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Dear Minister,

The next government's opportunity to save tradies lives and livelihoods.

The Thoracic Society (TSANZ) urges the next government to get ahead of the curve to stop more Kiwi workers from developing entirely preventable and devastating health issues from occupational lung diseases like silicosis. Countries like Australia are beginning to see just how widespread the issue is, with a Curtin University study predicting that 37% of tradespeople are at risk of developing silicosis in their lifetime. Recent estimates suggest that there are currently 275,000 Australians at risk of diseases caused by breathing in silica dust. It's likely that the impact of silicosis is proportional in New Zealand's workforce.

The government and health practitioners need to work together **now** to keep New Zealand tradies safe. Without effective legislation, monitoring, and regulations, Kiwi lives and their livelihoods are in jeopardy.

One of the first steps we are advocating for is the ban of the popular, but hazardous kitchen and bathroom benchtop product of engineered stone. You may have seen that our op-ed: *The reasons lung-health experts want engineered stone banned* was recently published in [The Post](#), [The Press](#), and the [Waikato Times](#). Please read the op-ed to better understand why this is the first and most important step in protecting our tradespeople.

About the TSANZ

The TSANZ is a health promotion charity whose mission is to lead, support and enable all health workers and researchers who aim to prevent, cure, and relieve disability caused by lung disease. The TSANZ is the only peak body in both Australia and New Zealand that represents all health professionals working in all fields of respiratory health.

The TSANZ is a leading advocate and provider of evidence-based policy for the prevention and management of respiratory conditions in Australia and New Zealand, undertakes professional education and training, is responsible for significant research administration, and coordinates an accredited respiratory laboratory program.

As a membership organisation for respiratory health professionals and researchers, the TSANZ has a world-class membership of nurses with expertise in respiratory nursing.

What is silicosis and why is it one of the biggest hidden health threats to our tradies.

Silicosis - the oldest occupational lung disease on record - is caused by inhaling crystalline silica particles, commonly found in dust generating activities such as mining, construction, fabrication, and installation of materials like engineered stone (a.k.a., quartz and artificial stone). These silica dust particles are invisible and one hundred times smaller than a grain of sand, so they can travel deep inside your lungs to wreak havoc. This insidious lung disease is irreversible, debilitating, potentially fatal, and should **not** be occurring in the 21st Century.

Recently, doctors have seen an explosion of silicosis cases – more than 275,000 Australians are now at risk of diseases caused by breathing in silica dust – that is **more than the entire population of Dunedin, Lower Hutt, and Hastings combined**. Curtin University researchers have shown that workers in trades have a 37% risk of developing silicosis in later life. Monash University research published in June 2023 found that four hundred Victorian stone benchtop workers, 28% of Victorian stone benchtop workers had silicosis, and 21% had advanced silicosis. The Australian statistics point to what could be a similar story for our New Zealand tradies. But, critically - despite respiratory clinicians' best efforts - New Zealand does not have the mechanisms in place to quantify the true extent of this issue or protect more workers from the catastrophic impacts of working with highly sought after products like engineered stone, in kitchens and bathrooms up and down the country.

Currently, New Zealand does not have the infrastructure to screen at-risk workers' lung performance proactively and regularly; there is poor enforcement of existing health and safety standards; and no overarching government regulatory body to monitor workplace practices exists. This means that silicosis cases from engineered stone benchtops alongside other trades where silica dust particles are regularly inhaled into workers lungs are likely to be much more common than we realise. New Zealand tradies need us to catch up with the play so that they can go to work without fear that a potentially career-ending, or worse, deadly disease could claim their health and livelihoods.

[Six reasons why this is an issue for New Zealand's next government.](#)

Progressive and irreversible: Silicosis is a chronic lung disease that progresses over time. Once silica particles enter the lungs, these particles cause inflammation and scarring, leading to scar tissue which makes the lungs harden and contract. This scarring impedes on an individuals' ability to breathe properly, causing breathlessness. There is no cure for silicosis, and the damage to the lungs is irreversible.

Health impacts: Silicosis can have severe health consequences for affected individuals. Unfortunately, symptoms occur late, with many people noticing nothing at first. Symptoms typically include persistent cough, shortness of breath, chest pain, and fatigue. As the disease progresses, it can lead to more serious complications such as lung failure, lung infections, and an increased risk of developing other conditions. These include tuberculosis, lung cancer, emphysema, and some chronic skin and joint problems.

Occupational hazard: Silicosis is primarily an occupational disease, affecting workers who are exposed to high levels of silica dust. Industries with a high risk include construction, sandblasting, the fabrication and manipulation of stone benchtops made of engineered stone, and mining. Workers in these industries face continuous exposure to silica dust, increasing the chance of developing silicosis.

Impact on quality of life: Silicosis can significantly impact the quality of life of affected individuals. Breathing difficulties and reduced breathing capacity make it challenging to perform everyday tasks, affecting physical capabilities and overall well-being. The disease can limit a person's ability to work, participate in everyday activities with loved ones, and enjoy a fulfilling life.

Economic and social issues: Silicosis has far-reaching consequences beyond each individual worker. People with silicosis may face financial hardship from down-skilling at work, a reduced ability to continue working, and medical care. Families suffer, both emotionally and economically, as they support their loved ones through the difficulties associated with the disease.

Preventable with proper measures: One of the tragedies of silicosis is that its largely preventable. Through proper workplace controls, such as effective dust control, wet cutting, adequate ventilation, and the use of personal protective equipment, exposure to silica dust can be minimised. However, if these preventative actions are not taken (which is the sadly frequently the case in New Zealand) then unnecessary suffering and loss of life may occur. This is why medical groups such as the Thoracic Society, and others are calling for the outright ban on engineered stone.

A member of

TSANZ represents all respiratory physicians, researchers, and healthcare workers in lung health. Our policy position is that a ban is the only realistic solution to stopping silicosis in benchtop workers and other tradies.

[Let's work together for better lung health for New Zealanders.](#)

The Thoracic Society is advocating for a ban on engineered stone, alongside implementing health surveillance and other public health measures to protect New Zealand workers.

We are available to discuss with you what the evidence shows and how we can support the next government in creating sensible, and evidence-informed public health policy. We can be contacted at: advocacy@thoracic.org.au

The TSANZ thank you again for your commitment to the lung health of all New Zealanders.

Yours sincerely

Professor Anne E Holland
President
Thoracic Society of Australia and New Zealand