



# Unfashionable:

## Removing the cause of fatal disease in workers

Consultation on the prohibition on the use of engineered stone.

ACTU Submission, 6 April 2023  
ACTU D. No 16/2023

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## Introduction

### About the ACTU

Since its formation in 1927, the ACTU has been the peak trade union body in Australia. It has played the leading role in advocating for, and winning the improvement of working conditions, including on almost every Commonwealth legislative measure concerning employment conditions and trade union regulation. The ACTU has also appeared regularly before the Fair Work Commission and its statutory predecessors, in numerous high-profile test cases, as well as annual national minimum and award wage reviews.

The ACTU is Australia's sole peak body of trade unions, consisting of affiliated unions and State and regional trades and labour councils. There are currently 43 ACTU affiliates who together have over 1.7 million members who are engaged across a broad spectrum of industries and occupations in the public and private sector.

## Recommendations

1. The ACTU and its affiliates support the prohibition on the use of all engineered stone products, irrespective of the percentage of silica content, with an exemption to be provided for the handling, transport and any other activity associated with safely managing or removing engineered stone which is already in situ. This approach would be similar to the prohibition on the use of all forms of asbestos containing materials.
2. The prohibition on the use of all engineered stone products should remain in place until:
  - It can be demonstrated by independently gathered, analysed and reviewed scientific evidence that higher order<sup>1</sup> risk control measures will maintain exposures below the 50% action level of the WES for RCS.
  - The establishment of a national exposure standard for dusts/particulates from the processing of engineered stone. Such an approach would be similar to that taken for wood dusts and would ensure coverage of constituents of the complex mixtures of

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<sup>1</sup> By higher order controls we refer to substitution/ isolation/engineering controls. There cannot be reliance on PPE and admin controls

engineered stone – e.g. all forms of crystalline silica, amorphous silica, pigments and resins bound to particulates.

- If a cut-off threshold for percentage of silica in the bulk product is to be established, this must be for all forms of silica (i.e. must include amorphous silica and cristobalite) that can produce respirable crystalline silica during processing, installation and removal.
  - A robust, tripartite licensing regime is introduced that licenses both the importers, manufacturers and fabricators of engineered stone products. The regulatory regime should provide for significant penalties applying to the purchase, acquisition or installation of engineered stone products from non-licensed importers, manufacturers or fabricators of engineered stone products.
3. The issues of “legacy” engineered stone will need addressing – to ensure the safety of workers involved in the removal and remodelling of in situ engineered stone products. This should include an appropriate licensing scheme based upon the approach used for legacy asbestos containing materials.

The ACTU draws SWA’s attention to submissions made by individual unions and particularly to the scientific evidence in submissions from professional and health organisations.

### Engineered stone workers are 10 times more likely to contract silicosis

As a community we are considering the prohibition of processing of engineered stone because the health outcomes for those exposed can be very dire. An example is Kyle Goodwin, a 37-year-old who worked as a stone mason on engineered stone for about 10 years between 2004 and 2014. Kyle has been diagnosed with progressive massive fibrosis. Kyle has been told he has less than 10 years to live.

Kyle's experience is not an isolated one. Modelling undertaken by Curtin University and commissioned by the ACTU found that more than 100,000 workers will be diagnosed with silicosis in our lifetimes with a further 10,000 being diagnosed with cancer. Using a Future Excess Fraction method it is also found that the contribution of engineered stone is significant. Using data from 2016 it is revealed that whilst stonemasons working with engineered stone represent less than 1% of the overall Australian workforce, the contribution of the sector to the overall burden of silicosis is in excess of 10%.<sup>2</sup>

### Prohibition on the use of engineered stone

In coming to the position of support for a prohibition on the use of engineered stone, the ACTU and affiliate unions have considered the following evidence regarding respirable crystalline silica (RCS) and other substances generated during the processing of engineered stone products.

