

Written evidence from Dr G. Burdett (ASB0017)

I have worked on asbestos related issues for over 40 years both in the UK and USA. I have many peer reviewed publications on the subject and have detailed expertise in monitoring and assessing asbestos in the workplace and buildings.

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

The latest HSE data is at <https://www.hse.gov.uk/statistics/causdis/>

There are significant limitations on these data (e.g. records outcomes up to age 74, is based solely on the last job category, which may have little to do with when exposure occurred). Lung cancer in particular arises from other well-known causes. Mesothelioma is accepted to be the more reliable indicator that asbestos was the cause of the disease, along with asbestosis.

The data for mesothelioma is given in terms of the proportional mortality ratio (PMR) which takes the average rate of meso for all occupations and calculates the % above the average.

A familiar list of workers who installed and disturbed asbestos due to their work still heads the risk tables. However, due to the long lag times between exposure and death (e.g. around four decades on average) it is also important to understand and take into account the detailed changes in use of asbestos in each group of workers over the last half century for current risk (see tables in <https://www.hse.gov.uk/statistics/pdf/occ8000.pdf>).

It is noted that the education professionals and teacher's PMR for mesothelioma has risen from 95% 2001-2010 to 143% in 2011 – 2019. Women in these jobs also have a higher PMR than men.

However, it is important to remember that these statistics do not reflect the current level of risk to workers. The current HSE summary of the risk from asbestos-related diseases, is a good basis for the committee to start from:

- All asbestos-related diseases typically take many years to develop so current statistics reflect the legacy of past working conditions.
- Widespread use of asbestos containing products in the past – particularly in the postWWII building industry – led to a large increase in asbestos-related disease in Great Britain over the last few decades.

- The cancer, mesothelioma, has such a strong relationship with asbestos that annual deaths give a particularly clear view of the effect of past exposures.
- Annual deaths increased steeply over the last 50 years, largely as a result of asbestos exposure prior to 1980, and are now expected to continue at current levels for the rest of the decade.

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

Effectiveness = (education & training + compliance + enforcement)

- 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?

The UK approach is currently largely based on EU directives, but these reflect much of the UK's thinking and previous legislation in this area. It has always been possible for individual member states to apply more stringent regulations for health-related matters. While some countries have announced proactive removal policies, these have proved problematic to carry out and achieve.

- How does HSE measure and report its progress in mitigating the risks of asbestos?

It is the employer/dutyholder who is responsible for mitigating the risk from asbestos at the workplace.

Disease rates from the marker disease mesothelioma are lagged by around 4 decades so disease rates are not measurements of current practice and requirements but of historical production and installation of asbestos materials.

- Does HSE keep adequate records of asbestos in public buildings?

This question appears to be based on a misunderstanding – it's the duty holders and employer's responsibility to keep adequate records, as this knowledge help avoid uncontrolled work on asbestos containing materials (ACMs).

Asbestos survey reports have to be update regularly - the situation is constantly evolving - as remediation/repair and replacement takes place.

A centralised system would suffer from several systemic problems (e.g. Would never be up to date, how it could be reliably updated with changes and by who, reliability of information and who is responsible for checking the data in the system is correct etc. etc.).

A more appropriate question would be, “ How much money do you want to waste on another failed government computer system? “

- Is HSE making best use of available technology and systems to monitor the safety of asbestos which remains in buildings?

This question appears to be based on several misunderstandings – it is the duty holder and employer’s responsibility to monitor the condition of asbestos containing materials in certain categories of buildings covered by the Control of Asbestos Regulations (2012).

Abrading asbestos materials releases airborne fibres. In the vast majority of circumstances this abrasion is from direct human interactions due to work with ACMs (e.g. repair and maintenance, removal) or from damage and vandalism. Visual assessment and comparison with the aid of digital photographs recording any signs of damage, is available to duty holders.

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

This question appears to be based on a misunderstanding it is the dutyholder / employer who is responsible for managing the ACMs.

The HSE budget has been constantly reduced in real terms for well-over a decade, so it is for the committee to recommend to Government what additional resources it thinks should be given to HSE for improved compliance of asbestos management with regulations.

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

Epidemiological studies have been relatively consistent over the last 20 years on the level of risk to workers. Detailed risk assessments were published for the EU (ECHA) and USA (EPA) in 2019 based on current knowledge. These studies have looked at the robustness and extrapolation of data and represent, state of the art reviews for robustness and evidence gaps on work-related asbestos disease.

- Is HSE drawing on a wide body of international and national regulatory and industry expertise to inform its approach to the management of asbestos safety in buildings?

The last asbestos regulations (CAR, 2012) are less than 10 years old and represent a progressive updating of previous regulations. The ACOP on the Duty to manage asbestos L143 was last updated in 2013. These updates were informed from EU wide discussions on the management of asbestos.

- How effectively does HSE engage with external stakeholders and experts about its approach to the regulation of asbestos?

HSE has been actively involved with BOHS and FAAM in the assessment and management of asbestos with experts from HSE active in FAAM conferences and activities.

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