

Department of Health and Human Services

POPULATION HEALTH - OPERATIONS - PUBLIC AND ENVIRONMENTAL HEALTH SERVICES

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Subject: Consultation regulation impact statement for reducing emissions from wood heaters

Thank you for the opportunity to comment on the consultation regulation impact statement. Air quality is a matter of importance in Tasmania.

The Public and Environmental Health Service in Tasmania is aware that wood smoke can lead to exacerbations of asthma and other health conditions and that sometimes there might be high smoke particle concentrations for only a few hours. Furthermore, high particulate levels in the air overnight can have the potential to harm human health in a variety of ways. The evidence of harm from particulate air pollution is clear and has been well summarised in the scientific literature.

Wood heater use can contribute to smoky neighbourhoods and it is well accepted that action to reduce wood smoke improves the health of the entire community. A number of regional and rural areas in Tasmania are known to have unacceptable air quality during the winter months due to the high use of residential wood heaters. Australian Bureau of Statistics reports a 12% rise in the number of Tasmanian households using firewood as their main heating fuel between 2008 and 2011, probably due to rising electricity prices in recent years.

All of the proposed options result in significant health benefits, with the health benefits far outweighing the total costs, and from a public and environmental health point of view, this is my main interest. Although the highest health benefits are estimated for Option 7, this option imposes more stringent emissions and efficiency standards which may be difficult to implement in Tasmania.

Tasmania has a number of airsheds that are particularly susceptible to high particulate emissions from woodheaters and in this regard I would favour options that specifically target airsheds experiencing poor air quality. Options 1 and 2 are appealing because they adopt in-service programs that target priority airsheds.

Our work to date has focussed on targeting priority airsheds. For example, the Public and Environmental Health Service has partnered with the Environment Protection Authority in Tasmania, who regulates and monitors air quality, on a number of initiatives aimed at minimising smoke pollution, through education and community engagement.

The data presented in the regulation impact statement indicate that New South Wales, Australian Capital Territory and Victoria account for 64% of wood heater retail sales. Options 3 to 9 impact on new heaters

through standards and compliance and so the benefits gained from these options may have a longer phase-in period in Tasmania (and possibly other States), due to the smaller number of retail sales.

Options 2 and 7 provide funding for wood heater replacement programs. Following the Wood Heater Replacement Program in Launceston a significant improvement in air quality was observed. Research published earlier this year showed how improved air quality due to the Launceston Wood Heater Replacement Program and other interventions from 2001 was associated with an approximate reduction of 20 deaths per year¹.

Given that there is now increasing evidence of cardio-respiratory health effects from short term (less than 24 hours) exposure to smoke, I welcome and support a national approach to reduce emissions from wood heaters. Tasmania would benefit most from measures targeted at existing wood heaters.

Yours sincerely

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5 July 2013

¹ Johnston, FH, Hanigan, IC, Henderson, SB & Morgan, GG 2013, 'Evaluation of interventions to reduce biomass smoke air pollution on mortality in Launceston, Australia: a retrospective analysis of daily mortality from 1994-2007', *BMJ*, 345:e8446.