

MONASH UNIVERSITY ACCIDENT RESEARCH CENTRE

Submission to the Ministerial Council on Consumer Affairs Review of The Australian Consumer Product Safety System

Introduction

Monash University Accident Research Centre (MUARC) was established in 1987, in Victoria, as an independent research centre within Monash University. The mission of MUARC ‘to challenge and support citizens, government and industry to eliminate serious health losses due to injury’ expresses both a commitment to research independence and the importance of community engagement in translating research into practice.

MUARC is a world leader in its field and is at the forefront of multi-disciplinary injury research. A particular strength is addressing research questions of direct relevance to prevention, and the translation of the research results into prevention policy and programs. The Centre’s expertise and strength is evident in its history of wide-ranging studies and in the development of a highly qualified and multi-disciplinary staff.

Much of the research emanating from the Centre has been directly related to consumer product safety [1-5] and has informed government policy in this area, as well as changes in Australian Standards and the mandating of safety standards. MUARC has been advocating reforms to the Australian consumer product safety system for many years.

Shortcomings of the current system

The MCCA’s Discussion Paper on the review of the Australian consumer product safety system [6] identifies, and clearly and comprehensively describes, the major flaws and limitations of the current system.

The paper identified two major areas for improvement in Australia’s consumer product safety regulatory system. The first is the need for a proactive system, with a greater emphasis on prevention, to deal more swiftly with emerging product safety problems. Though, it should be noted that the bulk of the current product safety problem lies with existing products. The second is the need for a more efficient system both in relation to the trade in consumer products and to product safety regulation.

As noted, the current system, in relation to hazardous and sub-optimal products generally approaches the issue reactively in a fragmented way. The focus has been on dealing with “problem products”, or even more narrowly, on a single specific problem associated with a product. A single complaint about the safety of a product, in the current system, can divert attention from the bigger picture. These problems have

been dealt with by the incorporation of performance criteria into voluntary manufacturing standards, and a limited number of regulations, often developed from a weak evidence base and subject to influence by vested interests. The issues common to different products and the development of new or modified products are not covered by the current approach. Standards often take many years to be developed for new classes of products (eg the design interventions to prevent exhaust gassing suicides).

Furthermore, systematic means of assessing risk for many classes of product are not available. There is currently no requirement, and little incentive apart from product liability laws, for proactive assessment in the design phase or to incorporate best practice or new findings and technological developments. In the absence of organised consumer protest, product design for safety tends to stay at the minimum requirements. New products are created that repeat existing mistakes and new hazards emerge.

Several years ago the Strategic Research Development Committee of the NHMRC identified a number of issues in relation to the state of consumer product safety research in Australia [7]. In particular, consumer product related injury is poorly identified and documented in routine health and mortality data; risk is poorly understood, especially the interaction between product and human development; preventive interventions are not well evaluated and while broad costs are known, product-specific costs have not been determined and therefore cost-benefit analyses, on the rare occasions they are undertaken, are not reliable.

Rogmans [8] argues for a systematic approach to consumer safety based on priority setting research, identification of feasible and effective interventions and implementation and monitoring of interventions once in place. The systematic approach can be very successful as evidenced by the extensive testing and scientific basis of the Australian road safety system [9]. Indeed a systematic approach has been used successfully in other areas of public health research including skin cancer prevention and smoking control.

Product safety is considered such a major health issue in Europe and the USA that entire institutes and large-scale research infrastructures have been established to investigate consumer product safety. In Australia, there is no comprehensive research or organisational framework to creatively or effectively manage the risk associated with existing or new products. The Australian National Audit Office recommended, some ten years ago, that Commonwealth consumer product safety regulators adopt a systematic strategically-based, data-driven approach to identifying, analysing and prioritising risks and assessing intervention options [10]. However, the lack of an effective research and development framework together with limited processes for the commercial implementation of what is known, slows the production of high quality and safe new products, because designers, manufacturers and retailers cannot be assured of an adequate risk management strategy.

The National Injury Prevention Advisory Council (NIPAC) has identified areas of significant research need in relation to consumer product safety [11]. The greatest research gap, identified by NIPAC, is the absence of suitable national population-

based data to identify emerging trends, assess how effective interventions have been and thus determine cost-effective intervention strategies.

Other gaps identified include:

- the absence of exposure studies, to determine appropriate relative risks, benefit/cost analyses and targeting of interventions, has hampered decisions on actions to take with many products of concern;
- poor resourcing of biomechanical research which investigates the circumstances leading to injuries in relation to the forces involved and possible design faults and
- the lack of an Australian cost model for product-related injury to facilitate the estimation of the burden of product-related injury and credible modelling of the cost/benefits associated with particular interventions.

Options for reform of the system

MUARC commends the general thrust of the review paper and supports the range of reforms proposed. It is our view that a more proactive, prevention-oriented system can be achieved efficiently by adopting these options for reform.

