

Written evidence from the Asbestos Victims Support Groups' Forum (ASB0002)

Asbestos Victims Support Groups' Forum Response to call for evidence by the DWP Work and Pensions Committee –

Into the current risks posed by asbestos in the workplace, the actions taken by HSE to mitigate them and how its approach compares to those taken in other countries.

The Asbestos Victims Support Groups' Forum is a collective of Asbestos Support Groups throughout the UK. We meet to share information, support and to campaign for justice for those diagnosed with an asbestos-related disease. Our members are independent charities or not-for-profit organisations. Our members support victims of asbestos related diseases on a daily basis, including my own organisation Derbyshire Asbestos Support Team. What was considered 'traditional exposure' to asbestos is now changing and we are seeing more diverse range of occupations exposed to asbestos. Moreover, the exposure could be considered more recent and not a legacy of the past prior to banning asbestos. For this reason we are submitting evidence.

The Forum is in support of a positive role that the Health and Safety Executive (HSE) can play in regulating, monitoring and enforcing safety in the workplace. HSE budget cuts have had a negative effect on health and safety in workplaces across England and Wales and, therefore, we are mindful that any criticisms of the HSE are made within the context of budget cuts and lack of resources.

We are only answering questions which we feel are within the experience of the Forum.

What are the current risks posed by asbestos in the workplace? Which groups of workers are most at risk?

All workers are potentially at risk from asbestos as any building built before 2000 may contain asbestos. Between 1950 and 1985 asbestos was used in millions of homes, workplaces and public buildings. It is estimated that as late as 1997 there were over 3,000 asbestos products on the market, ranging from paints and tiles to brake pads and resin toilet cisterns, but the main use was either as insulation or in the form of concrete cement, which was made into products such as corrugated roofing sheets and pipes. As a result, it can be found in factories, homes, schools, shops, hospitals, offices, restaurants, etc. Asbestos containing materials can still be found in around 500,000 workplaces including factories, warehouses, offices, shops, hospitals, schools and universities. Asbestos is present in about 75% of our schools. <https://neu.org.uk/media/16456/view> Accidental disturbances by contractors and others are commonplace. Support groups over the years have seen a change in supporting people with asbestos-related diseases who have worked in what could be considered 'traditional industries' to ones including teachers, nurses, school staff and office workers.

Every year approximately 5,000 people die prematurely as a result of asbestos exposure. In 2019 there were 2,369 deaths from mesothelioma, which is shocking. This number may be higher as some deaths may not be recorded due to complications or lack of Postmortems etc.

The HSE estimates that 1.3 million tradespeople are at risk of exposure and they could come into contact with asbestos on average more than 100 times a year <https://www.hse.gov.uk/research/rrpdf/rr558.pdf>

How effective is the current legislative and regulatory framework for the management of asbestos?

Firstly, there is no safe threshold of exposure to asbestos fibres. The control limit for asbestos of 0.1f/cm³ is not a “safe” level. Inhalation of small quantities of asbestos can lead to mesothelioma decades later.

The presumption underpinning the current HSE position is that asbestos is safe providing it is in good condition and that it is undisturbed. In practice, this gives unscrupulous duty holders too much leeway to retain asbestos indefinitely, as they can simply argue that it is ‘in good condition’ (even when this is not the case). Unscrupulous duty holders face next to no risk of being subject to effective enforcement action (for example from the HSE). Workers who speak out about concerns about asbestos risk victimisation and intimidation. Even well-meaning duty holders are faced with the absurd situation where they feel they must leave asbestos considered to be ‘in good condition’ in place. This, officially, is the "safest option". The situation is absurd because if asbestos is left in place, sooner or later it will inevitably deteriorate or be disturbed, accidental disturbance of asbestos is commonplace putting lives at risk. According to information compiled on a Trade Union Register since 2002 (after Asbestos was banned) there have been nearly 30,000 people exposed to asbestos (29,910) and this, of course, only relates to exposures recorded.

The HSE simply haven't got the resources to ensure that asbestos is safe 'in situ'. HSE funding was slashed from £239 million in 2009/2010 to £136 million in 2017/2018. According to 'Prospect', since 2010 the HSE budget has been cut by 50% in real terms. Over the same period the number of HSE inspectors fell from 1,495 to just 978.

How does HSE's approach to managing asbestos compare to the approach taken in other countries? Are there lessons that the UK could learn from best practice elsewhere?

In the Netherlands, Germany, France, Poland and Australia there are national government backed campaigns for the removal of asbestos. By contrast, there is no attempt to do so in the UK. The current presumption of leave 'in situ' is not effective and we know from our experience that many people have been exposed after the ban of the use of asbestos by accidentally disturbing or damaging asbestos containing materials.

Does HSE keep adequate records of asbestos in public buildings?

There is no central record of asbestos. We believe there should be more adequate record keeping in terms of a central record which states whether a building contains asbestos, where it is and what state it is in. This is crucial to ensure the health and safety of all workers utilising buildings and crucial to planning any phased removal of asbestos.

All commercial and public buildings should conduct and register with the HSE a survey done by a registered consultant identifying the location, type and condition of asbestos containing materials. The HSE to be allocated appropriate resources to maintain the register and enforce legislation. There also needs to be a real risk of random inspections and enforcement, to do this the HSE needs to be properly resourced.

It would also aid in identifying asbestos where asbestos exposure may have occurred when the exposure was not due to occupational history but rather may have occurred at school or public buildings.

Current occupational data is inadequate and does not reflect the working lives of those diagnosed with Mesothelioma. The average age of someone diagnosed with Mesothelioma is 74 and sadly, following death, occupational background is not recorded for over 75's.

Does HSE commit adequate resources to asbestos management in line with the level of risk?

Once again this is a question of resources and how much the Government places on the importance of safely managing asbestos. Frequent cuts have left the HSE under-resourced. Campaigns such as the 'Hidden Killer' campaign, although focussing on awareness, serves to prove that the HSE needs more resources. Campaign material was reported to have been seen by 85% of the target group and 76% said they would take or had planned to take precautions to prevent exposure when working. The campaign needed more resources, but was discontinued and the HSE given insufficient resources to build on this successful campaign.

How robust is the available data about the risks and impact of asbestos in the workplace? What gaps in evidence need to be filled?

Of the asbestos management models from the current HSE 'leave in situ' approach to eradication of asbestos, there is no available data to compare how these approaches save lives.

Despite the presence of asbestos in our hospitals, schools and public buildings, there is no asbestos mandatory training for people employed in these settings. They are not advised of its presence, educated how to monitor it or avoid exposure.

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