#### Severe disease

The evidence from peer reviewed medical journals and state-based lung screening programs show that workers using engineered stone have a higher incidence of severe forms of silicosis when compared with other RCS exposed workers. Evidence by Dr's Alsop and Colquorn before the NSW Parliamentary inquiry into Dust Diseases Scheme collaborates this finding. Current evidence is that between 1 in 10 and 1 in 4 Australian engineered stone workers have been diagnosed with some form of silicosis. A longitudinal study has shown that removal of exposure to RCS after a diagnosis of simple silicosis does not prevent progression to progressive massive fibrosis in about 1 in 4 patients. This is a high incidence of potentially fatal disease for exposures of less than 10 years.<sup>3</sup>

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<sup>2</sup> Carey R and Fritschi L, 2022, The future burden of lung cancer and silicosis from occupational silica exposure in Australia: A preliminary analysis. Curtin University. See table 3

<sup>3</sup> Leon-Jimenez, Artificial Stone Silicosis - Rapid Progression Following Exposure Cessation, Chest 2020

## Risk controls

The SWA Decision RIS notes that silicosis and other silica-related diseases can be prevented by implementing effective controls to eliminate or minimise the generation of, and exposure to, RCS at work.

*For example, through:*

- *eliminating the need to process silica-containing materials*
- *substitution of silica-containing products with alternative products that do not contain silica or contain less silica.*<sup>4</sup>

The Decision RIS is referring to the hierarchy of control as expressed in Regulation 36 of the Model WHS Regulations. The implementation of higher order controls is the preferred option and is only limited by what is so far as reasonably practicable (SFARP).<sup>5</sup>

## So far as reasonably practicable

The WHS Act requires PCBUs to do whatever is so far as reasonably practicable to protect workers from ill health. The factors that must be considered when assessing what is SFARP include:

- i. likelihood of hazard/risk occurring
- ii. degree of harm
- iii. availability and suitability of alternatives,
- iv. knowledge of risks involved.

The risks of respirable crystalline silica have been known for centuries. Unfortunately, the health outcomes and medical and scientific evidence indicates that the dusts from processing engineered stone are materially different from the CS generated when processing natural stone. The dusts, including RCS, generated during the processing of engineered stone slabs results in aggressive forms of silicosis.

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<sup>4</sup> Decision RIS page 21

<sup>5</sup> Model WHS Act section 18 and Model WHS Regulations Regulation 36

## **Emissions from engineered stone are materially different from natural stone**

Researchers have noted that there is a difference in the level and type of dust generated from processing engineered stone and natural stone.<sup>6</sup> The current research suggests that the silica dust produced differs from the silica dust produced whilst mining, for example. It appears that the silica particles produced from engineered stone work are of different shape and considerably smaller dimensions, in the less than 1 micron range. Amorphous silica in the submicron range also causes an inflammatory response. The inflammatory response may also be augmented by the metal ions and resins. The volatile organic compounds in emissions include styrene which can cause asthma and phthalic anhydride a known respiratory sensitiser. All these factors may be contributing to a different and greater inflammatory response.<sup>7</sup>

The information on a sample of product labels,<sup>8</sup> does not reflect the scientific evidence. Safety sheets have asserted that the RCS generated from engineered stone is like RCS generated from other silica containing products.<sup>9</sup> Safety Data Sheets provide limited information on the constituents of engineered stone e.g. amorphous (recycled glass), fillers etc.

## **Engineered stone products are a fashion item and are not an essential building material**

Engineered stone was not sold/manufactured before the 1990s. Commercial and residential buildings constructed before then used alternative materials – natural and manufactured – for benchtops and other products. Engineered stone products are not an essential building material but have garnered a big market share due to the “look” and cost of the products. Alternatives are available and suitable, i.e., it is easy to construct benchtops that are not made from engineered stone.

When applying the test of SFARP to the risks associated with the processing of engineered stone all the criteria - i) to iv) - are satisfied and therefore a prohibition on the use of all forms must be implemented.

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<sup>6</sup> Carrieri et al 2020, IJERPH. 17(12):4489–4415. doi:10.3390/ijerph17124489

<sup>7</sup> Annals of Work Exposures and Health, 2022, Vol. 66, No. 2, 139–149. The ACTU draws SWA attention to the work published by Ramkissoon C et al (2022, 2023); Mandler et al, 2022 and the detailed scientific submission by the AIOH.

<sup>8</sup> Caesarstone statement to 60 Mins program Feb 2023.

<sup>9</sup> ibid

### **All risks are not characterised**

As mentioned above when processed, engineered stone produces dusts/emissions that contain volatile organic compounds and heavy metals – how these compounds and the silica dust interact has not been well characterised, however at least two are known to have respiratory effects - asthma and sensitisation.<sup>10</sup> There is also uncertainty about the additives and pigments.

