Consultation Regulation Impact Statement (RIS): Workplace Exposure Standards (WES)

Submission from Cancer Council Australia

September 2018

Cancer Council is Australia's peak national, non-government cancer control organisation and advises the Australian Government and other bodies on evidence-based practices and policies to help prevent, detect and treat cancer. Cancer Council's Occupational and Environmental Cancer Committee (OECC) includes members with national standing in relevant disciplines including epidemiology, molecular biology, occupational health, clinical oncology and public health.

Cancer Council Australia works with its members, the eight state and territory cancer organisations, to:

- undertake and fund cancer research
- prevent and control cancer
- provide information and support for people affected by cancer.

Cancer Council Australia's OECC welcomes the opportunity to provide comment on the workplace exposure standards (WES) framework.

Background

Often exposures to carcinogens in the workplace are at higher concentrations and for longer periods of time than people in other environments. As a result, workers' cancer risks due to these carcinogens are higher than those of the general population. Cancer often develops over several years or decades following exposure to a carcinogen(s). Because of this latency period, it can often be hard to pinpoint if, or when, a worker has been exposed to a carcinogen(s) at work. It also means that this workplace risk is often underestimated, as there is no acute impact(s) to health.

The Australian Work Exposures Study (2012) estimated that 3.6 million current workers (40 per cent of the working population), were potentially exposed to occupational carcinogens in their current job.[1] Occupational exposures may account for 6.5 per cent of new cancer cases diagnosed in Australia every year, amounting to around 5,000 cases attributed to workplace exposures (10.8 per cent in men, 2.2 per cent in women).[2]

Approximately 81 per cent of mesothelioma cases and 10 per cent of lung cancers are attributable to workplace exposures, of which each have a fatality rate of over 97 per cent.[3] Compensation claims made for occupationally related cancers from 2000-2012 cost $360.5 million, at an average cost of $30.0 million per year.[4] From the data available, it appears that over this time only a small fraction (less than eight per cent) of occupational cancer cases have been compensated.[4]

'Cancer' is one of Safe Work Australia's, *Australian Work Health and Safety Strategy 2012-2022* priority conditions, which was based on the severity of consequences for workers, the number or workers affected and the existence of known prevention options.

Cancer Council Australia supports Option 2

Fortunately, occupational cancers are largely preventable.[5] However, mandatory WES are essential to minimise carcinogen exposure in the workplace as exposures are encountered involuntarily and often unknowingly, and in most cases there are mechanisms for either exposure reduction or prevention.

When a workplace does not incur the full responsibility for incidents such as harmful exposure to carcinogenic agents, it may under invest in the management or prevention of worker exposure; especially if the consequences are not immediate. The Consultation Paper indicates that thirty per cent of the business survey respondents would halve their compliance costs if the WES were advisory.[6] Under-protective WES can have a large impact on the workers and the population due to decreased work capacity and productivity (due to recovery) and the cost on the health care system because of an increased number of people requiring the use of systems resources. Although option two is most costly in the short-term, the expenses related to the likely increase in disease rates arising from option three are greater.

Administrative control measures and PPE do not control the risk at the source and rely on worker behaviour, training and supervision to manage the risk of exposure. If the limits are changed to advisory, higher order controls may not be implemented and the responsibility of minimising exposure to hazards will fall directly to the worker. As previously noted this is especially concerning in the case of carcinogens because the effects of exposure are not immediate due to the long latency periods. Removing WES from regulation would lead to a reduction in health and safety protection in the workplace.

The streamlined methodology has numerous advantages in comparison to updating the standards individually using the current review process. As outlined, this process will ensure the updated WES values provide adequate protection for workers thereby reducing both unnecessary health costs incurred from exposure to carcinogenic agents and the overall burden of disease on Australia.

The OECC also supports the name change of WES to work exposure limits to more accurately convey their meaning if they are to remain mandatory.

In response to this priority condition, the OECC believes that mandatory WES and a streamlined approach are essential to reduce the number of occupational cancers in Australia. The current review process does not enable WES to be effectively added or removed from the WES list and advisory WES would likely result in under protected workplaces and therefore an increased number of Australians affected by occupational cancer.

Additionally Cancer Council Australia would like to see increased investment in education and training to help business to increase awareness and compliance with WES.

In conclusion, Cancer Council Australia's OECC strongly supports option two, ***'maintain mandatory workplace exposure standards and implement a streamlined methodology for updating***

the WES values and WES list to reflect current scientific knowledge and contemporary use of hazardous chemicals in Australian Workplaces.'

If you wish to discuss any matter raised in this submission, please contact: [redacted], National Occupational and Environmental Cancer Project Officer.
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References

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