

Resolution
from the „International High Level Expert Conference
on Chemical Safety and Rotterdam Convention: Policies and Practices”
Ukraine, Kiev, March 29, 2012

The conference was devoted to the issues of:

- The Rotterdam Convention as a tool for chemical management in Ukraine.
- The use and production of chrysotile asbestos.
- Asbestos and the asbestos-related diseases.

The conference was attended by more than 60 people – a member of the Verchovna Rada (Ukrainian Parliament), representatives of government agencies and the State Sanitary-Hygienic Service, city environmental and health departments, international experts, representatives of the Embassy of Sweden in Ukraine and the EU Delegation to Ukraine, the Secretariat for the Rotterdam Convention, WHO Regional Office for Europe, international projects, scientific medical institutions, universities, manufacturers and trade unions, NGOs and the media.

The Conference highlighted the following issues:

- a. **All types of asbestos are a human carcinogen** and belong to the most carcinogen substances according to the International Agency for Research on Cancer (IARC) classification group 1¹.
- b. The international scientific assessments of all types of asbestos from IARC, WHO, have not found a **threshold level below which exposure of humans to asbestos is without risk**.
- c. Five forms of asbestos (actinolite, anthophyllite, amosite, crocidolite, tremolite) are included in the Prior Informed Consent (PIC) list of the Rotterdam Convention and are already banned in many countries throughout the world. Chrysotile is recommended for addition to the PIC list by the international experts in the Chemical Review Committee (CRC), including experts from the Eastern European, Caucasus and Central Asian region.
- d. In Ukraine, chrysotile asbestos is the only type of asbestos used. Preliminary findings of research on health status of workers in asbestos factories show that more than 10 % of asbestos workers have fibrous changes in the lungs (asbestosis) and in the skin (asbestos warts).
- e. More than 50 countries which include all 27 member states of the European Union (EU), Japan, Australia, Egypt, Argentina, Honduras, South Korea, Chile, South Africa, Kuwait, Taiwan, Singapore, Qatar, Oman, Israel, Turkey, Croatia, USA², Canada³ **have implemented**

¹ The pathogenic potential of amphibole is even higher than of chrysotile asbestos, but since amphibole is no longer used, the focus of this resolution is on chrysotile. Both amphibole and chrysotile are classified as carcinogenic to humans of the highest degree, classification group 1.

² US EPA has no general ban on the use of asbestos. However, asbestos was one of the first hazardous air pollutants regulated under Section 112 of the Clean Air Act of 1970, and many applications have been forbidden by the Toxic Substances Control Act (TSCA). In 2010, Washington State passed a ban on hazardous materials in automotive

legislation to halt all use or severally restrict the use of all types of asbestos. The remaining countries which are in majority developing countries and countries in transition have differing degrees of restrictions, ranging from no restrictions to a complete ban of asbestos.

f. The **substitute materials safer than chrysotile asbestos are available on the market for decades.** For this reason, the World Bank Group published a guideline in May 2009 outlining the health hazards of asbestos and specifying that the use of asbestos-containing products should be avoided in new construction and remodeling, including in buildings constructed as part of disaster relief.⁴ More than twenty substitutes are listed in the Annex 4 of this document.

g. Ukraine has a National Cancer Registry since 1996, which now includes occupational diseases and all asbestos related diseases too. The asbestos related cancers weren't included in the National Cancer Registry till 2011. There have been no cases of occupational asbestos-related cancer registered in the National Cancer Registry. The non occupational exposure and asbestos related diseases are not fully registered.

h. Countries which have independent registers for asbestos related diseases, including lung cancer, mesothelioma and asbestosis, **show a direct link between these lethal diseases and asbestos exposure, in majority from chrysotile asbestos.**

i. Ukraine joins and fully shares the policy of WHO and other international organisations in terms of elimination of asbestos-related diseases.

j. Ukraine as a signatory to the Parma Declaration on Environment and Health of the 5th Ministerial Conference on Environment and Health, has committed to develop a national programme for elimination of asbestos-related diseases in collaboration with WHO and International Labour Organisation (ILO) by 2015.

brakes, phasing out asbestos in vehicle brakes, starting in 2014. Better Brakes Law overview, Washington State Department of Ecology <<http://www.ecy.wa.gov/programs/hwtr/betterbrakes.html>>.

³ Asbestos is regulated by both federal and Ontario provincial law. Generally, the Federal Government regulates toxic substances under the Canadian Environmental Protection Act (CEPA). Asbestos is included on CEPA's "List of Toxic Substances" in Schedule 1 <<http://www.ec.gc.ca/toxiques-toxics/Default.asp?lang=En&n=98E80CC6-1&xml=A183A275-6D44-4979-8C4F-371E7BF29B9F>>, thereby authorizing, but not requiring, the Federal government to regulate the substance. Specific legislation regulates the use and handling of asbestos in the workplace, import, sale and advertising, production, export, waste management, residential use, and in schools.

⁴ <https://siteresources.worldbank.org/EXTPOPS/Resources/AsbestosGuidanceNoteFinal.pdf>.

Recommendations to the Government of the Ukraine:

1. **Apply the principle of substitution**, and actively promote development and use of safer substitutes to asbestos. Any new substitutes being developed should also be tested on their health effects according to the national and international screening processes.

2. **Develop legislation** to improve the service conditions of workers exposed to asbestos, as well as the general public:

- Protect workers and citizens from exposure to asbestos at the highest level, as recommended by WHO and ILO.
- Assure safe handling of asbestos containing waste during the asbestos removal process.

3. **Apply the principle of „right to know“** and promote awareness raising on the potent carcinogenic features of asbestos. **Provide for transparency through access to information and raising awareness on all aspects of the asbestos problem.** These activities should be conducted in accordance with the principles of the Aarhus Convention on Access to Information, Public Participation in Decision Making and Access to Justice in Environmental Matters:

- Inform workers and users on the need of highest protective gear including independent oxygen supply when dealing with asbestos and asbestos waste.
- Support non governmental organisations (NGOs), in education, awareness raising and information provision on harmful substances and the role of chemical conventions (Rotterdam, Stockholm, Basel conventions) in assuring elimination and sound management of harmful substances where appropriate with support of scientific experts.
- Contribute to creation in higher educational establishments of new specializations for preparation of specialists in area of chemical safety.
- Provide information to the population on the dangers of asbestos, in addition to other harmful substances, including information campaigns, warning labels on products etc.
- Organize an annual national workshop on chemicals safety.
- Request from the chrysotile asbestos industry a comprehensive **report on their risk management systems** in place comprising measures for protection of the health of workers and the residents living in the vicinity of the asbestos plants. The report and its review should be made publicly available.

4. **Establishment of a national programme for elimination of asbestos-related diseases by 2015**, according to the recommendations of the WHO and the ILO and taking into account the specific situations of the country. This includes among others:

- Development of a national asbestos profile in Ukraine.

- Establish a working group on identification of the most vulnerable groups of the population and asbestos waste sites.

5. We recommend the Government to **support exchange of independent research and international scientific experience** including reporting on the potential health impacts of asbestos exposure in the Ukraine in cooperation with IARC, ILO and WHO.

6. We recommend the Government to immediately provide information about adequate risk management measures to everybody. Listing of chrysotile asbestos in Annex III will assure that importing countries will have this information available.

7. We suggest that the Government considers supporting the inclusion of **chrysotile asbestos in Annex III to the Rotterdam Convention**, taking into account the relevant criteria under the Convention, which are clearly fulfilled, and the recommendation put forward by the CRC. Ukraine should play a leading role in the process of listing of chrysotile asbestos.