

**Submission
No 18**

INQUIRY INTO 2024 REVIEW OF THE DUST DISEASES SCHEME

Organisation: Asbestos Diseases Research Foundation

Date Received: 7 November 2024

The Hon. Greg Donnelly MLC
Chair, Standing Committee on Law and Justice
Parliament of New South Wales

By email: law@parliament.nsw.gov.au

Dear Chair,

2024 Review of dust diseases scheme

I write on behalf of the Asbestos Disease Research Foundation (ADRF) which oversees the Asbestos and Dust Diseases Research Institute (ADDRI) to provide a submission as part of the 2024 review into the dust diseases scheme for New South Wales. I apologise for the lateness of this submission and thank the committee for allowing me to submit this response.

ADDRI is an independent, not-for-profit research institute committed to reducing and ultimately eliminating the impact of asbestos and dust-related diseases, in Australia and worldwide. We work in collaboration with individuals and organisations dedicated to eradicating these diseases while providing personalised wrap-around support to those affected by them.

The most recent data from the IHME Global Burden of Disease (GBD) Study for 2021 estimates that 4,469 Australians die from an asbestos-related disease annually, a considerable proportion of these being in NSW. Also, the AIHW Mesothelioma Report 2023 shows that 929 people were diagnosed with mesothelioma in NSW between 2020 to 2023, nearly one third of the 3,033 cases nationally over those years.

Regarding occupational exposure to respirable crystalline silica (RCS) dust, the 2022 report by Curtin University commissioned by the Australian Council of Trade Unions estimated upwards of 100,000 cases of silicosis resulting from the exposure levels at that time, again a sizable proportion of these being in NSW. The crucial factor to remember here is that even with the ban on engineered stone coming into force, cases of silicosis will continue to emerge from historical exposure and from other at-risk occupations like tunnelling, quarrying and construction.

Supporting claimants

In supporting patients who have been diagnosed with an asbestos or dust-related disease and their families, ADDRI knows the power adequate financial support from the dust disease scheme can have for those who are managing a dust-related disease. Unfortunately, arrangements under the dust diseases scheme create a disincentive to lodge a timely dust-related claim because they are more likely to be earning substantially more by remaining in unsafe work than what will be paid under the dust disease scheme.

The support provided to claimants also must include adequate and mandated funding for meaningful retraining and rehabilitation programs for those who need to find alternative employment resulting from a diagnosis of silicosis or other occupational lung diseases.

We know that those being diagnosed with silicosis are a much younger cohort than those with asbestos-related diseases, a lot of them are still able to participate in the workforce in different capacities so retraining and rehabilitation within the dust disease scheme, like that operating under the general workers compensation scheme will be welcome.

Role of Dust Disease Board

In overseeing the dust diseases scheme, the Dust Diseases Board has the expertise to provide direction and advice on a broad range of other areas of the dust disease scheme given the expertise and background of Board members but are constrained by its authority set out in the Workers Compensation (Dust Diseases) Act 1942 (the Act). The ADRF believes this is a missed opportunity that needs to be addressed as soon as possible.

Section 6(2A) of the Act authorises the Board to make from the fund grants relating to clinical research work and assisting victims support organisations, which remains important, however the role of the Board should be broadened to include overseeing prevention and disease surveillance activities like greater awareness of the risk of exposures, campaigns to highlight the rights of employees in high-risk industries and increasing the lung bus services as referred to below.

Also, in order to do this work, the Dust Diseases Board needs to engage in greater consultation and collaboration with the organisations that operate around the dust disease scheme such as industry, trade unions/associations and even individual members of the Board themselves.

Health Surveillance, Monitoring and Screening

While ADDRI acknowledges the commencement of the National Occupational Respiratory Diseases Registry as a tool to gather important data on occupational lung diseases in Australia, more needs to be done in the areas of health surveillance and screening of current and former workers in high-risk industries in NSW and nationally.

Greater worker surveillance and screening will help the Dust Disease Board and scheme play a significant role in prevention of occupational lung diseases, in high-risk industries and in the regions where this work is undertaken. Early detection of diseases, particularly silicosis, is especially important in helping workers remove themselves from the risks of exposure and their disease worsening.

Services like the iCare Lung Bus show that there is an ever-expanding need for lung screening as their website states the appointment times fill up quickly, so assume some people are missing vital screening services when they need them the most. Also, providing one central screening clinic in the Sydney CBD is not adequate in servicing the affected workforce, which is more likely located in the south-west and western suburbs.

Yours sincerely

Peter Tighe
Chairman, ADRF