



**Joint response to the *Supporting business through improvements to mandatory standards regulation under the Australian Consumer Law* consultation from Cancer Council Victoria, Public Health Association Australia and the Australasian College of Dermatologists**

**About us**

Thank you for the opportunity to respond to this consultation. This joint response has been prepared on behalf of the following organisations:

Cancer Council Victoria (CCV) is an independent, not-for-profit organisation playing a leading role in reducing the impact of all cancers on all people. CCV is internationally renowned for its work in cancer research, prevention and support and runs the globally recognised skin cancer prevention program, SunSmart.

Public Health Association Australia (PHAA) is Australia's peak body for public health and advocates for the health and wellbeing of all Australians.

Australasian College of Dermatologists (ACD) is the leading authority in Australia for dermatology, providing information, advocacy and advice to patients, communities, government and other health stakeholders on skin health and dermatological practice. It is the sole medical college accredited by the Australian Medical Council for the training and continuing professional development of medical practitioners in the specialty of dermatology.

**Background: skin cancer in Australia and Australian standards.**

All forms of ultraviolet radiation (UVR) are carcinogenic according to the International Agency for Research on Cancer.<sup>1</sup> Overexposure to UVR can also cause cataracts.<sup>2</sup> Australia has one of the highest rates of skin cancer in the world<sup>3</sup> due to our unique high UVR environment combined with a high proportion of the population with a fair skin type.<sup>4</sup> With over one million treatments for the disease each year<sup>5</sup> at an annual cost to the health system of \$1.68 billion,<sup>6</sup> skin cancer is Australia's most common and most costly cancer. Sadly, there are over 2,000 deaths from skin cancer each year<sup>7</sup>, yet it is almost entirely preventable with the use of good sun protection (clothing, broad-brim hats, shade, sunglasses and sunscreen).

By ensuring the most stringent sun protection standards we reduce the health burden for Australians and reduce the healthcare costs for Australian Governments.

There are currently four Australian standards which cover each of the sun protection behaviours:

1. Sun-protective clothing and hats (AS 4399:2020);
2. Sunscreens (AS/NZS 2604:2021);
3. Knitted and Woven shade fabrics (AS 4174:2018);
4. Sunglasses (AS/NZS 1067:2016).

Each of these standards has been developed taking into account Australia's high-UVR environment, unique outdoor lifestyle and considerable burden of disease associated with ultraviolet radiation and are thus more rigorous from a public health perspective than their equivalent overseas standards.



Some examples of this include:

Sunglasses: major overseas sunglasses standards do not require protection in the UV radiation spectrum between 380nm and 400nm as is required by the Australian sunscreen standard. Exposure to UV in the 380nm-400nm spectrum is carcinogenic to humans.

As noted in the consultation document, sunglasses testing to the Australian Standard AS 1067 is mandatory under the Consumer Goods (Sunglasses and Fashion Spectacles) Safety Standard 2017 legislation. Australia is the only country where testing is mandatory. Since 2003 (8 years after commencement of the sunglasses mandatory standard), fewer product recalls in Australia are for performance issues, and more are due to labelling issues. By contrast, in Europe, many sunglasses bearing CE marks (directive to be tested to EN ISO 12312-1) have been found to be non-compliant. This example highlights the importance of mandatory safety standards that have been developed with consultation with technical experts and public health considerations and have stood the test of time.

Sunscreen: International Standard ISO 24442 Cosmetics – Sun protection test methods – In vivo determination of sunscreen UVA protection, require in-vivo testing involving human subjects to ascertain the UVA protection. This involves high doses of UV on human subjects which is not a requirement under Australian Standards, instead we require in-vitro testing to ISO 24443, recognising our ethical obligation to reduce harms to humans when testing products as much as possible.

