NOTE
from: Italian delegation

to: Council

Subject: Employment, Social Policy, Health and Consumer Affairs Council meeting on 6 and 7 December 2012

Asbestos health threats: working towards a common EU strategy
– Information from the Italian delegation
(Any Other Business item)

Delegations will find in the Annex an information note on the abovementioned subject.
Asbestos health threats: working towards a common EU strategy

ASBESTOS-RELATED PATHOLOGIES: understanding and management

Background

It has been known for some time that asbestos fibres – a family of heat-, acid- and alkali-resistant fibrous silicates – tend to separate into extremely fine fibres which can penetrate mainly but not exclusively the respiratory tract, causing various types of pathology (among them asbestosis, pleural pathologies including mesothelioma, and diseases of the ovaries and the serous membranes), all of which have a long latency period (usually lasting decades) between the initial exposure and the appearance of the disease.

One determining factor lies in the physical and chemical properties of the various fibres; other factors that determine the biological activity of the fibres in the human organism are the chemical composition, surface reactivity and biodurability of the fibres.

The main victims of asbestos are the workers exposed during the production of materials and the handling of waste which contains asbestos. It is now well known that asbestos can pose a risk to the environment as well as to the workers who are exposed to it and their family members, who may breathe in the particles brought home on their work clothing, for example.

Exposure to asbestos can also occur in non-work settings, as was extensively demonstrated and reported in the recent IARC Monograph No 100 of 2011. A study was made of the risk of mesothelioma following environmental exposure of either man-made origin (dwelling places near sites with significant sources of exposure) or natural origin. In the records of the Italian National Mesothelioma Register, some 8% to 10% of the cases for which the conditions of exposure were reconstructed arose for environmental reasons (dwelling places) or for family reasons (living with family members who were exposed because of their jobs).
As with all carcinogens, there is no safety "threshold" below which the risk is zero. As long ago as 1986, the World Health Organisation stated that exposure to any type of fibre and any level of concentration in air should be avoided.

Until the end of the '80s, Italy was the second largest European producer of asbestos fibre after the Soviet Union and the largest in the European Community, but since 1992 the use of asbestos has been banned.

Other countries, both European and non-European, have banned asbestos, but it is still necessary to deal with the existence of materials containing asbestos which can cause serious problems when they deteriorate.

This is a serious issue for the health authorities, but one that was not immediately seen as such. It only began to be remedied at the end of the '80s, with the asbestos ban already mentioned and the adoption by some countries of measures to ensure that any deteriorated asbestos that might disperse fibres is safely removed.

_The public health issue_

From the point of view of public health, the issue is primarily one of predicting the development of the malignant mesothelioma epidemic following the gradual adoption by the Western countries of measures to limit exposure to asbestos or impose an outright ban. In the United States and Sweden, where the use of asbestos was reduced at an earlier stage, the rates of mortality and incidence are already falling. In countries such as the Netherlands and the United Kingdom, however, the frequency of malignant mesothelioma is still rising, although possibly at a slower rate. Where asbestos use has risen, as in the developing countries, the limited statistics available suggest that the epidemic is now just beginning.

The projections published by Italy on the basis of various models have indicated a peak of around 800 to 1000 deaths per year between 2010 and 2020 or between 2012 and 2025, followed by a relatively sharp decline.
It is possible that these figures do not properly convey the full extent of the problem and the tragic situation of the patients and their families, but the public health authorities cannot disregard this problem and fail to take suitable counter-measures.

Moreover, managing the situation requires the active participation of all stakeholders, including patients (via patients' associations), NGOs and social partner organisations, as well as scientists and clinical specialists working in this field.

With this in mind, Italy recently organised a government conference (in Venice, 22-24 November 2012), which was attended by all the abovementioned stakeholders as well as legal experts, scientists and clinical experts. The aim was to formulate a comprehensive plan of action to tackle the various problems identified.

Operational proposals

Italy believes that the European Union has an important role to play in this context: concerted action at Community level, between the Commission and the Member States, could prove to be a more effective instrument than measures taken at a purely national level, since such action would be targeted uniformly and equitably at the citizens of all 27 Member States and could draw on a more adequate number of resources with which to manage diseases which are rare.
To this end, Italy hopes that the other Member States and the Commission will be sufficiently interested in this issue to lend it their support – inter alia as a result of today's communication – and that joint efforts can be made, via forms of cooperation using all instruments available under the Community system, to:

− improve epidemiological knowledge of the phenomenon in Europe and identify trends in various asbestos-related diseases, by compiling and analysing certain health statistics in the different Member States and establishing dedicated databases containing standardised clinical data;

− improve understanding of individual susceptibility to various asbestos-related diseases and improve early diagnosis capabilities, inter alia by establishing biological specimen banks and identifying biological markers for early diagnosis, by pooling the scientific resources available in the various Member States and providing funding for research projects and joint actions in this area;

− improve expertise in staging and in managing the care of patients suffering from asbestos-related diseases, inter alia through the introduction of new drugs and operating techniques, by setting up – for the more rare diseases such as mesothelioma – a clinical network involving the various centres specialising in the care of such patients, within the framework of Directive 2011/24/EU on cross-border healthcare.

Italy hopes that this initiative, prompted by a desire to protect our citizens, will be supported by the other Member States and the Commission and that, by working together, we can rapidly achieve a significant reduction in asbestos-related diseases and a substantial improvement in the prognosis for patients suffering from these types of illness.