## Submission Template | Asbestos Communications

**Encompassing:**

*Guidelines for communication about asbestos risk* and *Asbestos facts and figures guides*

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*Whilst you can structure your submission in any form that you choose, you may like to use the questions below to frame your thoughts and ideas. Please write as much as you like.*

*You can choose to write a submission on either or both of the documents that are out for consultation. There are guiding questions for both in the template below.*

*The final question – question 9 – is open ended and asks for any feedback or experience you may like to give.*

**Information about submissions:**

Please send your submission (or any questions) to engage@asbestossafety.gov.au

Consultation closes on **Friday 8 April 2021**. We will acknowledge receipt of all submissions received.

Please note that your submission may be published on our website. If you would like your submission to be excluded from publishing, or to be published anonymously, please indicate this below:

☐ do not publish submission

☐ publish submission anonymously

☐ other, please advise

## Guiding questions:

### Challenges in asbestos communication

1. Do you agree the draft guidelines identify the key challenges involved in communicating the risks around asbestos and adequately address those challenges? If not, which additional challenges should be included and addressed in the draft Guidelines?

The draft guidelines start the discussion on key challenges that are related to asbestos communication. However, the difference between the 'risk of disease' and the 'likelihood of exposure' needs to be clarified. We suggest that the 'risk of disease' is the key issue (the area of focus) and that the likelihood and extent of exposure to the hazard (being asbestos) is used to evaluate that risk. The extent of exposure incorporates the concentrations of asbestos fibres in the air and the length of time that exposure to those asbestos fibres took place.

In the Guidelines for communicating about asbestos risk, Page 4 Column 1 notes that asbestos exposure is full of uncertainty. We suggest adding the following:

• Plan ahead and determine where you might likely encounter asbestos: for instance, a shed, demolished area, or fencing material. A well planned project can identify where asbestos is present so that control measures, monitoring, PPE and education can occur before the project begins. Furthermore, home owners can organise for analysis of suspected materials prior to handling.

• the concentration of asbestos fibres that have been released due to the disturbance of asbestos-containing materials (ACMs) add 'monitoring can be undertaken to determine the likely concentration of airborne fibres.'

• how far airborne asbestos fibres travel – add 'area (para-occupational) monitoring and personal monitoring will provide a dispersion profile from the concentrations obtained.'

• how long asbestos fibres are airborne – add 'will depend on whether the fibres are outside or inside.'

• whether asbestos fibres have been inhaled – add 'exposure monitoring provides information about any likely inhaled exposure.'

In Section 4 of the Guidelines for communicating about asbestos risk we recommend that more focus should be on the positives that can be found in risk assessment and monitoring outcomes. In Australia, we have lived with and managed asbestos for some time and we have some of the best practices in the world. This experience means we are best placed to minimise the risk when appropriate control measures and monitoring programs are in place. We recommend including a statement to the effect that exposure monitoring can reduce the uncertainty about the extent of exposure.

2. A key challenge in asbestos risk communications is describing **the nature of the risk**. Do you agree with how risk has been described in the draft guidelines? If not, how could the nature of the risk be better described?

**Guidelines for communicating about asbestos risk document**

The following terms are used in the first few pages of this document: 'risk', 'risk perceptions', 'health risk', 'asbestos risk', 'risk of exposure', 'risk level', 'risk spectrum', 'risk perception', 'risk communication', 'public health risk'. We recommend reserving the term 'risk' to mean the risk of disease and refer to likelihood of exposure. Asbestos is a hazard, and increased likelihood and extent of exposure increases the risk of disease at an individual and population level.

For example, in paragraph 1, column 1 on page 5 (and elsewhere), the term 'asbestos risk' should be 'risk of disease after exposure to asbestos'.

The document starts to consider what is meant by risk in paragraph 1 on Page 9. We recommend clarifying the terms earlier on in the document and be consistent. 'Risk of exposure' appears as a heading right next to the clarification on page 9.

We suggest rephrasing the last paragraph in column 2 on Page 9 that states, '*The greater the dose and duration of exposure, the greater the risk of disease' even if it is the case the greater the dose the more likely the effect.'* The phrasing of this statement could be improved to increase the likelihood of it being understood by a wide variety of stakeholders. Apart from the grammar, while the statement is true at a population level, on an individual level we're concerned that after a small exposure, a person may catastrophise and assume that more exposures will not matter. This statement appears contradictory to the statement in the third paragraph on Page 10 and the first dot point on column 2 on Page 12.

