

4 February 2020

Australian Competition and Consumer Commission
GPO Box 3131
Canberra ACT 2601

Email: adjudication@accc.gov.au

Dear Ms Wilson

Re: Australian Engineered Stone Advisory Group's application for authorisation AA1000461—interested party consultation

Thank you for inviting Cancer Council Australia to comment on the application for authorisation from the Australian Engineered Stone Advisory Group (AESAG). Cancer Council Australia is the nation's peak non-government cancer control organisation. Cancer Council's Occupational and Environmental Cancer Committee (the Committee) includes members with national standing in relevant disciplines including epidemiology, molecular biology, occupational health, clinical oncology and public health. Comments from the Committee form the basis of this submission and their contribution is acknowledged.

Cancer Council Australia welcomes the opportunity to provide comment on the authorisation application from the Australian Engineered Stone Advisory Group (AESAG). Based on your letter from 5/12/2019, we understand that:

"AESAG is seeking authorisation on behalf of itself, future members and other suppliers of engineered stone to:

- adopt industry accreditation standards for fabricators and stonemasons (Fabricators) working with engineered stone (Accreditation Standards),*
- seek to require Fabricators, to whom Members supply engineered stone, to comply with health and safety practices under the "model" work health and safety (WHS) laws when working with the engineered stone in order to achieve accreditation, and*
- consider whether to refuse to supply engineered stone where Fabricators do not meet the Accreditation Standards (Proposed Conduct)."*

While Cancer Council Australia supports the involvement of industry bodies in the improvement of occupational and health and safety for workers and members of the public, we do not support the application of the AESAG. The reasons for this position are outlined below.

Background

The International Agency for Research on Cancer classifies respirable crystalline silica (RCS) as a Group 1 carcinogen.¹ Silicosis, fibrosis and lung cancer are serious health risks attributed to RCS exposure. Additionally, those with silicosis are at an increased risk of developing lung cancer.² An estimated 230 people develop lung cancer each year in Australia as a result of past exposure to silica dust at work.³ Therefore, this issue requires immediate action by governments, regulators and industry to limit the number of future cases.

¹ International Agency for Research on Cancer. *IARC Monographs Volume 100C: Silica dust, crystalline, in the form of quartz or cristobalite*, 2012. IARC Working Group: Lyon, France.

² Poinen-Rughooputh S, Rughooputh MS, Guo Y, Rong Y, Chen W. Occupational exposure to silica dust and risk of lung cancer: an updated meta-analysis of epidemiological studies. *BMC Public Health*, 2016;16(1):1137. doi:10.1186/s12889-016-3791-5

³ Institute for Health Metrics and Evaluation (IHME). GBD Compare. Seattle, WA: IHME, University of Washington, 2015. Available from <http://vizhub.healthdata.org/gbd-compare>. (Population attributable fraction calculated by T. Driscoll; Accessed 20 Sept 2017).

Control of crystalline silica in the workplace

Cancer Council notes there is strong evidence of poor control of exposure to crystalline silica in air in the engineered stone manufacturing sector in Australia. This has resulted in significant adverse impact to the health of many workers. It appears to be virtually impossible to adequately control dust from cutting manufactured stone, except by using multiple levels of control.⁴ Silicosis is a serious disease and one that is nearly completely preventable through adequate control of silica levels in air. If adequate control is not able to be achieved, appropriate respiratory protection is required. If such protection cannot be maintained, the work should not be conducted. There are clear requirements and responsibilities of employers in this regard and clear requirements for regulators to ensure these requirements are being met and to take appropriate action if they are not.

We recommend adoption of a regulation under all health and safety laws to prohibit dry cutting of manufactured stone, consistent with the Victorian Occupational Health and Safety Amendment (Crystalline Silica) Regulations 2019.⁵ This regulation would prohibit the dry cutting of any engineered stone that contains a silica content greater than 80%. At a minimum, importation controls should be placed on artificial stone and ideally it should be substituted with materials with a lower level of crystalline silica. This would also be of economic benefit to Australia as this would increase use of locally manufactured products.

The role of Industry bodies

Industry bodies have an important role to play in terms of education and encouraging employers to conduct their businesses appropriately. Cancer Council notes that the mandate of the AESAG is "...to respond to the occupational risk of silicosis for stonemasons fabricating Members' products, raise awareness of the risks of unsafe fabrication processes and promote the safe fabrication of engineered stone.". This is a worthy aim however, there should be no suggestion that industry bodies should have authority in this regard. It is the regulators who do and should have this power and responsibility. Queensland has a relevant Code of Practice, Victoria has a specific regulation and we understand is developing a Code, and we understand the SafeWork Australia is developing a recommended national Code. These codes should form the basis of requirements for appropriate work activities. Industry accreditation over and above this should not be required to achieve appropriate occupational health and safety practice. Furthermore, adoption of industry accreditation standards introduces the possibility that the industry standards might be different, and more importantly less stringent, than the official codes developed by regulators. This has the real potential to result in confusion and/or lesser standards.

Thank you for seeking Cancer Council Australia's expert views on the AESAG application. If you have any queries, please feel free to contact me at [REDACTED]

Yours sincerely,



Professor Tim Driscoll
Chair, Occupational and Environmental Cancer Committee, Cancer Council Australia
Professor, Epidemiology and Occupational Medicine, Sydney School of Public Health, University of Sydney

⁴ Baldwin PEJ, Yates T, Beattie H, Keen C, Warren N. Exposure to Respirable Crystalline Silica in the GB Brick Manufacturing and Stone Working Industries. *Ann Work Expo Health*, 2019;63(2):184-196. doi: 10.1093/annweh/wxy103.

⁵ http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/b05145073fa2a882ca256da4001bc4e7/13ea354d908b9426ca25845c00194070!OpenDocument