Submission to Australian Environment Ministers in response to Discussion Paper: 'Working towards a National Clean Air Agreement'

April 2015

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Contents

About the Climate and Health Alliance

The Climate and Health Alliance (CAHA) is a not-for-profit organisation that is a national alliance of organisations and people in the health sector working together to raise awareness about the health risks of climate change and the health benefits of emissions reductions.

CAHA's members recognise that health care stakeholders have a particular responsibility to the community in advocating for public policy that will promote and protect human health.

Membership of the Climate and Health Alliance includes a broad cross section of the health sector with 28 organisational members, representing hundreds of thousands of health care professionals from a range of disciplines, health care service providers, institutions, academics, researchers, and health consumers.

The Climate and Health Alliance, as it name suggests, is concerned with the health threats from climate change, and the organisation works to raise awareness of those risks and advocate for effective societal responses, including public policies, to reduce risks to health.

Parts of this work involves examining the local, regional and global health risks from the air pollution that arises from greenhouse gas intensive activities such as the burning of fossil fuels for energy and transport.

The Climate and Health Alliance has produced a number of submissions and reports. It produced the Coal and Health in the Hunter: Lessons from One Valley for the World in 2015; led the development of the 2014 Joint Position Statement and Background Paper on Health and Energy Choices; produced the joint report 'Our Uncashed Dividend' with The Climate Institute on the health benefits of reducing greenhouse gas emissions; conducted a national Roundtable on the Health Implications of Energy Policy; prepared a Briefing Paper on the same topic; produced a film on the risks to health and climate from coal and gas, The Human Cost of Power; conducted a national Forum on Climate and Health: Research, Policy and Advocacy; and contributed to numerous conferences, community dialogues, and forums, both nationally and internationally on these issues.

For more information about the membership and governance of the Climate and Health Alliance, please see Appendix A. For further information see www.caha.org.au

1. Introduction

The Climate and Health Alliance regards the Clean Air Agreement as a positive step towards addressing air pollution and improving air quality. Air pollution is a major threat to the health of people in Australia.

Air quality is many parts of Australia is deteriorating with increasing industrial activity, road transport, bushfires and dust. Increasing global temperatures caused by greenhouse gas emissions are leading to increasing levels of air pollution across Australia. Higher temperatures are leading to increases in ground level ozone, more frequent and more severe bushfires, and increasing loss of topsoil as dust storms (caused by prolonged drought).

As the Australian population grows, road transport is increasing, leading to harmful levels of air pollution in our cities. Expansion of industrial activity such as coal mining is leading to declining air quality in regional and rural towns as well as along transport routes when coal is transported to the coast for export.

The development of a Clean Air Agreement is a welcome initiative, and its aim for "the sustained reduction in air pollution and exposure for all Australians, with associated health, environmental and economic benefits" laudable.

This must be accompanied by the development and implementation of effective programs and strategies that deliver air quality improvements. Many strategies to improve air quality also reduce greenhouse gas emissions and the Clean Air Agreement must ensure opportunities to do so are exploited as much as possible.

At present, the Discussion Paper is short on detail about a sustained reduction on air pollution will be achieved, and contains no proposed measures beyond those already announced.

The Australian community are entitled to expect that a Clean Air Agreement will include a comprehensive program of new measures that will deliver real, measureable increases in air quality, significantly reduce the burden of illnesses and deaths associated with poor air quality, and in doing so, deliver environmental and economic benefits.

2. Priorities for the national clean air agreement

The priorities for the Clean Air Agreement must be to address the sources of pollution that cause the most harm to health. The purpose, principles and framework for the Agreement must reflect the requirement of governments to address those pollution sources that create the biggest health burden, and deliver the most substantive environmental benefits. It is likely that avoided ill health and environmental protection (itself a contributor to human health) will deliver significant economic benefits in the short, medium and longer term.

Measures to monitor, report, regulate, and reduce the production of air pollutants known to be harmful to human health such as particulate matter, sulphur dioxide, nitrogen dioxide, mercury and ozone must be prioritised.

In addition to the proposals in the Discussion Paper to address contributors to air pollution such as wood heaters, off road diesel and marine emissions, the Clean Air Agreement must identify ways to substantially tackle urban air pollution from motor vehicles and rapidly increasing air pollution from coal, mining, transportation and production. As noted in the Discussion Paper, air quality poses a risk to the health of people in coal mining communities such as Morwell and Angelsea in Victoria and in the Hunter Valley in NSW.