As outlined in the discussion paper, many of these options are already operating effectively in other countries. We believe a systematic data-driven approach improving product design is required to minimise product-related injury in Australia.

General Safety Provision

A General Safety Provision should be adopted, and enforced, in Australia taking into account the strengths and limitations of the GPSD as it operates in the EU.

This should occur in conjunction with voluntary national and international standards and standards for products not currently covered should be encouraged. As in the United States, mandation of standards should occur in cases where voluntary standards and the market forces have been shown to be ineffective in achieving compliance, and mandation is warranted by the evidence.

The issue of foreseeable misuse of a product should be addressed in the context of a GSP.

The situation currently exists where common consumer product related injuries are not accepted as core business by any government department. Examples include: motor vehicle exhaust gassing, off-road motorcycle injuries, injuries related to home design (ie structures and fixtures) and childhood poisoning. The adoption of a GSP would assist in placing jurisdictional responsibility for such injuries with consumer affairs agencies. Moreover, a GSP should be wide-ranging to include all products irrespective of jurisdictional boundaries.

Surveillance

A system, similar to that operated by the Consumer Product Safety Commission in the United States, should be developed to provide an early warning system for emerging

hazards, to monitor the safety performance of existing products and ascertain effectiveness of interventions. A centralised NEISS-type system, where representative injury surveillance data are utilised as the basis of specific, in-depth, product-related injury studies would provide the basis for such a surveillance system.

Hospital based injury surveillance should collect product-related injury data in sufficient detail and sufficient numbers to provide useful in-depth analyses and reliable secular trend data. It should contain sufficient cases by state to allow comparisons to identify best practice and effective interventions.

Victoria and Queensland are currently the most advanced States in injury surveillance with Victoria already providing state-wide coverage of hospital Emergency Departments (35 hospitals). The systems, currently operating in these States, could form the basis of a national population-based surveillance system. There is potential for State/Commonwealth collaboration so that sufficient cases can be collected and a study should be conducted to examine the feasibility of representative injury surveillance system based on existing structures.

The coding systems used in the various health sector databases need to improve to facilitate the more consistent identification of the involvement of consumer products in injury. This is particularly important for hospital admissions data because hospitalisations account for the greatest proportion of costs associated with injury. Currently, information relating to the cause of injury in hospital admissions databases is confined to ICD-10 codes and it is not possible to fully identify the level of consumer product involvement in hospitalised injuries directly from this data.

Linked hospital admission data and the more detailed hospital emergency department data are not currently available for research purposes. Fundamental to any injury data system is the actual collection of good quality data by hospital staff. Currently, hospitals are generally under-resourced to conduct this function well.

The establishment of a centralised clearinghouse is also necessary to integrate and analyse data from all available sources (nationally and internationally), to identify potentially dangerous products, and to disseminate information to regulators and other responsible bodies. Fundamental to these functions is the ability to link data from various sources to provide a comprehensive picture of the circumstances and consequences related to individual cases.

Legislation, based on the U.S. model, which requires manufacturers and importers to inform relevant consumer safety authorities of consumer complaints and other information pertinent to the safety of the products they manufacture or import is fundamental to the success of any surveillance system and should be adopted in Australia. Such legislation provides a basis for detecting potential safety hazards associated with a product before serious injury or death occur.

Research

High quality research is an integral function of a systematic, data-driven consumer product safety system and is intimately related to the provision of quality surveillance data as discussed above.

Recommended directions for research on consumer product-related injuries include:

- Development of specific, in-depth, product-related injury studies similar to those conducted by the CPSC in the United States, where representative injury surveillance data are utilised as the basis of research planning.
- Monitoring the effects of the introduction of new standards and calls for the mandation of existing standards using injury data and conducting other investigations on products associated with injury.
- Development of a model to identify priorities should be developed to assist with the setting of an evidence-based agenda for product-related injury prevention.
- Conducting in-depth studies (case series and case-control) to investigate the circumstances of injuries to assist the development of standards and other preventive measures.
- Conducting biomechanics studies, where appropriate, to determine the forces involved in injury events to improve the design of products and protective equipment.
- Conducting in-depth case investigations to determine specific design faults e.g. coronial investigations on prams.
- Conducting exposure studies to assist with determining appropriate interventions, relative risks, benefits/cost analyses, and targeting interventions.
- Conducting surveys to determine barriers to the adoption of injury countermeasures and consumer access to safe products and safety products.
- Development of an Australian injury cost and consequence model for product-related injury to assist in the evaluation of injury prevention programs.

The sources of funding for consumer product-related injury in Australia are currently extremely limited, resulting in a very low level of research effort.

Centralisation of responsibility for consumer product safety

Centralisation of responsibility for consumer product safety with one agency, such as the ACCC, and the harmonisation of product safety legislation across jurisdictions, preferably through assigning legislative responsibility in this area to the Commonwealth, would create a more efficient system. Centralisation of these roles would avoid duplication of both policy and enforcement functions.

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