On Page 13, we recommend the need to distinguish between personal and population risks. Consider using exposure response rather than dose response, to emphasise that exposure is important and that we can't evaluate dose.

**Communicating asbestos facts and figures document**

Page 6 'Asbestos risks' should be 'Risk of disease following exposure to asbestos'. 'The likelihood of being exposed to asbestos fibres, and if you are exposed, the probability that an asbestos-related disease might develop.' This, like the risk communication document, confuses the hazard, the likelihood of exposure and the consequent risk of disease.

Page 7 Asbestos safety is debatable – 'Safe handling and management of asbestos' is very unlikely to be achievable. 'Safe' is an absolute term, suggest using 'Safer handling and management of asbestos' or better 'Reduced risks from handling and management of asbestos' or 'Better handling and management of asbestos'. Safer handling may be achieved by improving exposure controls (refer the Guidelines for communicating about asbestos risk). Notes 8 and 9 require updating.

Page 17 'Risk of disease – exposure level' – a reference is needed for statement: 'The World Health Organisation says there is no safe level of exposure to asbestos'.

Page 18 'Risk of exposure' needs rephrasing to be the 'likelihood of exposure' as we suggest reserving the term 'risk' to mean the 'risk of disease'. We also recommend avoiding the word, 'dangerous'. In the box below we recommend adding text that states, 'avoiding all exposure to airborne fibres which can arise from asbestos-containing materials which are damaged, disturbed or deteriorating'.

3. Another key challenge is describing risk levels. Often visual aids are used to describe the risk of disease; however, people can interpret visual information in different ways.

   Do you agree that the challenge of describing or illustrating risk level is clearly expressed in the draft guidelines? If not, do you have suggestions for how to better describe or illustrate risk levels?

What does 'Risk level' mean here? Needs clarification.

**Guidelines for communicating about asbestos risk document**

Page 10 states: 'But what is known is that there is no safe level of exposure because no threshold has been identified below which no carcinogenic effect will occur.' We recommend that this is rephrased to, 'No threshold has been identified below which cancer will not occur.' Again the use of the term 'safe' in this context is problematic. While we have not found a threshold, that is not the same as 'there is no safe level'.

Page 11 states: 'For example, the risk of exposure might be 'low' because the asbestos is bonded securely in a material. But if the asbestos is released, that risk level changes, and also brings in the additional risk of disease. We recommend rephrasing as, 'For example, the likelihood of exposure might be 'low' because the asbestos is bonded securely in a material. But if the asbestos is released, that likelihood changes and brings increased risk of disease.'

Page 11 states: 'Instead of defaulting only to 'low risk' and 'high risk', give people the information they need so they can eliminate or minimise the risk.' We recommend rephrasing as, 'Instead of defaulting only to 'low risk' and 'high risk', give people the information they need so they can eliminate or minimise their exposure.'

Page 12 Suggest providing practical examples 'consider providing some clear do's and don'ts.' Images to illustrate the range of risks or the difference between the risks posed by friable and non-friable asbestos may be helpful to audiences.

**Principles to address the challenges**

4. The draft guidelines provide principles to address the challenges of asbestos communications, which should be read in conjunction with the ASC NEPM, a nationally consistent approached to the assessment of sites contaminated with hazardous substances.

   Do you agree the principles are tailored enough to asbestos communications? If not, how can these principles be improved upon?

Yes

**How to craft a preventive message**

5. The draft guidelines aim to empower communicators, tasked with crafting preventative messaging, to develop strong awareness messages using behavioural objectives. There are also comparisons with other hazards, including sun exposure and smoking.

   Do you find this section easy to understand and provide clear guidance in crafting preventative messages? Does this section give you tools to better frame future communications? If not, how could this section be improved?

Yes, however:
Page 18 states: 'It is important to remember the history of asbestos issues in Australia that led to a loss of public trust in authorities.' Many people, particularly those under 40, may not know this history. We recommend providing references and/or elaborating on this.

Page 21 States 'Actions people can take may include:
- empowering themselves with more information'.

We recommend providing more references and examples.

**How to communicate in response to potential asbestos exposure**

6. Responding to a potential asbestos exposure, especially one involving the general public, can be a complex challenge.

   Do you agree that this section covers all the steps that need to be taken when responding to potential asbestos exposure? If not, how could this section be improved?