As noted in the Discussion Paper, reducing greenhouse gas emissions from energy and transport sources will also reduce emissions of air pollutants that pose significant risks to health, such as particulate matter, sulphur dioxide, nitrogen dioxide, mercury and ozone.

Recommendation 1: The Clean Air Agreement must prioritise measures to reduce the biggest sources of air pollution and those that pose the most significant threat to health.

Recommendation 2: The failure to acknowledge pollution from coal sources is a significant oversight in the Discussion Paper and must be addressed in a revised framework and principles to guide a Clean Air Agreement.

3. Air quality management in Australia

Air pollution is transboundary issue and while measures to monitor, report, regulate and reduce air pollution in each of the states and territories are important, national regulation is vital to achieve nationally consistent and equitable air quality outcomes across Australia.

Current approaches that rely on the states and territories are failing to control air pollution. Monitoring and reporting of non-binding standards do not lead to reductions in pollution, even when levels are known to pose a threat to human health and ecosystems. While a nationally consistent approach to reporting emissions through the National Pollutant Inventory is important, reporting is not enough. Similarly, the standards set by the National Environment Protection (Ambient Air Quality) Measure ensure a comparable approach to monitoring air pollution but does nothing to ensure that polluters comply with these standards or that community members can access monitoring data.

The proposals in the Discussion Paper to "reducing the burden of regulation" are concerning, given the failure of current measures to reduce air pollution and the clear evidence that a failure to enforce air quality standards leads to ever increasing air pollution.

The risks to health and lives from air pollution are so significant that anything less than strong regulation to ensure people have access to clean air is unacceptable.

Similarly, the Climate and Health Alliance rejects the suggestion the Discussion Paper that "national approaches to managing air quality may not necessarily require the Commonwealth as lead". There is an absolutely vital role for the Commonwealth in setting national standards and regulations and legislation, and the Climate and Health Alliance is strongly in favour of the establishment of a National Clean Air Act, through the federal government legislating national standards for air quality with mechanisms for monitoring, reporting, and enforcement.

The Climate and Health Alliance supports and endorses the recommendations of the participants at the National Air Pollution Summit in August 2014:

> *"The current regulatory system for air pollution is failing to protect Australian communities from the harmful effects of air pollution. Sixteen years after Australia adopted our first national air quality standards, the continuing lack of a compliance standard for PM2.5 places Australia far behind world's best practice in air quality regulation. The current arrangements for coordinated action by the States and Territories have many fundamental problems and have failed to ensure a strong and consistent national approach. Implementing the recommendations of the NEPM review and the 2013 Senate Committee would go some way towards improving regulation of air quality in Australia.*
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> *"However a more significant reappraisal of Australia's approach to air pollution regulation is needed. The State, Territory and Federal Governments should*

implement the NEPM review recommendations immediately. A compliance standard for PM2.5 (fine particles) should be adopted immediately. The Commonwealth Government should legislate a National Air Pollution Prevention Act that is binding on all States and Territories, and establish a National Air Pollution Regulator to ensure that air pollution is effectively regulated. The National Regulator should have a responsibility to implement standards that prioritise the protection of human health and reduce the exposure of Australian communities to harmful air pollutants."

A single national law in the form of a Clean Air Act would oblige compliance with air quality standards through the implementation of penalties for breaching air quality standards. It should articulate maximum allowable concentrations of all major air pollutants at levels indicated by health and medical literature, consistent with world's best practice and compliant with World Health Organization guidelines, and include regular reviews to ensure these reflect emerging evidence.

A Clean Air Act must also establish and oblige the allocation of resources to enable reporting of air quality data in real time. Air quality monitoring should be expanded to more effectively evaluate the exposure of vulnerable groups and populations living in close proximity to major sources of air pollution, with data publicly available in real time. Data records from daily monitoring of key pollutants to be publicly available online in real time and regular modelling of dispersal from all point sources should also be publicly available online.

Recommendation 3: Australia must develop a Clean Air Act and establish a national regulatory body to ensure improvements in air quality are achieved effectively across Australia.

Recommendation 4: Air quality monitoring must be expanded to include all major pollutants and be publicly available in real time, along with modelling of air emissions dispersal from major point sources.

4. Previous consultations on air pollution and health

Along with many other stakeholders, the Climate and Health Alliance has contributed to two recent government reviews on the topic of air quality. It is important that the lessons and recommendations of those consultations are not overlooked in the development of the Clean Air Agreement.