Anecdotal information indicates that those processing engineered stone also report skin irritation.<sup>11</sup> The ACTU has not been able to find any supplier/manufacture information which characterises airborne contaminants, other than RCS, or skin or respiratory irritants.

This contributes to the scientific uncertainty and inability to identify a threshold percentage level of silica in the bulk product that will protect workers from respiratory or other diseases. The application of the precautionary principle is required when there is this level of uncertainty.

### **Lack of evidence of safe processing/use**

There is a lack of published independent data on the exposure scenarios in the processing of engineered stone. However, a recent study indicated that personal exposures were high:

*Although RCS levels found in this study were lower than those reported in literature, personal occupational exposure to RCS was high. In our study, 21.6% of measured occupational levels of RCS were over the 0.025 mg/m<sup>3</sup> action levels adopted by OSHA and recommended by ACGIH as limit value. Moreover, 13.7% of our data was over the OSHA PEL of 0.050 mg/m<sup>3</sup> and in facilities A, C, and D, some RCS levels were close to the limit value of 0.100 mg/m<sup>3</sup> adopted by the European Union and subsequently received in Italy.<sup>12</sup>*

The study concluded that:

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<sup>10</sup> AIOH Webinar – Update on Engineered Stone and the Complexity of its Health Effects, March 30<sup>th</sup> 2023

<sup>11</sup> For example – email from fabricator – “... lot of resins and I don’t think it will fix the problems that our industry is facing. we find the dust is toxic as when we get it on our skin regardless of wet dust or dry dust it feels like a mild sun burn something that no one is talking about, and the smell of the dust is not the best either it smells like burnt plastic regardless of being cut wet”

<sup>12</sup> Journal Of Occupational and Environmental Hygiene, 2021, VOL. 18, NO. 12, 547–554



*Our study revealed how an unacceptable risk condition for some of the monitored activities was still present despite preventive measures in place. Exposure levels were related to the different operating methods and the different effectiveness of the dust extraction systems. In general, the risk was higher for the workers involved in manual, dry or wet, finishing tasks in comparison to mechanical operations.<sup>13</sup>*

Engineered stone manufacturers allege that they have provided information and training to fabricators and installers that allows for the “safe” processing of engineered stone.<sup>14</sup> The outcomes of lung screening programs manifestly demonstrates that this assertion is not what happens in practice. Caesarstone, for example, refer to the warning labels that were attached to their products from 2010.<sup>15</sup> This information has clearly not been effective in the prevention of serious disease in engineered stone workers. For example - in 2018, 3 workers out of 17 at Heritage Stone in Tasmania were diagnosed with silicosis. The summary of the 2020 court decision itemises WorkSafe Tasmania’s 2018 list of serious breaches of health and safety requirements. The Court noted that some warning labels were in Italian – the language of the importing company. Heritage stone was fined \$500,000.

Caesarstone in its March 2023 Safety newsletter reproduces Victorian WorkSafe data indicating that the industry is not capable of complying with health and safety requirements:

*Currently 163 Caesarstone customers have been issued with an engineered stone license issued by WorkSafe Victoria. Since January 2022, WorkSafe has made 491 silica-related visits to workplaces and issued 199 compliance notices. Between July 1st and December 31st, 2022, the Victorian regulator visited 278 fabrication workshops and installation sites. 166 improvement notices were issued.<sup>16</sup>*

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<sup>13</sup> WSV Response to Public Comment OHS Amendment (Crystalline Silica) Regulations, November 2021

<sup>14</sup> Transcript NSW Law and Justice Committee Friday 15<sup>th</sup> November 2019

2002 we introduced fabrication manuals to fabricators, including multiple silica safety warnings; 2005 we asked fabricators to sign off on fabrication manuals and to sign off on the safety of the inclusions in those manuals; 2005 again we had continual updates on the manuals and health and safety advice issued to the industry; 2010 we sent letters to all fabricators discussing silicosis and the importance of creating a safe work environment; 2010 again we issued further health and safety guides to all fabricators in the industry; 2010 we put warning labels on all slabs; 2012 we issued health and safety DVDs to the entire industry; 2014 we put warnings on invoices and delivery notes; 2016 we started a series of roadshows to fabricators; 2018 we joined the New South Wales and Queensland task force

<sup>15</sup> Caesarstone statement to 60 Mins program Feb 2023

<sup>16</sup> Caesarstone Safety Newsletter March 2023

The nature of those improvement notices is not specified – this information is currently being sought from WSV.

