AUSTRALIAN INSTITUTE OF OCCUPATIONAL HYGIENISTS 40 YEAR ANNIVERSARY

CELEBRATING 40 YEARS OF PROTECTING AUSTRALIAN WORKER'S HEALTH

Australian Institute of Health & Safety

The Thoracic Society of Australia & New Zealand

LEADERS IN LUNG HEALTH

Lung Foundation Australia

2021 -22 PRE-BUDGET SUBMISSION FOR A FEASIBILITY STUDY INTO THE ESTABLISHMENT OF

CENTRE FOR THE PREVENTION OF OCCUPATIONAL DISEASE

EXECUTIVE SUMMARY

The recent epidemic of accelerated silicosis in stonemasons working with engineered stone represents a devastating tragedy for those affected and their families. The emergences of a diseases once thought to be under control represent a failure by all some stakeholders to recognise the diseases until too late. Finally, it has cost business and taxpayers billions, at a time when the economy has been further weakened by the COVID-19 pandemic.

The Morrison government has responded with the establishment of the National Dust Diseases Taskforce (NDDT). Although the Taskforce has not yet finished its deliberations, it is important that the work done is followed up by appropriate actions.

The Taskforce published an interim report in December 2019. The Morrison Government is acting to accept all five recommendations from the interim advice of the National Dust Disease Taskforce. This paper is written in support of recommendation 2, relating to the establishment of a dust diseases registry and an exposure database. This should be housed in an organisation that for the purposes of this proposal we will name as the Centre for the Prevention of Occupational Disease.

This Submission is from the following organisations, comprised of health and safety Associations representing over 4000 professionals, who are actively engaged in prevention, diagnosis or management of occupational disease. These include the following:

- Australian Institute of Occupational Hygienists, https://www.aioh.org.au/
- Australian Institute of Health and Safety, https://www.aihs.org.au/
- Lung Foundation Australia, https://lungfoundation.com.au/
- The Thoracic Society of Australia and New Zealand, https://www.thoracic.org.au/

The signatories to this Submission strongly recommend that the 2021 – 2022 budget should include:

1. A feasibility study for the Centre for Prevention of Occupational Disease should be conducted by the Commonwealth Department of Health;
2. Maintain continuity with the work of the NDDT. This study is conducted under the aegis of the Commonwealth Department of Health;
3. The feasibility study should be funded to a level of $5 million.

BACKGROUND

There is an emerging trend of new cases of old disease: occupational illnesses such as silicosis from exposure to dusts and accelerated silicosis. These are occupational lung diseases (OLDs) which are entirely preventable, but are occurring in workers as a result of exposure to silica dust, in many parts of Australia. There are also severe debilitating illnesses arising from exposures to other airborne contaminants that impact on our workforce, such as coal dust resulting in Coal Workers Pneumoconiosis (Black Lung),

These diseases can occur in various industries, with recent cases related to the manufacture and installation of artificial stone bench tops, largely throughout Queensland. At present, there is no known treatment to stop the progression of the disease.

A National Dust Diseases Taskforce (NDDT) was established by the Morrison government in 2019, at the behest of the Minister for Health, the Hon. Greg Hunt. This followed reports of several cases of accelerated silicosis in stonemasons working with engineered stone. The first case of silicosis was detected in 2016 in NSW in a Vietnamese-born Australian man, after an alert clinician trained in South Africa recognised a disease that was thought to have been obsolete (Yates)[1]. Since that case, several hundred other cases have been diagnosed. The first stonemason to die from silicosis after the disease was first brought to light, passed away in 2019[2].

This index case was only in his fifties and ended up a couple of years later having a lung transplant. Concerns were raised and several respiratory physicians gave evidence of this issue to the Queensland Parliamentary inquiry into Black Lung (where silica is also implicated) and the NSW Review of the Dust Disorders Scheme.

The first descriptions of silicosis in association with artificial stone benchtop manufacture actually appeared some years earlier in 2010, when case reports started appearing in international literature from Spain and Israel. Despite this, there was a failure in Australia to recognize this hazard, until after 2016, by which time several hundred stonemasons were identified with silicosis so severe as to be life threatening. There is evidence that by 2006, silicosis was no longer considered to be a concern in 21st century Australia, as evidenced in a Safe Work Australia report, "Silicosis is becoming less common in industrialised nations through aggressive measures to control airborne dust in the workplace, but is still a major problem in many developing nations[3]".

