I.-BACKGROUND

- All forms of asbestos are carcinogenic to humans, and may cause mesothelioma and cancer of the lung, larynx and ovary. The first evidence of a link between asbestos and lung cancer was published in 1934.
- Only one third of countries have banned or severely restricted the use of chrysotile asbestos.
- Asbestos exposures account for the largest proportion of occupational cancer; the general public is also exposed from use and deterioration of many asbestos products released into the environment.
- In 2004, asbestos was estimated to cause at least 100,000 deaths worldwide, from mesothelioma and lung cancer alone.
- Currently, about 125 million people in the world are exposed to asbestos at the workplace.
- The cost of the 400,000 European asbestos cancer deaths expected over the next few decades is estimated at US$ 528 billion.
- Other major occupational lung carcinogens and probable carcinogens include arsenic, beryllium, cadmium, diesel exhaust, ionizing radiation etc.. These cause about 111,000 deaths yearly. Occupational leukaemogens, such as ionizing radiation and benzene add another 7,400 deaths to this number.

II.-KEY ISSUES TO BE RAISED:

- Why is chrysotile asbestos still being used in a large number of countries despite the scientific evidence that it causes cancer?

Analysing the example and extrapolating to other environmental and occupational risks:

- How could lessons learnt from asbestos be applied to the prevention of other carcinogens?.
- What are the challenges and factors that create barriers for implementation of environmental and occupational health policies at country level?.
- To what extent is substitution of carcinogens with safer materials achievable and affordable?
- What are the global inequities in health caused by international transfer of carcinogens? How can they be tackled?
- How much research on environmental and occupational risks has been translated into cancer prevention policies in the last 20 years?
- Innovative approaches to strengthen primary prevention of environmental and occupational cancers.
- What are the major gaps? Identification of barriers to primary prevention.