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17 February 2017

Recommended changes to draft standard

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| To: Standards New Zealand Private Bag 2439 WELLINGTON Email: SNZPublicComments@mbie.govt.nz | From: (Your Name and Address) Dr Jim Miller Medical Officer of Health Toi Te Ora – Public Health Service (Toi Te Ora) PO Box 2120 Tauranga 3140 On behalf of Lakes District Health Board | |
| | Closing date for comment 20 February 2017 | Date of your comments 16 February 2017 |
| DZ 8510:2017 Committee: P8510 Title: Testing and decontamination of methamphetamine-contaminated properties | | |

Comment is preferred in electronic format using Microsoft Word 2003 or above, following the layout below. Electronic drafts are available from the Standards New Zealand website at www.standards.govt.nz.

The following form is for comments to be submitted electronically. Please email your comments to SNZPublicComments@mbie.govt.nz.

General comment

Type your general comments in the box. The comment box will automatically expand to accommodate comments of any length.

Introduction

We appreciate this opportunity to provide comment on the draft standard for testing and decontamination of methamphetamine contaminated properties.

These comments are provided on behalf of the Lakes District Health Board (LakesDHB) and have been prepared by Toi Te Ora - Public Health Service (Toi Te Ora). Toi Te Ora's purpose is to promote, protect and improve the health of the Lakes and Bay of Plenty population, prevent ill health and minimise the risk of disease and injury through population based interventions. Toi Te Ora provides public health services to approximately 304,000 people across seven territorial authorities (Tauranga City and the district councils of Western Bay of Plenty, Whakatane, Opotiki, Kawerau, Rotorua and Taupo).

Public health approaches wellbeing and health in terms of the social, economic, cultural, environmental and political context and from a "determinants of health" perspective. Many of the crucial underlying factors that contribute to population health and wellbeing are directly influenced by the decisions and activities of government.

In this context guidance to manage methamphetamine contaminated properties is supported in principle.

The main reason for providing comment is to assist the committee develop guidance which is in the best interests of public health. Toi Te Ora does not have a trade interest in decontamination.

Submission summary:

- There should be a separate approach for properties potentially contaminated with much more hazardous substances than methamphetamine, and for those where it is very likely that they simply have methamphetamine residues present.
- Remediation should be stepwise, using the least intrusive approach possible to minimise potential health risks to residents.
- The current guideline levels are very conservative (ie low) and may need more discussion regarding their practicality.

Separate approach to manufacturing properties versus use only properties

We consider the draft standard as presented may be overly conservative and could lead to unintended consequences for the health of residents of the affected properties.

We recommend that properties with clear evidence of manufacture should be dealt with separately. The risk to health from these properties is primarily a result of the solvents and heavy metals used during the manufacturing process rather than from any methamphetamine residues.

Where there is clear suspicion of manufacture we suggest that these other more harmful contaminants are tested for rather than relying on methamphetamine levels.

Reaching a firm guideline value for remediation of properties where methamphetamine has only been used, rather than manufactured (ie where other chemical contamination is unlikely), will be a matter of judgement for the committee. The health risks from passive exposure to any methamphetamine residue in a dwelling need to be balanced with the health risks, whether physical, mental or financial, from over-zealous remediation. As drafted, it

is very likely that application of the standard will lead to significant unintended health consequences.

Least intrusive approach to cleaning

The committee indicates that there is no safe level for methamphetamine in carpet and soft furnishing. Unfortunately, there is no safe level for many substances. The approach usually taken is to reduce the level of risk to an acceptable level, rather than necessarily looking to eliminate risk. For example there is no absolutely safe level of arsenic in drinking water. Therefore exposure is reduced wherever practical and possible to manage the risk. In some circumstances this is not feasible because a suitable alternative is not available or affordable. The impact of removing all soft furnishings from a house must be balanced against the risk of exposure to chemical residues. Other approaches to reducing risk should be explored. For instance could cleaning of soft furnishings give an acceptable result? Would painting internal surfaces seal in any chemical residues and thereby reduce the potential for exposure to an acceptable level?

The statements in Section 4.3.4.1 indicate that discarding items will be the norm. Other approaches to dealing with these items should be thoroughly explored. For instance covering a sofa or mattress, dry cleaning curtains or wet cleaning sofas should be seen as options before considering disposal.

Properties where manufacture is not evident

The levels suggested in the ESR report and currently recommended by the Ministry of Health do have quite considerable margins of safety. Remediation which includes the removal of carpets, curtains and other soft furnishings will be a significant financial burden for many residents. If the householder cannot afford to replace these items the family could end up worse off, living in a cold and damp home. The disposal of clothing and bedding would compound this issue.

The destruction of personal effects such as books and pictures will often be unnecessary. The risk of exposure through ingestion for adults and most children will be low and can be managed. Whereas the loss of significant personal items will undoubtedly have an effect on residents' mental wellbeing.

In the Lakes District around 1100 people, including 550 children, are admitted to hospital with respiratory infections each year, with cold and damp housing a recognised contributing factor. However, there is minimal evidence that exposure to residual methamphetamine results in measureable health impact for Lakes residents.

Toi Te Ora has not received any notifications of people chemically poisoned through passive exposure to methamphetamine in their homes. There has been a single report from a person who alleged harm from living next to a house where methamphetamine had been previously used. There has been no recorded admission to hospital of people exposed to a property where methamphetamine has been used or manufactured.

One of Toi Te Ora's key functions is to deliver front line public health services. In part this is done by providing advice on health risks to property owners and occupiers, and local authorities. It is noted that the new standard will supersede existing Ministry of Health guidelines. It is important that the national standard, which is likely to be endorsed by government agencies, has the confidence of professionals in this area.

Properties where manufacture is evident

We agree with the approach taken to the remediation of properties clearly used for methamphetamine

manufacturer. However, we do not consider that the draft standard goes far enough to ensure the protection of public health. A more robust remediation process is necessary where it is confirmed that a house has been used for the manufacture of methamphetamine. The risks are higher because of the other chemicals that are used in the manufacturing process. In such circumstances, in addition to methamphetamine testing, levels of solvents, lead and mercury should also be tested, and reduced below a guideline value prior to reoccupation of a property.

Properties where manufacture is unlikely – i.e. most properties

When there is no suggestion that a property has been used for methamphetamine manufacture the property needs to be remediated based on the risk posed rather than the perceived risk. There is a public perception that methamphetamine residues pose a significantly higher risk to health than the formal risk assessments, such as the ESR report, show. Unlike other contaminants sometimes found in housing, such as mercury or lead, methamphetamine (in pharmaceutical quality) is actually used as a treatment for both children and adults. This perception problem is likely to be compounded by the one-size-fits-all approach in the draft Standard for both clandestine laboratories and premises which just have methamphetamine residues present.

Processes for assessing contamination in properties

We encourage and support robust training requirements of people working in the methamphetamine decontamination industry. While testing and sampling requirements in Appendix A are supported, where the samples are taken needs to reflect the risk of exposure to the occupants. It is important that the owners and occupiers are clearly informed of the risks and can make balanced decisions. It is also just as important for assessors to be suitably trained to enable them to develop remediation plans which are tailored to a given situation.

If you have any questions about this submission please contact Dr Jim Miller, Medical Officer of Health on 0800 221 555.