[1] Yates, D., et.al. (2018) Time for a national response to the epidemic of silicosis from manufactured stone benchtop use in Australia, https://www.croakey.org/time-for-a-national-response-to-the-epidemic-of-silicosis-from-manufactured-stone-benchtop-use-in-australia/

[2] Stonemason who spoke out on silicosis crisis dies from disease, Brisbane Times, March 12 2019, https://www.brisbanetimes.com.au/national/queensland/stonemason-who-spoke-out-on-silicosis-crisis-dies-from-disease-20190312-p513mh.html

[3] Commonwealth of Australia, Australian Safety and Compensation Council, Occupational Respiratory Diseases In Australia, April 2006, https://www.safeworkaustralia.gov.au/system/files/documents/1702/occupational_respiratory_disease_australia.pdf

THE ECONOMIC BURDEN OF OCCUPATIONAL ILLNESS AND DISEASE

It is a statement of the obvious that the burden of poor occupational health and safety impacts on individuals and their families and on the health and welfare of our community at large. Less obvious however, is the cost to the national economy.

An early estimated cost to the Australian community in 1995-96, was estimated at $15 to 37 billion per annum[4]. This cost was considered to be borne by employers, in terms of workers' compensation payments, lost productivity and so on, by governments and taxpayers, and by individual workers and their families.

In 2008-09, the cost of work-related injury and illness in Australia was estimated at A$60.6 billion. This was determined to be the equivalent of 4.8% of Gross Domestic Product (GDP). This figure includes direct costs, such as payments for health care and income replacement, and indirect costs, such as lost productivity and reduced quality of life. Just over half of the total cost (51%) was due to injury, with the remainder due to work-related disease[5].

In 2012–13, work-related injury and disease cost the Australian economy $61.8 billion, representing 4.1% of GDP[6]. This data is the most recent available for Australia, but the figure of 4 - 5% is consistent with other Organization for Economic Cooperation and Development (OECD) member countries.

In 2019, prior to the COVID-19 pandemic, Australian GDP was estimated at $1.95 trillion[7]. Projecting the estimated burden value of 4%, this gives an updated total cost estimate of $77,912 billion, of which 49% or $38 billion is attributable to occupational illness or disease. As occupational illness and disease is almost entirely preventable, this represents a largely avoidable cost to the Australian taxpayer and to Australian businesses.

As noted above, silicosis was considered to be obsolete prior to 2016. So, it is interesting to consider the estimated cost to the economy of silicosis, before the impact of the recent epidemic. The cost to the economy from silica exposure alone was examined in 2004[8] in a regulatory impact statement (RIS). The National Occupational Health and Safety Commission (NOHSC) estimated, based on NSW and national data, that the total annual cost of disease related to past exposure to crystalline silica in Australia was in the order of:

- $14,022,857 in compensation payments (including medical costs, an indicator of potential cost) per annum
- 305 hospital days per annum
- 60 lives per annum

The RIS noted that, each life lost to diseases related to exposure to crystalline silica also incurs decades of progressively worsening health, and quality of life, for sufferers and family members/carers. Using Value of Statistical Life (VSL) methods, each year of healthy life can be valued at $AUD60,000, and each year of life gained through risk obviation can be valued at between $US75,000 and $US150,000.

National or State figures for these measures were not included in the VSL figures above, as VSL based calculations of benefits vary greatly according the individual circumstances of sufferers.

[4] National Occupational Health and Safety Commission, Annual Report, 1995-96, p. vii, https://parlinfo.aph.gov.au/parlInfo/download/publications/tabledpapers/1701/upload_pdf/HPP042016001230.pdf;fileType=application%2Fpdf#search=%22publications/tabledpapers/1701%22

[5] https://theconversation.com/dying-for-work-the-changing-face-of-work-related-injuries-40328

[6] SafeWork Australia, (2015), Cost of injury and illness statistics, https://www.safeworkaustralia.gov.au/statistics-and-research/statistics/cost-injury-and-illness/cost-injury-and-illness-statistics

[7] Australian Bureau of Statistics, Key Economic Indicators, https://www.abs.gov.au/statistics/economy/key-indicators

[8] National Occupational Health and Safety Commission, Regulation Impact Statement On The Proposed Amendments to the National Exposure Standards for Crystalline Silica, October 2004

THE CASE FOR AN AUSTRALIAN CENTRE FOR THE PREVENTION OF OCCUPATIONAL DISEASE

As reported by Ennis and Yates, (2015)[9], the Australian index case of accelerated silicosis was described in 2015, followed by several cases reported in 2017. Despite this, the true prevalence of silicosis is likely to be much higher than that reported in the literature to date.

In February 2019 A Queensland audit published reported a further 98 cases of silicosis in a four month period, with 15 cases documented to be advanced end stage disease. As of December 2019, 151 Queensland workers had been diagnosed with silicosis, 25 of whom have progressive massive fibrosis.

Despite this, there is currently no centralised system for recording disease burden across Australia. Affected individuals in many of the sites of outbreaks have been subcontractors in the building and construction industry or else from a non-English speaking background; many of these workers seem to have little or no education about risks of crystalline silica dust and have usually been doing dry cutting.

