2024 Review of Dust Diseases Scheme

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Supplementary Questions

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About Lung Foundation Australia

Lung Foundation Australia is Australia's leading lung health peak body and national charity. Founded in 1990, we have become the trusted point-of-call for the one in three Australians living with a lung disease, including lung cancer.

We work to ensure lung health is a priority for all, from promoting lung health and early diagnosis, advocating for policy change, programs, and research investment, raising awareness about the symptoms and prevalence of lung disease, and championing equitable access to treatment and care. To support those living with a lung disease we deliver information and support services and facilitate access to peer support and exercise maintenance programs.

As a patient representative charity, we have partnered with patients, health professionals, researchers, medical organisations, and the Australian community to drive reform in the delivery of health services in Australia to benefit more than 7 million Australians impacted by lung disease and prevent even more Australians from developing lung disease.

Lung Foundation Australia are proud to advocate for the prevention of occupational lung diseases, as well as support those impacted by them, including their family members and carers. Occupational lung disease is a core component of Lung Foundation Australia's work. For several years, we have called for a ban on the importation of engineered stone products, including in the National Silicosis Prevention Strategy 2023-2028 and accompanying National Action Plan. Lung Foundation Australia has a comprehensive and confidential **support service** for Australians living with silicosis and their families, including establishing and delivering telephone-based nurse and social work service, and supporting online and in-person Peer Support groups. These support services, launched in August 2023, provide free information and support to hundreds of people across Australia living with silicosis, as well as their families and carers.

Supplementary Questions

Question 1. If the scheme were to include non-lung diseases related to silica exposure, what specific diagnostic criteria should be used to establish causality and eligibility for benefits?

Lung Foundation Australia recommends this question be referred to suitable respiratory physicians who specialise in silicosis and other occupational lung disease within the Royal Australia College of General Practitioners.

Question 2. It was mentioned that there was an overrepresentation of silicosis cases for workers working on sites that used a road header. Can you provide any further data or information on the prevalence of silicosis in different tunnelling roles and the specific risk factors associated with each role?

Lung Foundation Australia recommends this question be referred to Kate Cole OAM, or a suitable representative from the Australian Institute of Occupational Hygienists.

Question 3. Can you provide more information on the potential long-term health effects of even low level silica exposure?

The long-term health effects of low levels of silica dust exposure are challenging to understand and require further investment through longitudinal studies. The 'National Dust Disease Taskforce – Final report' acknowledges the difficulty in establishing the risk relationship for long-term low levels of silica dust exposure and health effects has recommended two national actions to address this evidence gap: (1) targeted investment in key research activities, to improve understanding of prevention, diagnosis and treatment, and (2) the development of a national approach to identify occupational silica dust exposure and other future occupational disease.[1] Despite current evidence limitations, Lung Foundation Australia also recognises that there is no evidence to support a safe level of silica dust exposure.

Question 4. Can you provide further details on the current research and evidence regarding the link between silica exposure and autoimmune diseases?

Research demonstrates an association between silica dust exposure and the development of autoimmune conditions such as rheumatoid arthritis and systemic sclerosis, with studies widely available in the literature, both in nationally and internationally. A cohort study conducted in Australia supported the link between occupational silica exposure and the subsequent development of systemic sclerosis. The study found that individuals exposed to silica were more likely to be male and employed in mining or construction industries. Additionally, it identified that these patients generally experienced a poorer prognosis due to the presence of certain antibodies.[2] Further, regression analyses on data from the Canadian Scleroderma Research Group of 1,439, of which included 95 patients (7%) reporting silica exposure, indicated that exposure to silica dust was associated with a younger age at diagnosis of scleroderma, as well as increased disease severity and mortality.[3] Meta-analyses are also widely available supporting the association between occupational silica exposure and the heightened risk of developing rheumatoid arthritis among workers.[4-5]

For further information on the current body of evidence regarding the link between silica exposure and autoimmune diseases, Lung Foundation Australia recommends that the NSW Parliament consult Professor Mandana Nikpour, a rheumatologist at Royal Prince Alfred Hospital in Sydney and a researcher specialising in systemic autoimmune rheumatic diseases at the University of Sydney.

Question 5. You discussed the challenges faced by workers who wish to return to their jobs after being diagnosed with silicosis. What specific guidelines and support mechanisms can be put in place to ensure their safe return to the workplace?

A key issue faced by this demographic is the transient nature of the workforce. The absence of a national registry or database to identify patients diagnosed with silicosis creates a gap in ensuring these individuals are excluded from returning to high-risk industries and occupations. This is particularly critical when clinicians advise that they can no longer perform such work due to the risks posed to their physical health and well-being.

Tailored support mechanisms are essential for workers transitioning back to suitable employment following a silicosis diagnosis. Lung Foundation Australia has advocated for government initiatives to provide subsidised retraining and upskilling programs for workers with silicosis to facilitate their return-to-work process. As an additional support mechanism, Lung Foundation Australia offers a national, telephone-based occupational lung disease support program. This widely accessible and evidence-based program connects individuals living with silicosis to expert care, including support from an occupational lung disease respiratory care nurse and an occupational lung disease support worker.

Question 6. You highlighted the lack of a central repository for health surveillance results. How can such a system be implemented to improve monitoring and tracking of workers' lung health throughout their careers?

Lung Foundation Australia acknowledges the challenges associated of workforce mobility, which results in individuals being lost to care, impacting health behaviours, and being absent from monitoring and follow-up. To address this, comprehensive health surveillance requires the establishment of a central repository to enhance the tracking and monitoring of workers' lung health throughout their careers. Lung Foundation Australia identifies a significant opportunity for collaboration between state and territory governments and the Commonwealth government to expand the scope and functionality of the National Occupational Respiratory Disease Registry, incorporating health monitoring data to ensure ongoing, effective surveillance.

References

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