

Editorial

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Asbestos ban. What comes after the adoption of Act 1968 of 2019?

In Colombia, Act 1968 (1) was officially approved on July 11, 2019; it “prohibits the use of asbestos in the national territory and establishes guarantees for the protection of the health of Colombians”. Although it derives from the bill presented by Nadia Blely Mauricio Toro, the fight for the prohibition of asbestos began in 2007 after the then Senator Jesus Bernal Amorochó proposed it. (2)

As stated by Villamizar & Navarro-Vargas (3), for eight decades, the Colombian asbestos industry defended its economic interests on the premise of “controlled use”, that is, the safety of workers was guaranteed if certain industrial safety measures were implemented, such as engineering controls, personal protection elements and management of asbestos concentration levels inside factories. Thus, many “safe industrial use of asbestos” discourses were generated, influencing, on the one hand, the creation and implementation of public policies related to the controlled use of the mineral and, on the other, the control bodies. (4)

Now that the bill that bans asbestos has been passed (1), the country must face major challenges in monitoring and epidemiological surveillance of the population exposed to this mineral, and in generating public policies for the replacement of the elements that contain this material. One of these challenges is the creation of a center specialized in the identification and analysis of pulmonary pathologies caused by exposure to asbestos. Although there are specialists and pulmonology care centers dedicated to control and oversee pneumoconiosis, a standardized protocol has not yet been created to determine the quality and type of evidence required for its effective diagnosis.

The Colombian Ministry of Social Protection’s Guidelines to Comprehensive Evidence-Based Care for Pneumoconiosis (5) strongly recommends that experts who interpret radiological signs receive training in the x-ray reading techniques set out in the International Labour Organization’s guidelines (6) and preferably be certified as B-readers. It is important to note that these guidelines are only used for screening and not for individual patient care.

There are many scientific controversies about the risks associated with the use of asbestos. However, special attention should be paid to the development of clear and valid diagnostic criteria for diseases caused by asbestos exposure.

Another interesting aspect of the ban (1) relates to the handling, control, removal and disposal of elements whose manufacture has involved the use of asbestos. At this point, it is necessary to seek international support to adequately train state officials responsible for designing and implementing programs for this purpose. This work must be done in the short, medium and long term and must involve the entire population. The elimination of these elements tests the capacity of the State, the academia and the civil society to respond in order to avoid panic among the community.

It is also important to bear in mind that non-friable asbestos was used in Colombia; this means that the mineral was mixed with other

materials that bound it in a matrix and left it encapsulated, preventing its particles from being easily released. The problem is found when materials containing asbestos are handled without protection, or when the possible release of fibers into the environment occurs due to weathering processes.

The functions of the National Commission for the Substitution of Asbestos (1) with regard to the implementation of this new act are definitive in order to achieve the full scope of the provisions set out in these regulations. With this in mind, it is necessary to understand that this needs to be implemented in both the diagnostic route and the management of elements elaborated from asbestos, which implies establishing working tables to create the programs that allow overcoming the imbalances between health and industrial development.

Guillermo Villamizar

Director Fundación Colombia Libre de Asbesto
fundclas@gmail.com.

José Ricardo Navarro-Vargas

Dean of the Faculty of Medicine, Universidad Nacional de Colombia, Bogotá D.C., Colombia.
jrnnavarro@unal.edu.co.

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