The Discussion Paper makes no reference to the 23 recommendations of the 2011 Ambient Air Quality NEPM Review[1] or the 13 recommendations of the 2013 Senate Inquiry 'Impacts on Health of Air Quality in Australia'.

Recommendation 5: The framework for the Clean Air Agreement must ensure the recommendations from the Ambient Air Quality NEPM Review and the Senate Inquiry 'Impacts on health of air quality in Australia' are implemented as part of the Clean Air Agreement.

5. Aligning clear air ambitions with climate goals

As noted above, many initiatives to reduce greenhouse gas emissions also improve air quality. The National Clean Air Agreement is an important opportunity to align the goal of greenhouse gas emissions reductions with efforts to improve air quality. Many actions taken to reduce greenhouse gas emissions will lead to improvements in air quality, and many actions to improve air quality will also reduce greenhouse gas emissions.

The opportunity for mutual benefit from policies to address each of these issues must not be overlooked in the development of a National Clean Air Agreement. Progress on both issues is hampered by a siloed approach to policy development, with energy portfolios failing to consider the health and environmental risks of fossil fuels, nor the health and economic benefits of strategies to reduce greenhouse gas emissions. Health portfolios also ignore air quality concerns, and are failing to engage with the transport and energy sectors which drive much of our air pollution. The environment portfolio is ignoring the implications of energy and transport policy decisions in its efforts to act on air quality, as well as failing to engage the health portfolio.

Now is the time for a mature, cross sectoral approach to policy development to deliver a National Clean Air Agreement that has input, buy-in and expertise from the health, energy and environment portfolios to ensure the best possible outcomes for health and wellbeing, environmental protection, and economic savings.

Recommendation 6. The Clean Air Agreement should be jointly developed by the health, environment, energy and transport portfolios through systematic engagement with experts and organisations from each of these sectors.

[1] National Environmental Protection Council, 2011, Ambient Air Quality NEPM Review, available at www.scew.gov.au/resource/national-environment-protection-ambient-air-quality-measure-review-review-report

6. Recommendations

1: The Clean Air Agreement must prioritise measures to reduce the biggest sources of air pollution and those that pose the most significant threat to health.

2: The failure to acknowledge pollution from coal sources is a significant oversight in the Discussion Paper and must be addressed in a revised framework and principles to guide a Clean Air Agreement.

3: Australia must develop a Clean Air Act and establish a national regulatory body to ensure improvements in air quality are achieved effectively across Australia.

4: Air quality monitoring must be expanded to include all major pollutants and be publicly available in real time, along with modelling of air emissions dispersal from major point sources.

5: The framework for the Clean Air Agreement must ensure the recommendations from the Ambient Air Quality NEPM Review and the Senate Inquiry into the Impacts on health of air quality in Australia are implemented as part of the Clean Air Agreement.

6. The Clean Air Agreement should be jointly developed by the health, environment, energy and transport portfolios through systematic engagement with experts and organisations from each of these sectors.

APPENDIX A

Climate and Health Alliance Committee of Management

Dr Liz Hanna, President
Ms Fiona Armstrong, Executive Director
Dr Bret Hart, Treasurer
Dr Elizabeth Haworth
Dr Brad Farrant
Dr Peter Sainsbury
Danny Vadasz
Alice McGushin and Grace Fitzgerald (jointly held)

CAHA Organisational Members

Alliance for Future Health
Australian Association of Social Workers (AASW)
Australian College of Nursing (ACN)
Australian Council of Social Service (ACOSS)
Australian Hospitals and Healthcare Association (AHHA)
Australian Health Promotion Association (AHPA)
Australian Medical Students Association of Australia (AMSA)
Australian Physiotherapy Association (APA)
Australian Institute of Health Innovation (AIHI)
Australian Women's Health Network (AWHN)
Australian Nursing and Midwifery Federation (ANMF)
Australian Psychological Society (APS)
Australian Research Council for Children and Youth (ARACY)
Australian Rural Health Education Network (ARHEN)
CRANA*plus*
Doctors Reform Society (DRS)
Friends of CAHA
Health Consumers' Network (Qld)
Health Issues Centre (HIC)
Koowerup Regional Health Service
Psychology for a Safe Climate
Public Health Association of Australia (PHAA)
Co-health (formerly North Yarra Community Health)
School of Public Health and Community Medicine, UNSW
Services for Australian Rural and Remote Allied Health (SARRAH)
Women's Health East
Women's Health in the North
World Vision Australia

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