

**Submission
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INQUIRY INTO 2024 REVIEW OF THE DUST DISEASES SCHEME

Organisation: Lung Foundation Australia

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2024 Review of the Dust Diseases Scheme

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Summary

Lung Foundation Australia are pleased to have the opportunity to respond and provide input to the 2024 Review of the Dust Diseases Scheme in New South Wales, held by The Legislative Council Standing Committee on Law and Justice.

Dust diseases are an under-recognised and preventable cause of respiratory ill health in Australia. Current and former workers across many occupations and industries are at risk of occupational lung disease - particularly those with experience working in construction and trades, tunnelling, mining and quarrying, manufacturing, maritime workers, agriculture, and stone benchtop fabrication and installation. Occupational lung diseases present a largely avoidable burden to the Australian economy through increased costs for the healthcare system, income replacement, lost productivity, and workers' compensation payments.

Lung Foundation Australia advocates for:

- Workplace risk reduction that aligns to the Hierarchy of Controls
- Enhanced health monitoring, screening, and surveillance
- Education and awareness to reduce the risk of dust disease
- Support to those with an occupational lung disease

We commend the NSW Government for reviewing their Dust Diseases Scheme. Lung Foundation Australia remain committed to advocating for clean air to protect the lung health of all Australians and strongly believe that everyone has the right to work in an environment free from harm.

Thank you for the opportunity to provide feedback.

Yours sincerely,

Mark Brooke
Chief Executive Officer
Lung Foundation Australia

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.

The impact of dust diseases

There are many hazardous dusts found in the work environment, that when breathed in, can cause lung conditions known as occupational lung diseases. These diseases vary greatly in their nature, depending on the hazardous agent and protective measures implemented to reduce or manage a worker's exposure. It may not only be people working directly with hazardous agents, but also employees who are exposed by working near hazardous agents, such as administration staff. Depending on the type of hazardous dust a person is exposed to, symptoms may develop immediately or in months, years, or even decades after exposure. Occupational lung diseases caused by dust include, but are not limited to, silicosis, asbestosis, mesothelioma, coal worker's pneumoconiosis (or black lung disease), diffuse dust-related fibrosis, and work-related asthma.

Occupational lung diseases have a major impact on the health of Australians and present a largely avoidable burden to the Australian economy. Many occupational lung diseases are progressive and incurable. Data from the 2016 Global Burden of Disease study revealed that globally, 13.6 million disability adjusted life years (DALYs) from chronic respiratory disease were due to occupational airborne exposures¹. This includes an estimated 0.58 million DALYs for pneumoconiosis, 2.3 million DALYs for asthma and 10.7 million DALYs for COPD¹. Regionally, Oceania had one of the highest global rates of death from COPD, asthma, and pneumoconiosis arising from occupational exposures⁶. Furthermore, Australia has a rate of malignant mesothelioma among the highest in the world, and the legacy of past occupational asbestos exposure remains a heavy burden².

In addition to the death and disability caused by occupational lung diseases, there are substantial impacts on society. Occupational lung diseases present a burden to the Australian economy through increased costs for the healthcare system, income replacement, lost productivity, and workers' compensation payments³. From the most recent data available for Australia (2012–13), a conservative estimate suggests work-related injury and disease cost the Australian economy \$61.8 billion (4.1% of GDP)⁴. In 2020-21, the health system spending (hospitals, primary health care, and referred medical services) on asbestosis was \$14million, \$2million for silicosis and other pneumoconiosis, and \$34million on mesothelioma⁵. As occupational lung diseases are entirely preventable, a large proportion of these costs could be saved through the reduction of exposure to hazardous agents in the workplace⁶.

Recently, there has been a re-emergence of silicosis and coal workers' pneumoconiosis from exposure to dusts from cutting engineered stone and from coal mine dust exposure^{6,7}. This has been due to inadequacies of hazard recognition and utilisation of appropriate control measures, but also failings of occupational respiratory health surveillance practices⁸. Asbestosis has a long latency period but also continues to pose a risk through the impact of legacy products: approximately one in three buildings in Australia contain asbestos products⁹.

Consultation questions

Lung Foundation Australia will be commenting on the Terms of Reference b. Workers' Compensation (Dust Diseases) Scheme. In particular, we understand that the Committee are looking to learn more about the prevalence and prevention of dust diseases (other than from engineered stone) and support available to younger workers. Lung Foundation Australia advocates for: workplace risk reduction that aligns to the Hierarchy of Controls; enhanced health monitoring, screening, and surveillance; education and awareness to reduce the risk of dust disease, and; support to those with an occupational lung disease. Each of these is explained in more detail below.