In their interim report, the NDDT recommended that,

> 2) Develop a national approach to understand the extent of occupational dust diseases in Australia through identification and capture of data, information collection and sharing, including:
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> - Staged establishment of a National Dust Disease Registry that is initially focused on accelerated silicosis related to engineered stone.
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> i. The registry should include disease notifications from all jurisdictions together with available case finding data, exposure history and air sampling data.
>
> ii. The registry should be designed with the capability for potential future expansion to cover other occupational lung diseases.
>
> - Exploring opportunities for data linkage and information sharing across systems to facilitate monitoring of the work-related hazards, and a better understanding of emerging workplace risks, to enable more sophisticated reporting on the incidence and trends in occupational diseases. This could assist with more timely and appropriate interventions and prevention actions.

The professional associations support this recommendation. However, it is recognized that for such a registry, to be established, allied to an exposure database, planning should commence as soon as possible after the NDDT has delivered its final report. It is noted that there are some overseas disease registries and exposure databases and these should be considered as useful models for an institution that – for want of a name – would be an Australian Centre for the Prevention of Occupational Disease.

This should be a purely scientific organisation, removed from the industrial relations framework that characterizes the National Occupational Health and Safety Commission. Work health and safety is an important area of microeconomic reform. Addressing occupational health and safety separately from industrial relations should help to foster more co-operation and less contention on issues where any underlying differences do not appear to be fundamental.

The recommendation for a multi-disciplinary Institute of Occupational Health echoes a similar recommendation from the Queensland *'Black Lung, White Lies'* Inquiry (2017), that the Mine Safety and Health Authority should have a properly resourced and dedicated health research function, including epidemiological

[9] S. Ennis & D. Yates, 19 Dec. 2019, https://medicalrepublic.com.au/why-silicosis-is-on-the-rise-and-what-to-do-about-it/24559

research into health conditions experienced by mine workers[10]. These research functions should be undertaken in a collaborative way drawing upon and sharing research with leading international research bodies such as the National Institute for Occupational Safety and Health (NIOSH) in the USA.
The AIOH believes that such an Institute should be multi-disciplinary, including occupational hygienists, occupational physicians, epidemiologists, statisticians and toxicologists. However, to function effectively, such an Institute should be a national body, independent of the Government. It must also be adequately resourced. A possible model is the UK Institute of Occupational Medicine; the IOM was founded in 1969 by the UK National Coal Board as an independent charity in the UK and retains this charitable purpose and status today.

In a recent report by Monash University researchers, it is noted that, "Work-related exposures causing occupational lung diseases (OLDs) are an important and preventable cause of work-related mortality and morbidity and this review suggests they continue to make a substantial contribution to the burden of lung diseases in Australia. There is a pressing need to improve our data sources on OLDs to more effectively monitor trends over time and provide regulatory agencies, industry, workers and occupational health professionals with the necessary information to detect emerging respiratory threats and better monitor the effectiveness of prevention programs[11]".

Previous investigations, such as the 2006 Senate inquiry into *Workplace Exposure to Toxic Dust*[12], have made similar recommendations, but these were never implemented. More recent investigations, such as the 2016 Senate select Committee on Health 5th interim report, *Black Lung: "It has Buggered my Life"*[13], have also looked at the impact of dust diseases. This investigation recommended the establishment of a National Coal Dust Monitoring Group. As yet, this recommendation has yet to come to fruition.

CONCLUSION & RECOMMENDATIONS

It is the view of the organisations party to this submission, that it would be unacceptable if the work of the National Dust Diseases Taskforce came to nothing. Given the lack of meaningful follow up to previous inquiries, and the cost of failing to act, it is the view of this group that a failure by the government to act on the recommendations would be particularly egregious.

Therefore, in order to establish a Centre for Prevention of Occupational Disease, an appropriate level of resourcing has to be determined. Other fundamental questions such as the location of the Centre, the administrative control, structure and function all need to be addressed.

For this reason, this Submission strongly recommends:

1. A feasibility study for such the Centre should be conducted by the Commonwealth Department of Health.

2. Maintain continuity with the work of the NDDT. This study is conducted under the aegis of the Commonwealth Department of Health.

3. The feasibility study should be funded to a level of $5 million.

[10] Queensland parliamentary Committees, Black lung, White lies, Inquiry into the re-identification of Coal Workers' Pneumoconiosis in Queensland, Report No. 2, 55th Parliament, Coal Workers' Pneumoconiosis Select Committee May 2017, https://www.parliament.qld.gov.au/documents/tableOffice/TabledPapers/2017/5517T815.pdf
[11] Alif SM, Glass DC, Abramson M, Hoy R, Sim MR Occupational Lung Diseases in Australia. 2020 Feb. Pages 10. Safe Work Australia
[12] The Senate Community Affairs Reference Committee, Workplace Exposure to Toxic Dust, May 2006.
[13] The Senate Select Committee on Health, Fifth interim report, Black Lung: "It has buggered my life", April 2016