SILICA DUST

Grievance

MS C.M. ROWE (Belmont) [9.38 am]: I thank the Minister for Industrial Relations for taking my grievance. I would also like to thank the minister for all the incredible work that he has done in this portfolio, in particular the landmark Work Health and Safety Act, which passed in this place back in 2020.

My grievance today is about silica dust. Silica dust is having a devastating impact on a generation of workers. The prevalence and severity of health complications caused by the inhalation of silica dust is a cause of grave concern amongst experts, unions and workers. Silica is silicon dioxide, a naturally occurring and widely abundant mineral that forms the major component of most rocks and soils. Silica dust is produced in a wide range of workplaces during routine processes. It occurs as a result of crushing, cutting, drilling, grinding, sawing or polishing products that contain silica. Some of the particles of silica dust are so small that they are not even visible. These are commonly referred to as respirable particles. Respirable silica dust particles are dangerous. They are small enough to penetrate deep into the lungs and can cause irreversible lung damage. Exposure to silica dust can cause myriad diseases and health issues, including silicosis, lung cancer, kidney damage, emphysema and chronic bronchitis. These diseases cause serious health issues and can be fatal in some instances.

Industries that use engineered stone products are facing the most urgent workplace risks, and that has been the subject of a devastating *60 Minutes* exposé. These products are often composed of over 90 per cent silicon. The lack of controls used by many employers in the cutting and utilisation of these products has led to a shocking rise in the number of cases of silicosis affecting people in this industry. Although the bulk of recently identified cases have been in the engineered stone industry, it is not alone in its workers being affected by the impact of silicosis due to workplace exposure. Earlier this year, many members present may have seen the *60 Minutes* exposé of the dangers facing workers in the stone benchtop industry, which was done in conjunction with *The Sydney Morning Herald* and *The Age*. One of the cases referred to was that of Ken Parker, who was diagnosed with silicosis in November 2019 and given a life expectancy of five to 10 years. He had spent 18 years working in a factory in Sydney's west, in hot and dusty conditions, cutting, grinding and polishing artificial stone. Mr Parker had his lung capacity measured after contracting silicosis. His lung capacity is now at 40 per cent. He finds it hard to walk and talk at the same time. He said —

> "Loss of job, loss of house, loss of lifestyle … you wake up in the morning, and you dunno what you're supposed to do."

In the same article, Professor Deborah Yates, a respiratory physician of 30 years, described silicosis as an "insidious disease". She said —

> "It's like being strangled … like having your lungs contracting from inside," …

In 2019, there were an estimated 350 cases of silicosis in Australia. Of these cases, 100 were identified between September and December of that year. It is estimated that approximately 600 000 workers in Australia may be exposed to silica dust across a wide range of industries. If the appropriate safeguards are not in place, this could be a disaster of epic proportions. Indeed, even the previous federal government recognised the problem enough to set up the National Dust Disease Taskforce. In the foreword to its report, the task force noted —

> The key driver for the establishment of the Taskforce was concern about the emerging trend of new cases of accelerated silicosis in Australia. The re-emergence of silicosis not only raised questions about the adequacy of the systems in place for the prevention, early identification, control and management of this disease, but also in relation to broader occupational dust diseases.

The task force recommendations were seen by many as falling short. I acknowledge the advocacy of UnionsWA in our state and the wider union movement on this issue. I am particularly aware of the work done by the Australian Workers' Union for quarry workers and miners. The AWU has been advocating for national regulations to protect workers in all affected industries, with harsh penalties for noncompliance. I am proud to be a member of the AWU and I thank everyone who has worked on this campaign. This work will save lives.

I note the recent meeting of work health and safety ministers and congratulate all concerned with the decision to take further action to regulate the processing of silica. I was particularly pleased that the commonwealth is looking at the question of a ban on manufactured silica benchtops. We must act now to protect future generations of workers from contracting this deadly disease.

I ask the minister to outline the steps taken by the WA government to provide robust protections for WA workers against silica dust and whether there are further actions that can be taken.

