International Journal of Occupational Medicine and Environmental Health 2011;24(4):418–419
DOI 10.2478/s13382-011-0039-6

LETTER TO THE EDITOR

(JULY 19, 2011)

ASBESTOS ABATEMENT WORKERS VERSUS ASBESTOS WORKERS: EXPOSURE AND HEALTH-EFFECTS DIFFER

Szeszenia-Dąbrowska et al. [1] provided an interesting view on the current state of asbestos-related diseases in Poland. Observation reported in this study can be extended to other developed nations. As mentioned by the authors, asbestos exposure levels have dramatically changed since the 1950/1960's (e.g., 8 to 0.001 f/cc). The type of activity associated with asbestos has also changed. Historically, asbestos workers (AW) were involved with mining, manufacturing and installing asbestos-containing materials (ACM), while today abatement workers conduct its removal and disposal. These two groups are different and distinct populations, experience dissimilar exposure and differing health consequences from asbestos. Most studies today include anyone historically or presently involved with ACM in the same category; however, these two groups should be distinguished. Exposure of asbestos abatement workers (AAW) is very low (0.001 to 0.080 f/cc) as noted in Szeszenia-Dąbrowska paper and other reports [2]. This level of exposure will result in negligible rates of asbestos-related diseases as has been seen for AW [3]. Presently, only one study [4] evaluated health-effects of AAW. Most studies/reports use AW in discussing potential health hazards of AAW, which is erroneous and misleading. Health-related effects for AAW from asbestos have shown little hazard from this mineral with the major consequences coming from personal habits, especially smoking [3,5]. As a result of the high rate of smoking (50 to 70%), cancer risks, particularly lung cancer, will remain high for AAW [5,6]. Smoking rates for AAW not appear to have changed over the past 25 years, in the United States, despite required education of this occupational population [5,6].

It is becoming important to distinguish these two groups; although, historically, they have been included as one population. Current protective practices related to AAW are not oriented toward present risks [5]. Education and training for AAW should focus on smoking cessation and other personal habits/risk reduction (e.g., drug use, driving hazards), which represents actual risks [3]. Preventive practices related to these personal activities will provide the highest benefits in reducing short and long-term health-effects for this occupational population [5]. Thus, legislation needs to focus on present hazards and less on asbestos directly.

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John Lange[1], Giuseppe Mastrangelo[2], and Luca Cegolon[2]

[1] Envirosafe Training and Consultants
2366 Golden Mile Highway, PMB 111
Pittsburgh, PA 15239, USA
(e-mail: JHLange1@hotmail.com)

[2] Department of Environmental Medicine and Public Health
University of Padua
Via Giustiniani 2, 35128 — Padua, Italy
(e-mail: giuseppe.mastrangelo@unipd.it;
l.cegolon@gmail.com)