

## Greater Manchester Asbestos Victims Support Group (ASB0001)

I am the co-ordinator of the Greater Manchester Asbestos Victims Support Group. Our charity supports people with asbestos diseases in Greater Manchester and some of the neighbouring areas of Derbyshire, Cheshire and Lancashire.

My reason for submitting evidence is two-fold.

Firstly, I can provide data on the numbers of people we see being diagnosed with asbestos diseases in our area, which will help the Select Committee to judge how well the current approach to asbestos management is working.

Secondly, my charity often receives requests for information, advice and help from workers and members of the public who have been exposed to asbestos, even though they do not have an asbestos disease. I am therefore able to shed some light how well the current approach to asbestos management is working in practice.

Despite asbestos being banned in the UK, it is still present in many older buildings (those built before 2000). Mesothelioma, a terminal cancer caused by asbestos, can be caused even by very low exposure to asbestos. It is common for my charity to see white collar workers being diagnosed with mesothelioma even though they have never handled asbestos directly.

Workers involved in the maintenance, refurbishment or demolition of pre-2000 buildings are clearly most at risk. But any worker based in a pre-2000 building (including many of those currently working from home) will be at risk.

The recent data I have (see below) shows not only that local mesothelioma rates remain stubbornly high, but that an increasing proportion of those being newly diagnosed with mesothelioma are women. This is highly significant because my experience is that, on average, the women we see with mesothelioma describe lower levels of occupational exposure to asbestos than the men.

In 2017, my charity helped 137 people newly diagnosed with mesothelioma, of whom 18 were women (13.14%). In 2020, the figures were 132 in total, with 29 women (21.97%).

Year	Mesothelioma Total	Mesothelioma Women	Percentage Women
2020	132	29	21.97%
2019	110	15	13.63%
2018	148	23	15.54%
2017	137	18	13.14%

Many assumed that with the sharp decline of industries associated with heavy asbestos use (e.g., ship building), which employed mainly men, that a generation later we would see a sharp decline in mesothelioma rates.

This assumption does not appear to be borne out by the recent data. The problem of asbestos in pre-2000 buildings appears to be a far more serious problem than many assumed, and I fear it may remain so for decades to come, unless action is taken.

Based on my experience, I believe the current legislative and regulatory framework for the management of asbestos needs to be strengthened.

The assumption underlying the current framework, that asbestos materials should generally be left in place providing they are in good condition, needs to be reconsidered.

If asbestos materials are left in place indefinitely, they will inevitably deteriorate or be disturbed at some point in the future and must then be removed. My understanding is that it is often easier, safer, and cheaper to remove asbestos materials while they are still in a good condition (i.e., before they have deteriorated or been disturbed). Since we must remove asbestos materials at some point in the future anyway, I see no reason why it should not be done sooner rather than later, in a planned and relatively safe way.

Ultimately, my experience from talking to workers and members of the public leaves me strongly in favour of the strategy outlined in "*The asbestos crisis: Why Britain needs an eradication law*" (All-Party Parliamentary Group on Occupational Safety and Health, 2015). This strategy, if implemented, would mean asbestos being removed from buildings by 2035 at the latest.

This strategy of removing all asbestos would be financially costly in the short-term. However, we must remind ourselves that managing asbestos materials in place is also costly (and will become more so if regulations are tightened, which they should be), and that ultimately these materials must be removed sooner or later in any case. We should think long-term here.

No matter how comprehensive the legislative and regulatory framework, the effective implementation and enforcement of the framework is crucial.

Many of the workers who speak to us, having been exposed to asbestos at work, do so on condition of anonymity. They often describe flagrant breaches of current health and safety law, but do not feel able to raise this with their employer, for fear of losing their job. Many work for employers that do not recognise trade unions, or in workplaces where trade union organisation is weak. Many are on zero-hours or short-term contracts and do not have the same protection from unfair dismissal.

The HSE has a key role in enforcing the legislative and regulatory framework, particularly in the majority of workplaces where trade union organisation is weak or non-existent. Yet the HSE is, in my view, chronically underfunded, and does not currently have the resources to fulfil its role effectively. This is partly responsible for the relatively low number of

enforcement actions it has taken with regards to health and safety breaches in general, and breaches in relation to asbestos in particular.

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