

# Revision of the carcinogens directive: trade union demands and perspective

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« Who has stolen lives??? »

**Get a life and take  
sensible risks, says  
safety chief**

**Nanny state  
'undermines'  
public's trust  
in business**

**Nanny state has  
'stolen the lives of  
our children'**



**etui.**

# Foreword: the Grenfell Tower fire and better regulation

- Some basics of « better regulation »
  - Goal setting legislation better than prescriptive detailed rules
  - Self regulation by private actors better than legislation
  - Risk based approach better than hazard based approach
  - Reduce administrative burden « while maintaining a high level of protection »: light controls, light enforcement
  - « Risk aversion » is a barrier to innovation

# Grenfell Tower and work related cancers: two avoidable disasters

- Common cause: private profit protected by a too vague regulatory framework. Hazardous materials for cladding were tolerated « as an acceptable risk » for low price housing renovation
- Similar victims: « working class » tower in a rich town (« social apartheid according to « Le Monde »)
- Major difference: in Grenfell Tower – 79 deaths in one fire vs/ work related cancer in the EU – more than 100,000 deaths per year with a very limited visibility.

***Work related cancers = One Grenfell Tower Fire every 8 hr in the EU***

# Plan

- Short-term demands
- Mid-term demands
- Longer-term demands
- Which trade union action can make the difference ?

## Main short-term demands in a nutshell

- For the first 2 batches and the 3rd batch planned in 2018
  - Improve the Directive, **not only the annexes** on the basis of workers' needs for a more consistent prevention
    - Scope of application: workplace substances of very high concern: **CMR**
    - Effective health surveillance (post employment)
    - Collecting data from individual companies in order to define priorities
  - Annex I: the list of processes has to be extended (see the list proposed by the Dutch Institute for Public Health)
  - Annex III:
    - Covering the majority of exposure situations
    - Based on best practice (improve TCE and EDC in 2<sup>nd</sup> batch !)
    - Transparent about the level of residual risk

## Rationale for extending the scope of application to reprotoxic substances

- A severe health impact
- From relatively invisible exposures (latency period, situations lived as private drama, the link with working conditions is rarely investigated by doctors)
- With no business case for companies (most of the costs are supported by victims and society)
- Consistency with all the other field of EU legislation: REACH, pesticides, cosmetics, biocides, etc... ***Stop the double standard when workers health is at stake !***
- Global approach is needed in workplace prevention against the most highly hazardous substances

## Impact of including reprotoxic substances

- Health impact: reduce infertility, miscarriages, congenital malformations, childhood developmental disorders and ill health (including cancers)
- Equality impact: for chemical exposures – much more effective than the « pregnant workers » directive (where prevention starts only after the individual woman declaration that she is pregnant)
- 134 R 1A or 1B which are not classified as C or M 1A/1B. Among them many endocrine disruptors.
- Possibility to transform 11 existing IOELs in BOELs in EU legislation

## Nothing to do with...

- Threshold/non threshold : the hazard is the key issue
- General principles of the CAD: we need more stringent prevention measures for all the substances of very high concern
- Other risks sometimes associated with the same substances

# Annex I has to be extended: the case of diesel engine exhausts

- Why?
  - They cause cancer (IARC)
  - Massive quantity of workers exposed: 3M according to the impact assessment from Commission; in most national data on exposure to carcinogens at the workplace, it is the n°1 in the list of exposures
  - 230,000 deaths could be avoided in 60 years with EU legislation according to the impact assessment from COM
  - For process generated substances, the automatic extension to substances which meet the same criteria does not apply
  - Without an entry in Annex 1: no BOEL in annex III (our demand: 50 µgr. Elemental Carbon like in Germany)

## Behind the COM decision to exclude diesel engine exhausts

- Strong lobbying from some industrial associations (see Corporate European Observatory report)
- SCOEL opinion based on only one study carried out by private institution (Health Effects Institute in Boston), funded partly by the industry
- A false legal debate: in the CMD there is no need to define « old engines » and « new engines »