MR W.J. JOHNSTON (Cannington — Minister for Industrial Relations) [9.43 am]: I thank the member for Belmont for bringing this important issue to the chamber and I acknowledge her ongoing commitment to seeing improvements in this issue, and her genuine interest in seeing better outcomes for working people in this state.

When we came to government, it is true that actions were required. The government of Western Australia has supported action on silicosis. The first thing we did was we supported research to identify the extent of the health challenges related to silicosis disease load in the state, because we actually had almost no workers compensation claims for silicosis, but it was being reported to us by the relevant college of surgeons that it was an increasing problem, so we funded a research project to identify the extent of the disease load and the source of the disease. That showed that there is a challenge in that a large number of workers have undiagnosed silicosis arising from workplace exposure to silica dust.

We have been working together with federal, state and territory ministers on action to reduce exposure to respirable crystalline silica, or RCS. Firstly, in 2020, we reduced the exposure standard for crystalline silica from 0.1 milligrams per cubic metre to 0.05 milligrams per cubic metre; that is to say, we reduced the exposure to one-twentieth of what it had previously been. Some people said that we should have gone further. The problem is that it is not practical to measure silica dust below that level, so even if we had had a lower limit, workplaces would not be able to measure the level using ordinarily available measuring equipment. They would have to have specialist measuring equipment. That means that a lower limit would not have any perceived improvement in outcomes. We also introduced other procedures to ban the dry cutting of manufactured silica products.

In 2021, we changed the way we monitor for RCS by introducing the use of low-dose computed tomography scans instead of chest X-rays. The problem with chest X-rays was that they did not actually discover silicosis. People were getting negative chest X-ray results because the chest X-ray did not identify silicosis. Again, I acknowledge the work of the college. As a result of part of the research piece that the college undertook, we now use computed tomography scans instead of chest X-rays. I am not a medical technologist, but I understand that it is a completely different method that uses CAT scans instead of X-rays to examine people's chests and find the disease.

WorkSafe Western Australia has developed the *Dust strategy 2023–24*, which covers silica, asbestos and other dust, to increase awareness of the health risk of these issues under the state's work health and safety legislation. The strategy supports the outcome of the National Dust Disease Taskforce and aims to reduce excessive exposure through targeted education and awareness actions; enforcement and compliance with the laws; regular engagement with stakeholders, including medical practitioners; and further inspector training. WorkSafe has published the outcomes of its silica compliance project, which included 150 inspections of workplaces that use engineered stone and resulted in the issuing of over 1 000 enforcement notices. We know that that is just the start, and I know that the WorkSafe Western Australia Commissioner intends to continue that work to improve outcomes for workers in workplaces. One of the challenges here is that many of the businesses using engineered stone are small businesses that may not have a depth of understanding about the challenges of silica and silicosis. That is not an excuse, but it is an explanation. Therefore, we want to work with that sector to improve its understanding of the need to manage RCS. I highlight that a person conducting a business or undertaking under the state's WHS legislation needs to take all practicable controls to protect workers' health. That obliges people working in the engineered stone industry to do what is known possible to reduce exposure.

I also highlight that there are alternatives to engineered stone. Twenty years ago, nobody used engineered stone; they used quarried stone or timber. Those alternatives are still available to people. Natural stone does not have high levels of RCS in it and therefore working with natural stone, although still requiring careful management, does not have the same level of risk that engineered stone has. WorkSafe has extensive guidance available for workers and persons conducting a business or undertaking to improve the management of RCS.

I want to thank my parliamentary secretary, Hon Matthew Swinbourn, for attending the work health and safety ministers' meeting recently. It was on at the same time as the energy ministers' meeting so I was at that meeting and was unable to go to the health and safety meeting, but the parliamentary secretary attended and supported the action of the commonwealth to look at banning the import of this material. It is important to note that there are no manufacturers of engineered stone in Australia; it is all imported. If we can fix it at the border, we can eliminate it from workplaces, as we have done with asbestos. I look forward to that process leading to a great outcome. I thank the member for Belmont for her continued advocacy on this issue, because it is critical.