Workplace risk reduction that aligns to the Hierarchy of Controls

Silica is used in many products across a variety of industries and workplaces. Silica dust (crystalline silica) is most dangerous to health when dust is generated and inhaled. Most notably, silica dust is generated during the fabrication and installation of engineered stone countertops, for which there are now regulations (the manufacture, supply, processing, and installation of engineered stone products including benchtops, panels, and slabs is banned in all states and territories [as of July 1, 2024; with some state and territories, including NSW, employing a transitional period]).

Lung Foundation Australia commends all governments' decision to implement a ban on engineered stone and we commend SafeWork NSW activities to educate people about silica dust and the new changes, particularly for culturally and linguistically diverse communities. However, it is estimated that almost 600,000 Australian workers are currently exposed to silica dust. Silica dust is produced during the disposal of engineered stone countertops as well as construction work that involves excavation, paving and surfacing, tunnelling, brick, concrete or stone cutting, and angle grinding, jack hammering and chiselling of concrete or masonry. Industries with higher rates of silica dust exposure include construction, manufacturing, mining and quarrying, and tunnelling. NSW has a large tunnelling industry which is an industry at high risk of silica dust exposure. Of particular concern is tunnelling in Sydney as it is built on sandstone - a sedimentary rock which can contain up to 90% silica dust. There are fewer regulations to protect workers against silica dust in these industries. We commend the recent amendment to the model Work Health and Safety (WHS) regulations which will strengthen protections for workers at risk of exposure to silica dust across all industries. This latest amendment applies to work with materials containing 1% \geq crystalline silica but only takes effect in a jurisdiction once implemented in the WHS laws of the jurisdiction.

Lung Foundation Australia advocates that the most effective way to reduce exposure to harmful dusts is by following the Hierarchy of Controls. In line with the Hierarchy of Controls, eliminating exposure, or further exposure, to the hazardous agent/s is the most effective way to reduce the risk of dust diseases. Lung Foundation Australia recommends activities that prevent occupational lung diseases from occurring, such as banning hazardous agents when necessary. In addition to Workplace Exposure Standards which need to be adhered to, we recommend:

- Strengthening WHS measures to give greater protection to workers.
- Supporting employers to effectively manage the risks posed by exposure to hazardous agent/s in the workplace, comply with WHS duties and implement safe systems of work.
- Conducting more audits to determine compliance with existing occupational, health and safety regulations.
- Eliminating exposure to hazardous agent/s in Australian workplaces.
- Ensuring the multi-sector and multidisciplinary workforce required to remove hazardous products in Australia is suitably trained, resourced, and distributed.

Enhanced health monitoring, screening, and surveillance

Lung Foundation Australia supports the recommendations of the [National Dust Disease Taskforce Final Report](#)¹⁰ that will improve the prevention and early detection of dust diseases, including the National Occupational Respiratory Disease Registry (the Registry) which was made operational on the 22nd of May 2024¹¹. The Registry will capture information on the diagnosis and exposing agent of the occupational lung diseases in Australia. This will ultimately help to reduce, eliminate and improve the understanding of preventable occupational respiratory diseases.

Lung Foundation Australia advocate for enhanced health monitoring and screening as it leads to earlier diagnoses which subsequently enables earlier interventions to protect the health of Australian workers. Lung Foundation Australia further recommends:

- Improving the quality, frequency, coverage, and consistency of health monitoring and surveillance for current and former exposed workers across all state and territories.
- Continued health surveillance for workers, even after leaving at-risk industries, is particularly important for occupational lung diseases with a longer latency period.
- Enhancing evidence-based screening and surveillance to optimise health outcomes for Australian workers.
- Implement and expand the Registry to other occupational respiratory diseases not just silicosis. The following common occupational lung diseases should be included as a priority—Asbestos, Coal worker's pneumoconiosis, COPD, Hypersensitivity pneumonitis, Mesothelioma, Work-related asthma, and occupational lung infections. Over time, we recommend all occupational respiratory diseases found in the Safe Work Australia List of Deemed Diseases in Australia¹² be prescribed and require notification to the Registry on diagnosis.
- Effective monitoring and enforcement of workplace exposure standards across hazardous agents, including monitoring for compliance.
- Health monitoring should be funded by the government to reduce the burden on small businesses. This could be achieved by exploring the addition of occupational exposure as an inclusion criterion to Australia's targeted National Lung Cancer Screening program.

Education and awareness

A lack of awareness of hazardous agents and appropriate control measures can lead to reduced adherence to WHS control measures. Since 2023 (with funding to continue until 2025), Lung Foundation Australia has been running an annual National Silicosis Prevention and Awareness campaign ([Another One Fights The Dust](#)) which targets key industries with higher rates of silica dust exposure. The campaign highlights the importance of lung health in the workplace, the lung health hazards in their workplace, and the safety measures they can take to protect their lung health. We encourage workers to speak to their general practitioner about their workplace and start the conversation about their lung health. The campaign is complemented by a suite of industry specific resources to help workers and employers reduce their risk of silica dust exposure. To better support the culturally and linguistically diverse working community, the campaign webpage and quiz are also available in Arabic, Simplified Chinese, Vietnamese, Punjabi, Nepali and Spanish.

