

## UICC POSITION STATEMENT ON ASBESTOS\*

### KEY FACTS

- We have known of a link between asbestos and lung disease since the beginning of the 18th century. The link with mesothelioma and lung cancer, both poor prognosis cancers, has only been known since the 1960's. Unfortunately, the number of cases of mesothelioma in industrialised countries is expected to peak within the next 20 years because of the heavy use of asbestos in the period 1950s-1970s and bans on its use thereafter.
- There is currently sufficient evidence demonstrating that asbestos causes cancers of the lung, larynx, ovary and pleural and peritoneal mesothelioma in humans.
- All types of asbestos fibres are carcinogenic to humans. The various types of fibres increase the risk of the above cancers to different extents.
- Both cigarette smoking and asbestos exposure increase lung cancer risk, and when they are present together they act in a multiplicative fashion.
- Occupational exposure to asbestos occurs in mining and milling of asbestiform minerals, as well as of minerals embodied in rocks that contain asbestiform fibres. Occupational exposure has also occurred and in some cases continues to occur in non-mining settings. These include the construction, thermal and electrical insulation, roofing, friction materials, cement, textile and ship-building industries.
- In the many countries where asbestos use has ceased or been banned, exposure remains a problem. This is due to exposure to asbestos in homes, workplaces and public buildings. This is most likely to occur in people working in the building, maintenance and construction sectors. Plumbers, electricians, carpenters and similar trades may unknowingly disturb, release and inhale asbestos fibres in the course of their duties.
- Asbestos exposure may also occur in individuals living in the neighbourhood of asbestos industries and people who live in household of asbestos workers (e.g. someone washing work clothes). The general population may be exposed to asbestos from the decay of asbestos-containing building materials, or through undertaking home maintenance or renovation.

A rigorous review of the epidemiologic evidence confirms that all types of asbestos fibre are causally implicated in the development of various diseases and premature death. Numerous well-respected international and national scientific organisations, have concluded that all forms of asbestos are capable of inducing mesothelioma, lung cancer, asbestosis and other diseases.

**Between 1994 and 2008 a total of 92,253 mesothelioma deaths were reported across 83 countries. The number of lung cancer deaths caused by asbestos is likely to be at least as many and more likely double this figure adding approximately another 180,000 deaths caused by asbestos exposure.<sup>1</sup>**

International Agency for Research on Cancer (IARC), 2011. Asbestos (chrysotile, amosite, crocidolite, tremolite, actinolite, and anthophyllite). Vol. 100c. Lyon, France: IARC.

<http://monographs.iarc.fr/ENG/Monographs/vol100C/mono100C-11.pdf>.

<http://www.who.int/mediacentre/factsheets/fs343/en/>

Straif et al. Lancet Oncology (10) 453-454 May 2009 A review of human carcinogens—Part C: metals, arsenic, dusts, and fibres

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<sup>1</sup> <http://www.ncbi.nlm.nih.gov/pubmed/22233924>



## TIME TO LEARN FROM PAST MISTAKES

The majority of industrialised countries have virtually ceased using asbestos and over 50 countries have passed laws banning its use (1). Consequently, the asbestos industry, to establish new markets, is promoting the use of asbestos in low-to-middle income countries, particularly in Asia, and has created lobby organisations to achieve this goal (2).

In spite of the scientific evidence and calls to end all use of asbestos by many organisations including the World Health Organization, the World Federation of Public Health Associations, the International Commission on Occupational Health, the International Social Security Association, the International Trade Union Confederation and the World Bank, the use of asbestos is increasing in low-to-middle income countries. There is little awareness in these countries of the risk that asbestos poses to health; in addition, safety regulations are weak to non-existent. If unstopped, this continued and increasing use of asbestos will lead to avoidable asbestos-related cancers and lung diseases and premature death for decades to come in those countries, repeating the epidemic we are witnessing today in industrialised countries that used asbestos in the past.

### The UICC Position and Recommendation to Governments

1. Calls for a global ban on the mining, use, and export of all forms of asbestos;
2. Calls specifically on all asbestos exporting countries to respect the right to health by ceasing the mining, use, and export of asbestos, and providing transition assistance to their asbestos-mining communities;
3. Calls specifically on the all asbestos-using countries to cease use of asbestos;
4. Urges all countries that have used asbestos to inform their citizens and their healthcare professionals of the hazards of asbestos and to implement safety measures to monitor the health of citizens who are likely to have been exposed at any point in their lives. To facilitate this, an inventory of asbestos already in place is needed, particularly in schools and places where children are present.
5. Governments around the world are urged to provide the best possible care and treatment and where appropriate palliative care to all individuals diagnosed with an asbestos related disease. Further such people should be provided with access to appropriate compensation and be connected with relevant support groups and networks.

*\*This position draws heavily from Position Statement on Asbestos from the Joint Policy Committee of the Societies of Epidemiology (JPC-SE), approved June 4, 2012*

1. [http://ibasecretariat.org/chron\\_ban\\_list.php](http://ibasecretariat.org/chron_ban_list.php)
2. Worldwide asbestos supply and consumption trends from 1900 to 2000 Robert L. Virta; Geological Survey (U.S.) (Nov 2011)

### MEDIA ENQUIRIES

#### Tonic Life Communications

on behalf of Union for International Cancer Control (UICC)

[wccpress@toniclc.com](mailto:wccpress@toniclc.com)

+44 (0)7788 191434