Clothing and hats: The Australian Standard sets out minimum requirements for body coverage, which are not specified in the AATCC 183 standard or the ASTM D6603 standard for labelling UPF rated clothing. Thus, UPF ratings may be applied to items such as bikinis, tank tops and baseball caps where the fabric itself may protect against UV radiation, but the product provides insufficient protection against skin cancer.

### **Preference for option 1**

We note the consultation commits to balance the needs of reduced regulation for businesses with the need for product safety to be maintained and that pages 19 and 26 specifically mention the sunglasses standard in the context of Australia's high-UVR environment.

In considering any changes to the status quo, the health and safety of Australians must always be paramount. Given the considerable threats to public health posed by Australia's unique high-UVR environment, our organisations are concerned that any changes to the status quo enacted under options 2 or 3 have the potential to reduce safety standards in relation to sun protection items as overseas standards will not have considered the Australian context.

### **We would therefore support option 1.**

Option 1 ensures that public health input into Australian standards is maintained. We are aware that a common criticism of other national and international standards is that they do not require input from public health representatives or seek public comment. In addition, many national and international standards committees are heavily skewed towards manufacturers and testing bodies.



This reduces the chance for public health advocates and consumer bodies to seek best practice inclusions into standards that may not be desired by manufacturers. Thus, adopting standards without public health representation or public comment has the potential to introduce risks to the Australian public that are not aligned to best practice.

We would welcome a streamlined process, whilst recognising the importance of public consultation and expert public health input, to include more Australian sun protection standards within the mandatory safety standard process to give consumers greater certainty that the products they purchase are able to provide the sun protection claimed with the resultant public health benefit from reduced over-exposure to UVR and skin cancers.

### **Consequences of adopting options 2 or 3**

We are concerned that the adoption of options 2 or 3 (or a combination of them) would place a greater burden on public health advocates to make the case for sun protection products to be exempt from international standards. We therefore propose that, if options 2 or 3 are adopted, standards that provide public health benefits should be automatically excluded from being regulated through international standards. At the very least, no additional burden should be placed on public health advocates to make the case for an exemption to protect public health when an overseas standard is adopted.

If options 2 or 3 are adopted, we would welcome clarity on how “trusted” is defined and whether it relates to all standards produced by a particular body, or specific standards. We would also welcome clarity on the proposed process (outlined on page 26) by which exemptions to overseas standards could be granted to ensure it is not overly burdensome and does not have unintended consequences.

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<sup>1</sup> International Agency for Research on Cancer. Agents classified by the IARC monographs, volumes 1–129. Lyon: IARC. Available from: <http://monographs.iarc.fr/ENG/Classification/index.php>.

<sup>2</sup> Yam JC, Kwok AK. Ultraviolet light and ocular diseases. *Int Ophthalmol* 2014 Apr;34(2):383-400 Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23722672>.

<sup>3</sup> Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, Bray F. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin*. 2021;71(3):209–49.

<sup>4</sup> Gandini S, Sera F, Cattaruzza MS, Pasquini P, Zanetti R, Masini C, et al. Meta-analysis of risk factors for cutaneous melanoma: III. Family history, actinic damage and phenotypic factors. *Eur J Cancer*. 2005;41(14):2040–59.

<sup>5</sup> Australian Government Department of Human Services. Medicare Item Reports, 2020. Australian Government Department of Human Services: Canberra, Australia, 2021. Available from: [http://medicarestatistics.humanservices.gov.au/statistics/mbs\\_item.js](http://medicarestatistics.humanservices.gov.au/statistics/mbs_item.js)

<sup>6</sup> Australian Institute of Health and Welfare. Disease expenditure in Australia 2018–19. Canberra: AIHW; 2021. Available from: [www.aihw.gov.au/reports/health-welfare-expenditure/spending-on-disease-in-australia/data](http://www.aihw.gov.au/reports/health-welfare-expenditure/spending-on-disease-in-australia/data)

<sup>7</sup> Australian Bureau of Statistics. Causes of death, Australia, 2019. Canberra: ABS; 2020. Available from: [www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2019](http://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2019)