## Is scientific evidence supporting the COM position?

- SCOEL opinion 403 (21/12/2016, first author Helmut Greim) : « exhausts of these new technology diesel engines may not be considered carcinogenic”
- Only one source is apparently supporting that statement: Health Effects Institute (Boston): the concrete conditions of the study have nothing to do with real workplace conditions ! The study was never repeated
- More a political statement against IARC than a scientific opinion
- Context: Industry Lobby « Classification schemes for carcinogenicity based on hazard identification have become outmoded and serve neither science nor society” (paper cosigned by Angelo Moretto –from SCOEL+Consulting Meleto-, 2016)
- ANSES (public agency in France) expertise (22 May 2017): Emissions from Diesel Engines still qualify as human carcinogens

## Our criteria for the modernization of annex III

- Cover most of workplace exposures (71 TU priorities)
- Reduce the exposure at the workplace
- Be consistent with other legislative processes (using data from REACH)
- Use best practice experience
- Being transparent with the risk level
- Being consistent in the risk level: for instance in DE and NL, risk can never exceed 4/1000 additional cancers among exposed workers (Cr VI: COM proposal = 1/10!)
- When needed, transition periods can be adequate (legal certainty about where we are going to)
- Reprotoxic substances: revision for lead (Pb) BOEL, + shift for IOEL to BOEL for 11 substances

# Mid-term demands and priorities

- Define a strategy about biomonitoring
- Define a common methodology for consistent BOELs taking into account the level of risk for human health
- Improve prevention in other workers' protection directives: asbestos, sun radiation
- Increase cooperation between MS public institutions, in particular for BOELs
- Need to have a global approach for reducing dust and fumes
- Address the effects of multiple exposures
  - For the same job
  - During working life
- National and EU strategy with adequate tools
  - Substitution
  - Enforcement
  - Systematic collection of data on exposures
  - Linking cancer registers with occupations
- Importance of sectoral initiatives: wood and building industry, hairdressers, etc...

## Longer term demands and perspective

- Take into account the current state of scientific research in order to adapt the legislation
  - Endocrine disruptors
  - Nanomaterials
  - Epigenetic processes
  - Combined exposure
- Against the double standard occupational health/public health: ***workplaces are places for living not for dying !***
- The gender dimension: more attention to women (e.a.: cytostatic drugs, breast cancer, etc...)

# A window of opportunity to be seized !

- Immediate tasks
  - Reach a good compromise between Parliament and Council on 1st batch (MS governments, MEPs, public health, common position with employers on specific issues, etc...)
  - Support good amendments in Parliament for batch 2
  - Opinion in the Advisory Committee for batch 3
  - Mapping the decision process at national level : **keeping regular contacts** with key persons/institutions
  - Increase the support for CMD extension to reprotox in the COM (DG Envi, Grow and Sante are supporting already that solution) + possible move in some employers' organisations
- Not only “amendments”: reality from the workplace must become much more visible – safety reps as a big resource. Alliance with public health. We must campaign much beyond the legislative agenda.
- Participate in the Roadmap from Amsterdam to Vienna, share your experience; Use/adapt/translate our publications

- Coming weeks: Triilogue will probably continue under the new Estonian presidency
- Coming months: European Parliament will adopt amendments on batch 2 (hearing on July 13, report and vote before the end 2017)
- Beginning 2018: COM will adopt 3rd batch proposal
- ETUI-ETUC-WIG:
  - 6-7 September, Strategic seminar in Tallin;
  - 14-15 November Cancer Conference in Brussels
- 2018 EU Council Presidency: Bulgaria and Austria

## Further Readings

- List of TU priorities for BOELs:  
<http://www.etui.org/fr/Publications2/Rapports/Carcinogens-that-should-be-subject-to-binding-limits-on-workers-exposure>
- Prevalent carcinogens at work (Dutch Public Health Institute):  
<http://www.rivm.nl/dsresource?objectid=edc3ded7-524f-403d-b5a3-2f147bfd6399&type=org&disposition=inline>
- Regular update and news on ETUI website:  
<http://www.etui.org/Topics/Health-Safety-working-conditions>
- HESAMAG:  
<http://www.etui.org/Topics/Health-Safety-working-conditions/HesaMag>
- <http://www.etui.org/Publications2/Working-Papers/Eliminating-occupational-cancer-in-Europe-and-globally>
- <http://www.etui.org/Publications2/Guides/Preventing-work-cancers.-A-workplace-health-priority>
- <http://www.etui.org/Publications2/Guides/Production-and-reproduction>
- ANSES expertise on Diesel Exhaust:  
<https://www.anses.fr/fr/system/files/AIR2014SA0156.pdf>