

# Sheep dip sufferers support group

press release      Monday Feb. 8th 2016

Last week HSE released details of their 1992 Sheep Dipping Survey (1)

We are grateful to them for doing so because although many of the results were released at the time (unlike their 1990 survey released for the first time last year) as it says "the facts do represent a snap shot of sheep dippers views at the time and they have value because of that".

HSE identified 700 farmers in 16 different regions of GB (385 in England, 155 in Scotland and 160 in Wales) selected to be broadly typical of the whole and ultimately 696 surveys were completed.

There were 160 occasions described where some form of ill-health occurred after dipping only three of which had been reported to MAFF/VMD. If this was representative of UK's 90,400 sheep flocks it suggests over 20,000 cases nationwide. (2)

HSE'S Epidemiology and Medical Statistics Unit suggested a better way of expressing these findings were as "a crude incident rate of 8.9 self-reported illness episodes per 1000 dippers per annum". This suggests a total of over 33,000 for MAFF's compulsory dipping years 1976-92. (3)

Whatever the precise figure it does seem by 1992 HSE were aware of the devastating effects dipping was having on the health of sheep farmers. We believe this is the reason MAFF ended compulsory dipping in June that year (something they have always denied) and **we request disclosure of correspondence between HSE and MAFF in the weeks prior to that decision being taken.**

The initial results of this HSE study were published as a news release dated 20th July 1993 with the title "HSE SURVEY CONFIRMS POOR WORKING PRACTICES DURING SHEEP DIPPING". It highlighted "dippers hands or feet were used to immerse sheep on 48 farms" (7% of the total) and the head of HSE's Livestock National Interest Group, (the sponsors of the report) said "this survey has confirmed our view of where the problems lie".

However now we have sight of the survey in full there seems to be no correlation between dipping practice and reports of ill-health. 662 farmers, including those using hands and feet, account for proportionately fewer cases than 17 contract dippers who were exclusively using dipping aids. "Although contract dippers made up only 2.4% of the total they accounted for 10.6% of incidents". This suggests the greatest single factor seems to be cumulative exposure (and since they were also

found to be wearing better protective clothing than farmers then maybe main route of exposure was inhalation). (4)

There was no attempt in the survey to try to correlate ill-health with different chemical formulations used when dipping apart from the observation that some farmers noticed less problems using non-OP dips. One main conclusion of the report was "Farmers need to be encouraged to substitute a hazardous product (OPs) with a less hazardous product (non OP)".

Sadly however for the last 23 years the ill-health of farmers affected has been ignored, all non-OP have since been taken off the market leaving OPs as the only products available for dipping.

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(1) The full report can be viewed on our website [here](#) and [here](#).

(2)  $90,400 * 160 / 696 = 20,761$

MAFF received [529](#) reports and if the level of under-reporting was consistent it suggests total cases were  $160 * 529/3 = 26,213$

(3) Trying to calculate incident rate this way almost certainly gives an under-estimate due to what is known as the 'healthy worker' effect as it ignores fatalities and those too ill to continue working (similar to trying to estimate road traffic incidents over 10 years just by interviewing current drivers).

A survey by the NFU of their members in the South West found 34% reporting effects of ill-health after dipping, a smaller survey in Cumbria reported 40% but if the SW was representative of the country as a whole it suggests over 60,000 people may have been affected.

(4) Many farmers were not aware of danger of cumulative exposure through inhalation until alerted by [this piece in the Farmers Weekly](#) fifteen years later. It is now [accepted by HSE](#) but not by DEFRA.

The shortcoming of protective clothing available at the time is discussed on [this clip from Countryfile](#) from 1992.