### **Obligations exist across the supply chain**

Importers and suppliers (section 24 and 25 Model WHS Act) have obligations to ensure that the products supplied or imported, so far as reasonably practicable, are without risks to health and safety of persons who:

- *use the plant/substance or structure for the purposes for which it is designed and*
- *carry out, or arrange the carrying out of, any calculations, analysis, testing or examination that may be necessary to safe and healthy use and*
- *provide adequate information on the conditions necessary to ensure use without risks to health and safety.*<sup>17</sup>

The ACTU has been unable to find any information that satisfies the above. The information provided in safety data sheets is generic in nature. As mentioned above there are references to RCS but not to any of the levels or characteristics of the RCS produced, or any of the other constituents. The published research would indicate that importers/suppliers would have difficulty currently satisfying the SFARP test with regards to the safe processing of engineered stone products.

### **Inadequate understanding by industry of health outcomes**

A major importer and supplier, Caesarstone claims that silica dust is nothing like asbestos<sup>18</sup> and that their products are not causing harm.<sup>19</sup> The ACTU agrees that the disease profile for silica dust exposed workers is different to those exposed to asbestos dust. There is no evidence that silica causes mesothelioma or that asbestos causes scleroderma. The differences in health outcomes cannot be equated and cannot be used to support continued exposures to RCS dust

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<sup>17</sup> Model WHS Act 2011

<sup>18</sup> Caesarstone assertions regarding asbestos are incorrect and do not stand up to scrutiny – see Caesarstone statement to 60 mins, February 2023

<sup>19</sup> Caesarstone statement in response to 60 mins program February 2023

generated from processing engineered stone. These claims by industry cast doubt on the industries' appreciation of the extent of harm caused by their products.

The ACTU has been unable to find Australian industry evidence<sup>20</sup> using independent peer reviewed information that explains the high incidence of aggressive disease or the levels of RCS that are obtained when particular risk control measures are applied.

### In summary

- there is considerable evidence that working with engineered stone results in aggressive disease in a high proportion of workers. There is evidence that even removal from exposure does not slow the progression of disease in a significant group of those exposed
- working with engineered stone is a high-risk activity
- there is increasing scientific evidence that processing engineered stone creates dust with a higher proportion of smaller respirable dust particles of different morphology which is not usually seen with other silica dust exposures. This may explain the lungs inflammatory response producing acute and/or massive fibrosis,<sup>21</sup> and
- there is considerable uncertainty regarding the health effects of non-silica components of engineered stone.

Given the above and the requirements of the Model WHS Act,<sup>22</sup> a prohibition on the use of engineered stone is the most effective, efficient, and preferred option.

### The possibility of a percentage threshold for silica in bulk product

Given the paucity of data provided by industry and the lack of independent research correlating percentage of silica in the bulk product and levels of RCS, the ACTU is not able to recommend a percentage threshold level. It is clear from the WSV response<sup>23</sup> to the Interim Silica Regulations

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<sup>20</sup> Evidence before NSW Law and Justice Committee Nov 15 2019 – Mr Cullen said, in response to a question about the proposed industry accreditation scheme - “It is difficult to give an 100 per cent guarantee, but we will make a substantial difference in the industry. We are highly confident that there will be very, very few people moving forward that will die or be affected by silicosis”. Emphasis added.

<sup>21</sup> Although studies from the Eagle Hawke tunnel in the USA in 1930s – see Cohen research.

<sup>22</sup> So far as reasonably practicable which applies to PCBUs, importers, suppliers and manufacturers.

