

11 April 2018

Ms Marie Boland  
Consultant  
c/o Safe Work Australia

Dear Ms Boland,

**Re: 2018 Review of the model WHS laws**

Cancer Council Australia is the nation's peak non-government cancer control organisation. Cancer Council's Occupational and Environmental Cancer Committee includes members with national standing in relevant disciplines including epidemiology, molecular biology, occupational health, clinical oncology and public health. Cancer Council welcomes the opportunity to provide comment on the 2018 Review of the model WHS laws.

The Australian Work Exposures Study estimated that in 2012, 3.6 million current workers, or 40% of the working population, were potentially exposed to carcinogens in the workplace<sup>1</sup>. Risk factors including asbestos and ultraviolet radiation are well known occupational carcinogens, but there are other exposures and specific jobs which are less commonly perceived as being linked to cancer. In Australia it has been estimated that approximately 5000 cancers are caused by occupational exposures<sup>2</sup>; however less than 8% of these cancers are compensated which is an indication of the low level of awareness of occupational carcinogens.

The model WHS laws have been designed to protect all workers in Australia. Cancer Council believes that Australian workers should be able to conduct their working life without increasing their risk of cancer. In order to reduce the cancer burden due to occupation in Australia, Cancer Council recommends the following priority areas for action:

- Improve the quality of Australian data
- Improve and standardise workplace regulations
- Raise awareness of occupational cancers

There is a lack of accurate information on the frequency and extent of exposure to workplace carcinogens in Australia. There is also precedent for more comprehensive data collection initiatives such as the EU CAREX (CARcinogen EXposure)<sup>3</sup> database which contains estimates of exposure to 139 carcinogens across 19 European countries. CAREX Canada expanded the concept through a multi-million dollar national surveillance project that estimates the number of Canadians exposed to substances associated with cancer in the workplace. Cancer Council recommends the systematic collection of carcinogen exposure surveillance data in Australian workplaces as well as collection of data on the implementation and effectiveness of workplace controls and regulations.

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<sup>1</sup> Carey RN, Driscoll TR, Peters S, Glass DC, Reid A, Benke G, et al. Estimated prevalence of exposure to occupational carcinogens in Australia (2011-2012). *Occup Environ Med* 2014;71(1):55-62

<sup>2</sup> Fritschi L, Driscoll T. Cancer due to occupation in Australia. *Aust N Z J Public Health* 2006; 30: 213-219.

<sup>3</sup> Kauppinen T, Toikkanen J, Pedersen D, Young R, Ahrens W, et al. Occupational exposure to carcinogens in the European Union. *Occup Environ Med* 2000; 57: 10-18.

In 2012, Fernandez et al. compiled a priority list of 38 occupational carcinogens most relevant to Australian workers<sup>4</sup>. These agents or groups of agents should be the focus of Australian regulators in reducing the rate of occupational cancer. Cancer Council recommends the introduction of this priority list of occupational carcinogens for which preventative measures are necessary (as well as the recent addition of welding fume as a Group 1 IARC carcinogen)<sup>5</sup>. Currently in the WHS Regulations, Chapter 7, Table 10.1 many of these priority carcinogens are not included as prohibited carcinogens. Cancer Council would like to see that these known carcinogens are, as much as possible, removed from the workplace as addressed by the Hazardous Chemical Regulations, Division 7 and 8. Where this is impossible all reasonable steps should be taken to minimise the exposure and associated cancer risks as outlined by the Hierarchy of Control in Chapter 3 of the regulations. In circumstances where exposure has occurred and there is a resultant cancer diagnosis, compensation should be made available. Adoption by jurisdictions of SafeWork Australia's revised [Deemed Diseases list](#) would assist in this area.

Cancer Council's Occupational and Environmental Cancer Committee supports and endorses the Asturias Declaration by the World Health Organization which recommends the development of communication campaigns that educate populations about occupational causes of cancer. Currently poor awareness of exposure to occupational carcinogens and lack of attribution of cancer to occupational causes, among both the clinical and general community, limits opportunities to reduce the likelihood and extent of exposure. Effective identification of and compensation for cases of work-related cancer would provide necessary support to affected cancer patients and an increased incentive for government and industry to minimise the occurrence of such cases.

Australians deserve the highest standards of employee protection, based on international best practice. While workplace health and safety is a state responsibility, it is not appropriate to have implementation and enforcement varying between jurisdictions and industries. Cancer Council recommends that regulations and policy surrounding occupational carcinogens across jurisdictions and industries is harmonised.

Cancer Council supports the rights of Australian workers to a safe and healthy workplace. We believe the priority areas for actions outlined in this letter will ensure Australian workplaces can protect workers from exposure to occupational carcinogens and reduce the burden of occupational cancers.

Yours sincerely,

Terry Slevin  
Education and Research Director | Cancer Council Western Australia  
Chair Occupational and Environmental Cancer Committee | Cancer Council Australia

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<sup>4</sup> Fernandez RC, Driscoll TR, Glass DC, Vallance D, Reid A, Benke G et al. A priority list of occupational carcinogenic agents for preventative action in Australia. Aust NZ J Public Health. 2012; 36: 111-115

<sup>5</sup> Guha N, Loomis D, Guyton KZ, El Ghissassi F, Bouvard V. Carcinogenicity of welding, molybdenum trioxide, and indium tin oxide. Lancet Oncol. 2017; 18(5): 581-582.