who were taking note of this expression of solidarity between the underfinanced and far-flung pressure groups, cancer and heart charities, and other health organisations.

At the 1979 conference in Stockholm, Australia emerged as a nation strongly committed to preventive action. Four years on, Australia is still taking the lead in health education and lobbying against the present advertising powers of the tobacco industry. One Australian doctor happily identified himself as a member of a civil disobedience group, BUGA UP (Billboard Utilising Graffitiists Against Unhealthy Promotions), which, while also attacking sexist and alcohol advertising, largely devotes itself to defacing cigarette advertisements in order to expose the truth about smoking. Another Australian group is called MOP UP (Movement Opposed to the Promotion of Unhealthy Products). The work of these activists has had a significant impact in the cities of Sydney, Perth, and Melbourne. Such guerrilla tactics would be unnecessary were Governments to ban tobacco advertising entirely; and it looks as though Australia may well be the first Western nation to achieve such legislation.

The general feeling at the conference was one of encouragement. Although the UK Government hardly seems committed to legislative action, nor does it give much financial encouragement to health education, the message of the anti-smoking lobbyists, such as ASH (Action on Smoking and Health) and the Bristol groups GASP and AGHAST,[1] seems to be getting through: whether financial reasons underlay their decision or not, one million people in the UK have given up smoking since 1980, and there are now twice as many adult non-smokers as smokers. Delegates from the Third World concentrated less on the increasing numbers of smokers and the insidious and seductive pressures of the cigarette companies on a vulnerable market and more on the early measures nations are evolving to aid and encourage cessation.

Recommendations from individuals at the conference and from the session groups emphasised the vulnerability of the Third World, the high rates of smoking among women, including nurses, and the prevention of smoking in children. Research on the success of cessation techniques was discussed, including the role of nicotine chewing gum. The rights claimed for non-smokers included a smoke-free atmosphere as the norm. In the end, however, it was clear that the role of national governments in overcoming the force of the tobacco industry by legislation, taxation, and comprehensive programmes of health education was crucial in diminishing disease and death caused by smoking.

1. See *Lancet* 1983; ii: 293.