<sup>23</sup> *ibid*

that a 40% threshold is not a threshold based on protecting worker health. There is little evidence which correlates the levels of RCS and the percentage of silica in the bulk product. It is reasonable to assume that lower silica content should result in lower levels of RCS; however, there is no information on which to set a threshold that would consistently result in exposure levels meeting an action level of 50% of the WES for RCS.<sup>24</sup>

The ACTU does not have the scientific expertise to establish a threshold of silica for bulk product that will protect workers health. Any decision-making framework would need to consider, at least the following:

1. a 40% bulk threshold is not adequate to protect health
2. crystalline silica is NOT the only bulk product that needs to be considered for its health effects
3. all the dusts from engineered stone i.e. ultrafine RCS - less than 1 micron, dust particles with a high surface area, an agglomeration of particles and VOCs including styrene which has well characterised health effects
4. independently collected and audited dust/emissions data from workshops – both fabrication and installation
5. compliance with lower order controls is difficult to achieve, as it relies on behaviour of PCBUs and workers and therefore cannot be relied upon to prevent exposures that result in severe diseases.

The submission made by the AIOH outlines an example of the deductive scientific process that would need to be employed.

### Licensing framework

Before policy makers consider permitting the use of some, lower silica content engineered stone products a robust, tripartite licensing regime must be introduced that licenses the importers, manufacturers and fabricators of engineered stone products. The regulatory regime should provide for significant penalties applying to the purchase, acquisition or installation of

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<sup>24</sup> Ramkissoon C et al, Characterisation of dust emissions from machined engineered stones to understand the hazard for accelerated silicosis Scientific Reports | (2022) 12:4351 | <https://doi.org/10.1038/s41598-022-08378-8>

engineered stone products from non-licensed importers, manufacturers or fabricators of engineered stone products.

In terms of legacy products there will need to be an appropriate licensing scheme for those involved in modification, removal, demolition and incidental work. The Victorian licensing scheme is a useful starting point on which to expand and cover all work with potential exposures.

Given the reported repeated high levels of non-compliance amongst fabricators any licensing regime must include a 'fit and proper' person test that considers the general compliance history of the business with respect to health and safety laws. Additionally, the framework must be accompanied by a national compliance and enforcement policy that ensures that non-compliance results in immediate license removal.

### Assumptions contained in Option 6 Decision RIS February 2023

Option 6 of the Decision RIS<sup>25</sup> asserts that there are 10,000 workers involved in processing engineered stone products. This information is taken from the ASEG 2019 application to the ACCC for approval of an industry licensing scheme. In November 2019, Mr Cullen estimated that there were 7,000 workers in the industry. This is 25% lower than the figure used by SWA to calculate costs in the Decision RIS.<sup>26</sup> The Decision RIS fails to explore the discrepancy and uses the higher number when calculating costs.

The calculations used in Option 6 assume that engineered stone is the only product handled by fabricators. There is no evidence produced to support this assertion. The ACTU has anecdotal evidence that many fabricators would willingly not process engineered stone and have the capacity to fabricate alternative products. It is also understood that many fabricators regularly process natural stone products, and that any prohibition of engineered stone would likely see these fabricators increase volumes of natural stone in substitution. The rate of substitution warrants further inquiry.

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<sup>25</sup> Decision RIS page 55

<sup>26</sup> Evidence before the NSW Law and Justice Committee November 15, 2019

The health estimates in Option 6 are very conservative and will underestimate the full costs of silicosis to the Australian economy. There is no information provided to fully assess the costs associated with other silica-related diseases (such as lung cancer, silicosis, progressive massive fibrosis, kidney disease and autoimmune disease). Additionally, no attempt is made to assess the costs for sufferers, their families and the community for cases when simple silicosis progresses to acute or accelerated silicosis. The costs estimates use COPD to the exclusion of aggressive disease for which lung transplants may be the only therapeutic outcome, lung cancer and other diseases. It does not consider the significant burden placed on the health system by avoidable diseases.

It also does not consider other significant benefits that are associated with not having silicosis such as:

- improved mental health and wellbeing benefits for affected workers and their families
- reduced costs to the public health and workers' compensation systems, and
- improved productivity and efficiency resulting from reduced absenteeism.

## Conclusion

Taking all the evidence into account, including the scientific evidence that the dusts from processing engineered stone are complex and cannot be equated with those from processing natural stone, and the degree of harm caused by engineered stone dusts, the ACTU strongly supports prohibition on the processing of engineered stone products.

The current 40% threshold for silica content allowed by the Victorian Regulations is not protective of worker health and was designed for operational, not health reasons. Any consideration of a threshold silica content for bulk product must be based upon independent peer reviewed evidence that clearly demonstrates that worker health can be protected. Essential to any of these considerations is the evidence that the sector – from importers to fabricators – have a low level of compliance with the so far as reasonably practicable requirements of the Model WHS Act and all existing state and territory health and safety laws.

