Te Pou Hauora Tūmatanui
Public Health Agency

MANATŪ HAUORA
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16 December 2024

s 9(2)(a)

Ref: H2024057656

Tēnā koe s 9(2)(a)

**Response to your request for official information**

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health – Manatū Hauora (the Ministry) on 4 December 2024 for:

> *"A copy of the briefing to the Health Minister "H2024049134 Accelerated Silicosis in New Zealand".*

A copy of the document you have requested, titled "*Aide-Mémoire H2024049134 - Accelerated Silicosis in New Zealand"* is attached to this letter. This is released to you with some information withheld under section 9(2)(a) of the Act, to protect the privacy of natural persons. Where information is withheld under section 9 of the Act, I have considered the countervailing public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time.

I trust this information fulfils your request. If you wish to discuss any aspect of your request with us, including this decision, please feel free to contact the OIA Services Team on: oiagr@health.govt.nz.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Manatū Hauora website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā

Alex Fuller
**Acting Manager, OIA Services**
**Government and Executive Services | Te Pou Whakatere Kāwanatanga**

# Aide-Mémoire

## Accelerated Silicosis in New Zealand

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| **Date due to MO:** | 3 September 2024 | **Action required by:** | N/A |
| **Security level:** | IN CONFIDENCE | **Health Report number:** | H2024049134 |
| **To:** | Hon Dr Shane Reti, Minister of Health | | |
| **Consulted:** | Health New Zealand: ☐ | | |

## Contact for telephone discussion

| Name | Position | Telephone |
|---|---|---|
| **Dr Andrew Old** | Deputy Director-General, Public Health Agency \| Te Pou Hauora Tūmatanui | s9(2)(a) |
| **Dr Nicholas Jones** | Director of Public Health, Public Health Agency \| Te Pou Hauora Tūmatanui | s9(2)(a) |

# Accelerated Silicosis in New Zealand

## Purpose

1. This aide memoire responds to your request for further information regarding accelerated silicosis and the health position. Officials understand that you received a letter from the Royal Australasian College of Physicians on this matter earlier this year.

## Background

2. Silicosis is a long-term lung disease caused by inhaling large amounts of respirable crystalline silica (RCS) dust particles, usually over many years. Silica is a substance naturally found in certain types of stone, rock, sand and clay. Working with these materials can create a very fine dust that can be easily inhaled.

3. Accelerated silicosis is an aggressive form of silicosis. It is an irreversible, debilitating and potentially fatal lung disease that primarily affects workers exposed to high levels of RCS during the cutting, fitting and polishing of engineered stone for benchtops.

4. Unlike other forms of silicosis associated with industries such as mining and construction, accelerated silicosis from engineered stone occurs at a younger age, after fewer years of exposure, and is significantly more aggressive.

5. In 2019, WorkSafe, the Accident Compensation Corporation (ACC), and the Ministry of Health (the Ministry) began working together following findings in several Australian states that a high proportion of those working with engineered stone over the previous decade had developed silica-related disease.[1] A governance group was formed to support a coordinated effort across the agencies.

6. In 2019, WorkSafe also established the Dust Diseases Taskforce (the Taskforce) to advise the three agencies on dust diseases, with an initial focus on accelerated silicosis. The Taskforce is co-chaired by WorkSafe and Dr Alexandra Muthu from the Australasian Faculty of Occupational and Environmental Medicine (AFOEM), (a faculty of the Royal Australasian College of Physicians). Dr Muthu is also currently the Interim National Clinical Lead Occupational Health at Health New Zealand (Health NZ). The Taskforce's membership is mainly clinical but includes a research institute and representatives from ACC, WorkSafe, and, initially, the Ministry.

7. In October 2023, the Ministry exited both the governance group and the Taskforce. Due to the operational nature of the groups, it was considered more appropriate for the health input to be provided by Health NZ.



