Work-related cancer and vulnerable groups

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EU-OSHA workshop on carcinogens & work-related cancer
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Overview

- Background information on occupational cancers in the EU
- Vulnerable groups?
- What do we know about underestimation of exposure to vulnerable groups?
- Which strategies exist to overcome underestimation?
- How to support vulnerable groups?
Background information on occupational cancers in the EU

- 1 280 000 cancer deaths estimated in the EU-27 in 2011
- ETUI estimates that at least 8% of cancer deaths are work-related (generalized under-reporting)
- Cancer is now the main cause of “death by working conditions” in Europe
- Manual workers are more exposed to carcinogens than white-collar workers (important social inequalities of health)
- While industrial employment is shrinking, the number of workers exposed to carcinogens is not going down
- Multiple exposures is the general situation
- Occupational cancers are preventable
Vulnerable groups?

- Women
- Ageing workers (> 50)
- Young workers (15 – 24)
- Temporary & part-time workers
- Outsourced workers
- Low qualified migrant workers
Women die less frequently from cancer than men.

### Standardised cancer death rate in the EU-25, 2003

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<thead>
<tr>
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<th>Men (%)</th>
<th>Women (%)</th>
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<tbody>
<tr>
<td>Global death (%)</td>
<td>255 per 100 000</td>
<td>143 per 100 000</td>
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Source: Mangeot, ETUI, 2007

### Data on occupational cancer mortality

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<tr>
<td>Global death (%)</td>
<td>4</td>
<td>3</td>
<td>3,7</td>
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<td>Estimation range</td>
<td>2-8</td>
<td>&lt; 1</td>
<td>0,5</td>
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Source: Afsset, 2009
Exposure to some carcinogens at work by gender (1)

Source: SUMER survey, France, 2004
(48190 questionnaires, data extrapolated to 12 million workers)
Men are generally more exposed than women

Greater concentration of men in particular high-cancer risk jobs (eg: construction, automobile repair, metal industries)

But:

scarce data on women & occupational cancers (except breast cancer & night shift)

little understanding as to how physiologic sex differences might impact susceptibility to occupational cancer (Camp, 2004)

only 35% of all articles on occupational cancers published between 1971 and 1990 include women (Mangeot, ETUI, 2007)

Women are exposed at work but also in unpaid house work (eg: cleaning products)

Female occupational cancers invisible?
Exposure to some carcinogens at work by age (1)

Source: SUMER survey, France, 2004
(48190 questionnaires, data extrapolated to 12 million workers)
Exposure to some carcinogens at work by age (2)

- Most exposed group age is 30-49 in the SUMER survey
- Young workers and ageing workers also exposed to carcinogens but specific data are scarce

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<tr>
<th>Characteristics</th>
<th>Young workers</th>
<th>Ageing workers</th>
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<tbody>
<tr>
<td>Lack experience &amp; less cautious than older workers</td>
<td>Natural deterioration of physical and mental capacities</td>
<td></td>
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<tr>
<td>Overrepresented in certain sector (restaurants) and more likely to work night shifts</td>
<td>Longer exposure to risk factors and multiple exposures more likely (also increasing employment rate)</td>
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<tr>
<td>Exposure when young can lead to later development of occupational diseases</td>
<td>Greater risk of developing health problems (including cancers)</td>
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Source: adapted from Milieu, 2011
Exposure of temporary & part-time workers to carcinogens

- In France, between 20 000 and 30 000 workers per year are exposed to ionizing radiation in the maintenance of nuclear power plants (Thébaud-Mony, 2000)

- Industrial cleaning and maintenance is often subcontracted (= outsourcing the risk). In that sector, most occupational cancers are observed in subcontracted workers (APCME, 2009)

- No EU-wide data

**Characteristics**

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<td>Often low-skilled manual workers</td>
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<td>Job insecurity (likely to accept harder working conditions)</td>
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<td>Fewer opportunities to receive training</td>
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<td>Less medical surveillance, less unionisation</td>
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<tr>
<td>Short but cumulative exposures, multi exposures</td>
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Source: adapted from Milieu, 2011
3.5 million persons settling each year in a new country of residence in the EU-27 with more non-EU than EU citizens. Half of all immigrants younger than 29 years old (Eurostat, 2010)

No EU-wide data on occupational cancer cases

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<td>Over-qualified workers or low skilled manual workers</td>
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<td>Numerous migrant domestic workers</td>
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<td>Undocumented migrant workers believed to face the worst working conditions and greatest OSH risks</td>
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Source: adapted from Milieu, 2011
Which strategies exist to overcome underestimation of exposure? (1)

Active research projects:

- SUMER survey (France): data collected by occupational health doctors aimed at mapping workers’ exposure to chemical, physical and biological agents.

- GISCOP93 survey (France): data collected by researchers aimed at recreating the work history of patients diagnosed with cancer in 3 hospitals of Paris region & improving recognition and compensation.

- OCCAM project (Italy): Occupational Cancer Monitoring by automatic linkage of cancer cases (and controls) identified in Hospitals with the information available in the Social Security archives (= name of employing firm and sector in which workers are employed for each year of employment).
Importance of OSH legislation enforcement:

- Under the Carcinogens & Mutagens Directive (2004/37/EC) employers are obliged to perform a risk assessment and reduce the use (substitution > closed system > control). Also obligation to keep track of workers’ exposures. Enforcement particularly needed in SMEs.

Creating National Exposure Data Bases:

- National systems of occupational health records should be developed to ensure adequate recording of workplace exposures and occupational cancer risk factors.
Continued epidemiologic and cancer research is needed:

- Lack of accurate measurement tools for many known and suspected carcinogens. Effects of multiple agent exposures are poorly understood.

Physicians need to consider occupational and environmental factors:

- Medical professionals ask infrequently about patient workplace and home environment when taking a medical history. Additional training and awareness raising campaigns are needed.
How to support vulnerable groups?

- Occupational cancers are preventable: safer alternatives to many currently used carcinogens are urgently needed. The REACH regulation can be an incentive for substitution.
- Workers representation is key: OSH situation always better in companies with trade union representatives.
- Awareness raising campaigns targeted to vulnerable workers can help inform about carcinogen exposures and how to minimize them – A sectorial approach might be more effective.
- Vulnerable workers (like all workers) should have access to preventive services.
Trade Union Priority List for REACH Authorisation

- 334 substances of very high concern
- Widely used at the workplace and linked to occupational diseases
- If they are included in the REACH candidate list, development of safer alternatives will be promoted
- The TU list is available online: [www.etuc.org/a/6023](http://www.etuc.org/a/6023)
Thank you, further info on:

http://www.etui.org/Topics/Health-Safety/Occupationalcancer

http://www.etui.org/Topics/Health-Safety/Chemicals-and-REACH

http://www.etuc.org > Our activities > REACH
Mangeot, ETUI, 2007. Occupational cancer, the Cinderella disease:
AFSSET, 2009; Avis Cancers et environnement:
Camp et al, Clin Chest Med, 2004
Milieu, 2011; OSH risks for the most vulnerable workers:
APCME, 2009: [http://www.apcme.net/theme/Produits/telechargement/Cancers/ARC-INCA.pdf](http://www.apcme.net/theme/Produits/telechargement/Cancers/ARC-INCA.pdf)
Thébaud-Mony, 2000: L’industrie nucléaire, sous-traitance et servitude, Inserm, 2000
Eurostat 2010, Health and Safety at work in Europe (1999-2007) :
Giscop93, 2004:
OCCAM