## Appendix 1

### Consultation RIS questions

*Q1. Do you support a prohibition on the use of engineered stone? Please support your response with reasons and evidence.*

See above.

*Q2. If yes, do you support a prohibition on the use of all engineered stone irrespective of its crystalline silica content? Please support your response with reasons and evidence.*

See above.

*Q3. If no, do you support a prohibition of engineered stone that contains more than certain percentage of crystalline silica? If yes, at what percentage of crystalline silica should a prohibition be set? Please support your response with reasons and evidence.*

See above.

**Q4.** *How many businesses work with engineered stone only?*

*For these businesses, please provide where possible:*

- i) the number of sole traders and small businesses (1-20 employees), medium businesses (21-200 employees), large businesses (>200 employees)*
- ii) the number of workers in these businesses, by business size*
- iii) the average annual revenue, by business size*
- iv) the proportion of business activity with engineered stone containing 40% or more crystalline silica content, by business size*
- v) the proportion of business activity with engineered stone containing less than 40% crystalline silica content, by business size.*

The ACTU does not have access to this type of information and refers SWA to the estimates in the Curtin paper and evidence from industry:

Caesarstone estimates that - *From an installation perspective, installation is controlled by fabricators. Approximately 50 per cent of that installation is done by employees and 50 per cent of that installation is done by contractors, but controlled by fabricators.*

*Fabricators, to be clear, are our customers. They are not our suppliers. We bring the material in from various factories. We sell that product to fabricators.<sup>27</sup>*

**Q5.** *How many businesses work with both engineered stone and non-engineered stone products?*

*For these businesses, please provide where possible:*

- i) the number of sole traders and small businesses (1-20 employees), medium businesses (21-200 employees), large businesses (>200 employees)*
- ii) the number of workers in these businesses, by business size*
- iii) the average annual revenue, by business size*
- iv) the proportion of their business activity with non-engineered stone products, by business size*
- v) the proportion of their business activity with engineered stone containing 40% or more crystalline silica content, by business size*
- vi) the proportion of their business activity with engineered stone containing less than 40% crystalline silica content.*

See evidence from NSW - The NSW manufactured stone industry is made up of predominately micro businesses. The range in business size was from sole traders through to 30 workers at some of the larger facilities. Overall, the mean number of workers per workplace was 4. Over 79% of businesses conducted both the fabrication and the installation works, with only 21% relying on subcontractors for installation. 39% of workplaces only fabricated manufactured stone product, 54% fabricated both natural and manufactured stone, and only 7% specialised in natural stone.<sup>28</sup>

**Q6.** *Do you have any data or information on the risks to workers from the other non-crystalline silica elements of engineered stone? Are these risks increased in engineered stone of less than 40% crystalline silica content?*

See above.

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<sup>27</sup>REPORT ON PROCEEDINGS BEFORE STANDING COMMITTEE ON LAW AND JUSTICE 2019 REVIEW OF THE DUST DISEASES SCHEME CORRECTED At Sydney on Friday 15 November 2019 The Committee met at 10:00.

<sup>28</sup> INDUSTRY CHANGE IN THE MANUFACTURED STONE BENCHTOP INDUSTRY AS A RESULT OF PROACTIVE COMPLIANCE ACTIVITIES IN NSW, Dr Natasha Kreitals, Michael Weller, Aklesh Nand SafeWork NSW, 2021 AIOH conference proceedings



**Q7.** *In relation to Option 3, do you have:*

*a) any information on the additional benefits of a licensing scheme over the enhanced regulation agreed by WHS ministers (Option 5a) that would already apply to engineered stone products containing less than 40% crystalline silica content?*

*b) feedback on the implementation of concurrent licensing schemes for both prohibited engineered stone and non-prohibited engineered stone?*

**Q8.** *Are the assumptions and scenarios described for Option 6 in the Decision RIS accurate and appropriate? If not, why? Please provide additional information to support the impact analysis.*

See above.