Section 4. Acknowledge uncertainty. The analysis of suspect material and data from exposure monitoring during handling should reduce uncertainty for the general public.

When communicating responsive messages:
Add a note that there is a Workplace Exposure Standard and exposure below this will reduce risk of health effects. See Guidance note on the Interpretation of Exposure Standards for Atmospheric Contaminants in Occupational Environments [NOHSC3008(1995)] (commerce.wa.gov.au)

### Accessibility, format and design

7. Are there any comments you would make about the design or format of the draft guidelines?

   Did you find the draft guidelines accessible in design and easy to read? Are there any aspects you would recommend for improvement or change?

No comments regarding the design or format – overall it is accessible and easy to read. As an alternative to purely text-based explanations of risk of disease, including some graphical communication of risk using icon arrays or other easily interpreted comparisons of risk is likely to increase understanding by a wider audience, particularly those with lower literacy and numeracy levels.

### Communicating Asbestos Facts and Figures Guide

8. The *Communicating Asbestos Facts and Figures Guide* sets out statements that are based on established scientific facts; asbestos safety research; and legally accepted authoritative information on the Australian history of asbestos mining, manufacture, and use. Do you find the facts and figures guide clear and easy to use? Do you have any suggestions for improvements?

Please see comments provided in the Guideline

9. Are there any other areas or information you would like to see covered in the *Communicating Asbestos Facts and Figures Guide?*

Page 4, maybe add pronunciation to the asbestos types, many people stumble over crocidolite and chrysotile in particular. Also note that 'Anthrophylite' should be 'Anthophyllite' in the Figure on Page 4. The inclusion of (colour) only in the description below the 3 main types may be misleading. Using the entire term White Asbestos, Blue Asbestos, Brown Asbestos is suggested.

Page 6 We suggest that the discussion of the third wave of asbestos-related diseases downplays the consequences of the third wave by referring only to AMR data. Lung cancer and asbestosis should also be discussed – noting that lung cancer is much more common than mesothelioma.

Page 8 The size comparison to a human hair uses the value of 1/9$^{th}$, quite an unusual dimension and not far from 1/10$^{th}$ which is a heuristic far more likely to be understood.

Page 9 Asbestos bans. Further to the statement that, ‘Asbestos was completely banned in Australia from 31 December 2003’ we recommend adding ‘New use’ at the start of the sentence to explain that the ban included the import, storage, supply, sell, install, use or re-use of asbestos, and add a caveat that much asbestos remains in situ e.g. in older vehicles, in housing stock and that there are some industries that should continue to be aware of asbestos importation past after 2003 e.g. gas cylinders, gaskets in steam turbines, research laboratories and in Defence applications.

Page 11. When were friable asbestos products first used? The late 1800s time was world-wide, but perhaps the date relevant for Australia is the 1900s. We question why the term ‘friable’ is included in this statement?

**Other comments**

10. Are there any other comments you would like to make on these guides?

- Both the risk communication and facts and figures document should include information on the synergistic risks of lung cancer from asbestos exposure and tobacco smoking. If people have been exposed to asbestos, they should very seriously consider stopping smoking, as it is likely the only effective way of mitigating their personal risk that they can take.
- Reference should be made to: Guidelines for environmental health risk assessment

https://www1.health.gov.au/internet/main/publishing.nsf/content/A12B57E41EC9F326CA257BF0001F9E7D/$File/Environmental-health-Risk-Assessment.pdf

It should be cited in the reference list.

There seems to be a predilection for site contamination guidance (ASC NEPM), but asbestos exposure scenarios are broader than that. It also has detailed definitions of relevant risk-related terms.

- Ingestion of asbestos: This is mentioned on Page 9 of the Guidelines for communication about asbestos risk (but not developed further).

**Communicating asbestos facts and figures**

This is a very useful summary, the data on deaths is particularly helpful.

Page 5, line 3 consider replacing 'this phrase is not to be used to…' with '…this phrase should not to be used to…'

Page 15 In home owners' section the 'red' bin is suburb-specific. We recommend generalising to 'general household waste bin'.

Page 18 Asbestos-related disease heading, suggest moving to before Asbestos and health section which mainly deals with cancer and consolidating the section, the reason for a distinction between health and disease it is unclear.

Page 19 'Annual deaths from asbestos-related diseases in Australia'. We recommend clarifying that lung cancer is much more common than mesothelioma.