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Compensation for chronic conditions caused by pesticides

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Latest developments regarding the tables of occupational diseases caused by pesticides in France

Decree no. 2015-636 of 5 June 2015 establishes Table no. 59 *Malignant haemopathies caused by pesticides* and allows non-Hodgkin lymphoma to be covered by occupational accident/occupational disease compensation for employed and self-employed agricultural workers.

This follows on from Table no. 58 *Parkinson's disease caused by pesticides* established by **Decree no. 2012-665 of 4 May 2012**.

Thank you to ETUI for inviting me.

About me:

20 years as a labour inspector in France; for the past 14 years I have been an occupational health officer at the Ministry of Agriculture, in the Occupational Health and Safety Office.

My job includes revising and establishing occupational disease tables for employed and self-employed agricultural workers.




The remit of my office within the Ministry of Agriculture covers:

- compensation and prevention of occupational accidents (OAs) and occupational diseases (ODs) among employed and self-employed agricultural workers: policy implemented by the *mutualité sociale agricole* (MSA: social security body for the agricultural professions) ;

-occupational health policy: shared remit with the Ministry of Labour in all areas relating to OSH regulations and in particular the occupational health remit.

-Another department within the ministry is responsible for health security and among other things issues licences for the marketing of plant protection products.



These remits, objectives and resources are implemented by national plans: PNSE (national environmental health plan), cancer plan, PST (occupational health plan) and Ecophyto plan. The latter emerged from the ‘pesticides’ package adopted by the EU in 2008, including Directive No. 2009-128 of 21 October 2009 establishing a framework for Community action to achieve the sustainable use of pesticides



**How and with whom did we work to adopt these tables
of delayed-effect ODs caused by pesticides?**


- 1- Need to clarify knowledge of risk and exposures
- 2- Need to involve the representative social partners in the national plan for workers, employers, farmers and farm managers



1- Need to clarify knowledge of risk and exposures


- 2009: evaluate and review the scientific literature to provide arguments on the health risks associated with occupational exposure to pesticides, mainly amongst agricultural professionals and vulnerable populations: Inserm collective expert report (published on 13 June 2013)
- 2004-2009: establishment of the French AGRICAN cohort
- 2010-2015: collect information about occupational exposure of seasonal workers to CMRs (pesticides and wood dust): (action 21 of PST2): ANSES own initiative in July 2011 (literature review published in January 2014, recommendations expected soon)

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2-Need to involve the representative social partners in the national plan for workers, employers, farmers and farm managers

- Creation of working group comprising members of the Senior Committee on Occupational Diseases in Agriculture (COSMAP)
- Adoption in November 2011 of a 9th priority in the Ecophyto plan to protect workers using plant protection products, which is managed by our department within the Ministry of Agriculture



The COSMAP working group is mandated to take stock of knowledge on delayed-effect occupational pathologies and to propose compensation procedures to the minister:

- either by creating a table that gives a presumption of occupational causes where the patient meets the conditions stipulated by the table;
- or by issuing recommendations to doctors tasked with deciding on a case-by-case basis as to the ‘direct and essential’ link between the patient’s condition and their job.


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- Its work programme initially covered neurodegenerative pathologies, then blood cancers and will soon include hormone-dependent cancers.
 - Its working method involved hearing experts who were asked to explain to COSMAP members:
 - how the levels of evidence are established in epidemiological studies (high, medium or low presumption of a link)? What proportion is attributable to a substance?
 - how substances, mixtures and low doses actually work? Also families of substances and products (co-formulants, synergists)?
 - What is the situation in France as regards mortality rates and incidence of the diseases studied?



Other questions arose:

how are prior assessments performed before products are licensed for marketing? Risk/benefit assessment and the notion of acceptable risk based on a threshold value and risk management measures incorporated into this threshold: the Acceptable Operator Exposure Level (AOEL) and authorised uses combined with strict and sanctionable instructions for use;

contradiction with the general principles of occupational risk prevention and the chemical risk assessment method: prevent the risk (substitution) and assess the risk if it cannot be prevented (prevention measure in isolation for CMRs 1A and B, for example)



How is farmers' actual exposure assessed, not to a substance or a chemical but to mixtures and repeated low doses throughout their careers?

Why have different regulatory frameworks for licensing substances that are may be identical but used for different purposes (PPP or biocide or veterinary pesticide)?




Compensation and prevention

Decision to create two tables and continue the work;

Actions targeting the European Commission (in May 2013) to make it speed up its assessment of the renewal of 21 active substances - CMR 1A or 1B or having suspected endocrine disrupting properties;

and pending this review, to ensure that these substances are considered as candidates for substitution: list in Article 80(7) of Regulation (EC) No. 1107/2009.

List published in January 2015 (77 substances)



Central role of the social partners

Negotiations on working conditions and prevention of chemical risk (including PPPs): substitution under labour law, enhanced medical surveillance, post-exposure medical monitoring (cf. list of 21 substances).



As regards compensation for delayed effects:

Know your rights: OA declaration or recognition of acute poisoning as an OD in order to organise long-term traceability and post-occupational medical monitoring (inform victims' associations)

Establishment of toxicovigilance (all regulatory frameworks)



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Thank you for your attention