**Q9.** *Are there any other options or issues you think should be considered for a prohibition on the use of engineered stone?*

**Q10.** *Should there be a transitional period for a prohibition on engineered stone? If so, should it apply to all options and how long should it be?*

The ACTU does not support a transition longer than mid-2024.

**Q11.** *Do you have any evidence or data on the number of cases of the other silica-related diseases (such as lung cancer, chronic obstructive pulmonary disease, kidney disease, autoimmune disease) attributed to exposure to crystalline silica from engineered stone?*

No. The ACTU refers to Tables 2 and 3 in Appendix 1 Scientific and Evidence Report Silicosis in Australia of the Draft National Silicosis Prevention Strategy.<sup>29</sup>

**Q12.** *Do you have any additional evidence or information on the impacts of silicosis or silica-related diseases?*

*For example, the direct impacts on the affected worker from the disease, the impacts on the mental health of affected workers and their families, the healthcare costs to the affected worker, loss of income for affected workers and their families, the costs to the health, workers' compensation and social support systems.*

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<sup>29</sup><https://lungfoundation.com.au/wp-content/uploads/2023/02/NSPS-NAP-Fifth-Full-Draft-Copy-for-Public-Consultation.pdf>

Useful information is provided in research conducted for the National Dust Diseases Task Force.<sup>30</sup>

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<sup>30</sup> Dust Disease Research Update Final report May 2021 Prepared for Department of Health, National Dust Disease Taskforce

## Appendix 2

### Industry Statements

In summary, Caesarstone says:<sup>31</sup>

Caesarstone product is not causing harm. The failure of fabricators and employers to use safe processes and precautions that are set out in detail in Caesarstone's fabrication manuals and mandated by law has caused considerable harm.

Since as early as the 1990s, every Caesarstone Material Safety Data Sheet and fabrication guide has carried warnings about the presence of quartz and the risk of silicosis from inhaling quartz dust.

Caesarstone has consistently taken action to promote a safe engineered stone industry since it began operating in Australia, including through extensive efforts to educate fabricators and stonemasons regarding the risks of silicosis and safe product handling and safety guideline.

The objection to the article (publishing Professor Mordechai Kramer's study) was on the basis that it targeted Caesarstone. The article was entitled "Caesarstone® Silicosis: Disease Resurgence among Artificial Stone". The invented name "Caesarstone® Silicosis" did not (and still does not) exist in the World Health Organization's International Classification of Diseases (ICD).

Caesarstone is an Israeli manufacturer of large quartz slabs, being a raw building material, distributed in Australia since 2003. Consumers do not buy the slabs. Rather, consumers buy the finished product that a stonemason manufactures from the raw slab. Benchtops, counter tops, vanities and surrounds (i.e., splashbacks) were the most common products manufactured from Caesarstone's slabs.<sup>32</sup>

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<sup>31</sup> Caesarstone statement to 60 mins

<sup>32</sup> [https://www.swaab.com.au/assets/download/IPLB\\_issue\\_33\\_7\\_Merge\\_3rd.pdf](https://www.swaab.com.au/assets/download/IPLB_issue_33_7_Merge_3rd.pdf)

Rather, Caesarstone sold its slabs to two Australian distributors, Carsilstone Pty Ltd (Carsilstone) and Tessera Stones and Tiles Pty Ltd (Tessera). Carsilstone and Tessera distributed the slabs to stonemasons.

<https://www.ashurst.com/en/news-and-insights/insights/tiles-and-trials-full-court-refuses-caesarstones-trade-mark-applications/>

## Caesarstone statement to Customers February 2023

"Caesarstone has been providing clear warnings to customers about the quartz content of engineered stone, the risk of silicosis and safe handling procedures since the 1990s," said Caesarstone Asia-Pacific managing director David Cullen in the statement. "These predate Caesarstone's entry to Australia."

"Since 2010, when Caesarstone recognised the problem of silicosis, every slab has carried a prominent warning," he continued. "We have also focused heavily on fabricator education, and we have engaged closely with government through our participation in state-based taskforces in NSW, Queensland and Victoria and the National Dust Disease Taskforce."<sup>33</sup>

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<sup>33</sup> Cullen D, Caesarstone Letter to Customers February 2023  
<https://www.dezeen.com/2023/03/09/australia-engineered-stone-quartz-ban-caesarstone-news/>  
<https://elitepublishing.com.au/silicosis-new-safeguards/>

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