There is a need to widen the scope of this campaign and incorporate education campaigns for a wider range of hazardous agents and dust diseases. Lung Foundation Australia recommends:

- Increasing funding to support the continuation and expansion of awareness campaigns for at risk workers and industries.
- Increasing awareness and knowledge of the risks of hazardous agent/s in all sectors.
- Increasing knowledge of safe work practices and compliance with WHS duties.
- The development and delivery of free education programs for employers and employees to support them to identify and mitigate hazards specifically related to exposure in the workplace to dust. This includes the inclusion of resources to support education in settings such as TAFE and apprenticeships.
- Influencing stakeholder behaviours across the supply chain to reduce exposure to hazardous agent/s and better protect workers.
- Educating health professionals to assist in identification, diagnosis, and management of occupational lung diseases.

Provide support to those with an occupational lung disease

For those impacted by occupational lung disease we strongly advocate for accessible, confidential, free, and tailored information and support. This includes managing the associated physical and mental health burden and the financial impacts of these diseases.

Lung Foundation Australia recommends that:

- Support services available for those living with an occupational lung disease are established to facilitate languages other than English, to support the culturally and linguistically diverse communities working in these at-risk industries.
- The Australian Government has invested in support services for people with silicosis and their carers. For example, Lung Foundation Australia provides [free telephone-based nurse and social worker support](#) for people living with silicosis. This type of investment needs to be sustained and expanded to other occupational lung diseases as the impact is broader than silicosis alone.

References

- ¹ GBD 2016 Occupational Chronic Respiratory Risk Factors Collaborators. (2020). Global and regional burden of chronic respiratory disease in 2016 arising from non-infectious airborne occupational exposures: a systematic analysis for the Global Burden of Disease Study 2016. *Occupational and environmental medicine*, 77(3), 142-150.
- ² Soeberg, M., Vallance, D. A., Keena, V., Takahashi, K., & Leigh, J. (2018). Australia's ongoing legacy of asbestos: significant challenges remain even after the complete banning of asbestos almost fifteen years ago. *International Journal of Environmental Research and Public Health*, 15(2), 384.
- ³ Australian Institute of Occupational Hygienists, Australian Institute of Health and Safety, Lung Foundation Australia, The Thoracic Society of Australia and New Zealand, 2021-22 pre-budget submission for a feasibility study into the establishment of centre for the prevention of occupational disease
- ⁴ SafeWork Australia. (2015). Cost of injury and illness statistics. Retrieved from <https://www.safeworkaustralia.gov.au/statistics-and-research/statistics/cost-injury-and-illness/cost-injury-and-illness-statistics>
- ⁵ Australian Institute of Health and Welfare. (2023). Health system spending on disease and injury in Australia, 2020-21. Retrieved from <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-system-spending-on-disease-and-injury-in-au>
- ⁶ Vanka, K. S., Shukla, S., Gomez, H. M., James, C., Palanisami, T., Williams, K., ... & Horvat, J. C. (2022). Understanding the pathogenesis of occupational coal and silica dust-associated lung disease. *European Respiratory Review*, 31(165).
- ⁷ Alif, S., Glass, D., Abramson, M., Hoy, R., & AM, M. S. (2020). Occupational lung diseases in Australia 2006–2019. *Safe Work Australia*.
- ⁸ Sim, M., Glass, D., Hoy, R., Roberts, M., Thompson, B., Cohen, R., ... & Deponte, K. (2016). Review of Respiratory Component of the Coal Mine Workers' Health Scheme for the Queensland Department of Natural Resources and Mines. Final report. Monash Centre for Occupational and Environmental Health, School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia, in collaboration with the School of Public Health, University of Illinois, Chicago, USA.
- ⁹ The Asbestos and Silica Safety and Eradication Agency. Where could I find asbestos? Retrieved from <https://www.asbestossafety.gov.au/node/16/where-could-i-find-asbestos#:~:text=Approximately%20one%20third%20of%20all,the%20kitchen%20and%20bathroom%20areas.>
- ¹⁰ National Dust Disease Taskforce, Department of Health (2021). The National Dust Disease Taskforce's Final Report.
- ¹¹ The Department of Health and Aged Care. National Occupational Respiratory Disease Registry. Retrieved from <https://www.health.gov.au/our-work/national-occupational-respiratory-disease-registry>
- ¹² Driscoll, T. (2021). Deemed diseases in Australia. *Safe Work Australia*.