[1] **The reasons for this high rate of harm and aggressivity of disease are not yet fully understood. They are thought to relate at least in part to the very high levels of exposure to RCS from dry cutting engineered stone, which can contain in excess of 90% silica. Other relevant factors may include the very small size of ground particles, particle surface reactivity, presence of metal ions, and presence of toxic volatile organic chemicals (VOCs) in the resins used to bind the stone.**

*Situation in Australia*

8. In October 2023, Safe Work Australia released a Decision Regulation Impact Statement (Decision RIS) that provided an analysis of the impact of a prohibition on the use of engineered stone.[2]

9. This was followed, in December 2023, by an Australian Government announcement that they would prohibit the use, supply and manufacture of all engineered stone from 1 July 2024. This was a world-first decision.

## Current situation in New Zealand

10. WorkSafe inspectors undertake assessment visits to approximately 150 businesses that fabricate engineered stone to ensure these businesses are effectively managing the risk of exposure to crystalline silica dust. WorkSafe report that overall, there has been improvement in the management of RCS by engineered stone businesses since 2019.

11. The Ministry of Business, Innovation and Employment (MBIE) (as the policy ministry for health and safety) provided the Minister for Workplace Relations and Safety, Hon Brooke van Velden, with advice on options for the industry in April 2024.

12. MBIE advises that, subject to Cabinet approval, public consultation is planned later this year on a range of options to control the risks from engineered stone and other sources of exposure to RCS.

13. Workers who have worked with engineered stone for at least six months in the last 10 years in New Zealand are able to have their health assessed under the Accelerated Silicosis Assessment Pathway.[3] On this pathway, claims are lodged with ACC, usually by a General Practitioner, based on exposure history regardless of symptoms. As of 1 August 2023, 190 claims had been lodged with ACC. Twenty-one engineered stone workers have so far been diagnosed with silicosis, 15 with chronic silicosis and six with either probable or possible accelerated silicosis. These figures are based on claims lodged rather than completed assessments. Many workers were still in the pathway at the time assessment findings were last reported. ACC has advised it intends to review assessment statistics in the near future.

## Health position on the issues related to accelerated silicosis

14. WorkSafe is the lead agency to ensure that businesses are managing the risks of working with engineered stone in the workplace.

15. Once installed in homes or workplaces, engineered stone benchtops, panels and slabs pose no public health risk.

16. Given the risk to workers in the industry when working with engineered stone with silica content, the Ministry would support stronger regulation of work with engineered stone,



[2] ***Decision Regulation Impact Statement: Prohibition on the use of engineered stone***

https://www.safeworkaustralia.gov.au/doc/decision-regulation-impact-statement-prohibition-use-engineered-stone

[3] https://www.tewhatuora.govt.nz/for-health-professionals/clinical-guidance/diseases-and-conditions/accelerated-silicosis/accelerated-silicosis-assessment-pathway/

in line with the range of options being developed by MBIE for public consultation later in 2024.

17. This view is based on the following factors:

    a. there is strong evidence of risk of harm from working with engineered stone with high crystalline silica content

    b. WorkSafe has advised that businesses are not consistently using effective controls to reduce the risk of harm

    c. alternative materials are available.

18. MBIE has advised that the public consultation planned for later in 2024 will consider issues including the effectiveness of different regulatory options in reducing the risk of harm, and the availability and relative risk of alternative materials.

19. The Ministry supports appropriate clinical and occupational health follow up for those already affected and exposed to this risk as is provided through the Accelerated Silicosis Assessment Pathway.

## Next steps

20. WorkSafe, ACC and Health NZ continue to work together to coordinate cross-agency efforts in response to accelerated silicosis.

21. MBIE will undertake public consultation later this year to test the extent to which mitigation measures and regulation would be effective in practice, likely levels of compliance with any regulatory measures, and the availability of alternative materials.

22. The Taskforce last met in September 2023, and WorkSafe has advised that they intend to arrange another meeting of the Taskforce to align with the Minister for Workplace Relations and Safety's, Hon Brooke van Velden's, consideration of options for the industry.



Dr Andrew Old
**Deputy Director-General**
**Public Health Agency | Te Pou Hauora Tūmatanui**
Date: 3 September 2024