



Sent by: Sally Gilbert/MOH
22/06/2018 05:22 p.m.

To:
cc: Sarah Reader/MOH@MOH, Caroline McElroy/MOH@MOH, Stewart Jessamine/MOH@MOH,
bcc:

Subject: Re: General web enquiry

Hi

You are correct that under the Health Act 1956, the Ministry of Health has the "function of improving, promoting, and protecting public health". However a territorial authority has a "duty ... to improve, promote, and protect public health within its district".

In any event, as I noted, contaminated dwellings are managed as dangerous buildings under sub-part 6 of the Building Act, not under the Health Act.

The ESR report was commissioned by the Ministry to inform the development of the Standard and was provided to the Standards Committee. The Standards Committee included a representative from the Ministry of Health, as you know, as well as representatives from laboratories, industry, insurers, LGNZ, MfE and Housing NZ. The Standards process works by consensus and voting and deliberations are confidential to the Committee members. The Ministry of Health supported the outcome of the Standards process.

However, the Standard was obviously prepared prior to Sir Peter Gluckman's report being available. ESR's scientists were consulted on Sir Peter's draft report and are acknowledged as peer reviewers in the report. Health officials are not scientists and would anticipate that Sir Peter would respond to any scientific discussion on appropriate methodology and interpretation of scientific evidence associated with his report.

Regards - Sally

Sally Gilbert
Manager
Environmental and Border Health
Public Health
Protection Regulation and Assurance
Ministry of Health

Hi Sally, Thanks for that, however wit...

22/06/2018 04:20:55 p.m.

From:
To: sally_gilbert@mhon.govt.nz,
Date: 22/06/2018 04:20 p.m.
Subject: Re: General web enquiry

Hi Sally,

Thanks for that, however with being the Ministry entrusted as outlined in Part 1 (3a) of the Health Act 1956 it is the function of the Ministry (Not Council) ... to improve, promote, and protect public health in all of the public. Surely there is a duty to table a report prepared for the Ministry of Health, Prepared by J Fowles, PHD, J Deyo DVM, PhD, DABT and J Kester Phd DABT from ESR and peer reviews by 3 toxicologists. Concluding that a level of 2.0ug/100cm2 would be considered not conservative enough protect the most vulnerable.

However one report from a retiring chief science advisor can reference *Cleaning up Former Methamphetamine Labs*

(Missouri Department of Health And Senior Services) Attached as a comparison to NZS8510:2017 which has been compiled in accordance with the Standards and Accreditation Act 2015. This Document (Missouri Guideline) has 6 pages of content and quite simply looks like a 11 year olds Childs science project.

With that being said, can the following question be answered by the Ministry Of Health:

Does the Ministry of Health stand by the recommendations within the ESR report dated 07 October 2016, or have ESR scientists been found to be that incompetent by the Chief science advisor?

On 22/06/2018, at 3:45 PM, sally_gilbert@moh.govt.nz wrote:

Hi

FYI the Ministry of Health is not the regulatory agency that deals with contaminated land or buildings. Whilst a territorial authority has "the duty ... to improve, promote, and protect public health within its district" under the Health Act, it is my understanding that contaminated dwellings are managed under the Building Act, as dangerous buildings under subpart 6 of that Act.

Your questions are probably best answered by Stds NZ, as any change to the Standard would be managed by Stds NZ. Health officials have asked Standards New Zealand whether it will be reviewing NZ8510:2017 and were advised that "NZS 8510:2017 is a voluntary standard as it is not cited in legislation or regulations - users can choose which decontamination level to adhere to until such time as levels are cited in legislation or regulations. Standards NZ is open to discussing the option of amending NZS 8510 with organisations who might wish to talk to us about a potential review and what a review would involve."

You can contact Stds NZ as follows:

Freephone: 0800 782 632 (New Zealand)

Phone: +64 3 943 4259

Email: enquiries@standards.govt.nz

I trust this is helpful.

Regards - Sally

Sally Gilbert
Manager
Environmental and Border Health
Public Health
Protection Regulation and Assurance
Ministry of Health

From:
To: sally_gilbert@moh.govt.nz,
Date: 22/06/2018 03:29 p.m.
Subject: Re: General web enquiry

Hi Sally,

I would like to get some clarification from the MOH, for what process is required for changes to the levels within NZS8510:2017 and do changes that do not follow due process (Standards and Accreditation Act 2015) meet the Ministry of Health's obligations under the Health Act 1956? Any assistance you could give would be greatly appreciated, there seems to be a lot of confusion around this issue.

On 22/06/2018, at 3:15 PM, sally_gilbert@moh.govt.nz wrote:

Hi

The Ministry replaced Mr Prendergast on the Standards Committee but the Committee disbanded when its work was completed. If you can let me know why you wish to contact our representative, I can check whether he agrees to having his contact details provided to a third party.

Regards - Sally

Sally Gilbert
Manager
Environmental and Border Health
Public Health
Protection Regulation and Assurance
Ministry of Health

----- Forwarded on 22/06/2018 02:25 p.m. -----

From:
To: info@health.govt.nz,
Date: 22/06/2018 01:58 p.m.
Subject: General web enquiry

Hi,

Can someone please put me in contact with the person who has taken over from Paul Prendergast who represented the MOH on the Standards committee for the development of NZS8510:2017?

Kind Regards

Meth Xpert NZ Ltd



Sent by: Sally Gilbert/MOH
22/06/2018 08:36 a.m.

To: ↑
cc: McEinay@MOH.govt.nz, Keith Gardner/MOH@MOH, Caroline
bcc:

Subject: Re: FW: Methamphetamine contamination in residential properties: Exposures, risk levels, and interpretation of standards

Hi

Thanks for your comments. You may share this with your Housing Coalition but please remind them that the Ministry is not the regulatory agency and it is MBIE and local government which would set policy and implement the identification and remediation of contaminated properties (whether meth or other contaminants).

I think there has been some confusion about Housing NZ's approach to remediation. The evictions were because the presence of meth indicated unlawful activity and Housing NZ had a zero tolerance for unlawful activity on its properties. Remediation of contaminated dwellings was a separate policy and also included remediation of properties with contaminated soil (eg lead paint, and asbestos-containing materials, PCP-contaminated timber waste had been used in compost and gardens).

Kind regards - Sally

Sally Gilbert
Manager
Environmental and Border Health
Public Health
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Ministry of Health
DDI: 04 816 4345
Mobile:

<http://www.health.govt.nz>

Thanks for this Sally Can I share this...

13/06/2018 11:55:39 a.m.

From:
To: "sally gilbert@moh.govt.nz" <sally_gilbert@moh.govt.nz>
Cc: ↑
Date: 13/06/2018 11:55 a.m.
Subject: FW: Methamphetamine contamination in residential properties: Exposures, risk levels, and interpretation of standards

Thanks for this Sally

Can I share this email with our regional housing coalition? These very same issues came up at our meeting on Monday. Most concerning was a report from one of the coalition members that Tenancy Services are not planning to change their approach to cases that come before the tribunal.

FYI I have attached two of our recent relevant submissions. As you can see we did oppose eviction because of methamphetamine in our submission to the RTA amendment last year. We also advocated for a higher level and testing at floor level in our submission to the standard.

I think it might be useful for PHUs around the country to work with ESR and the Ministry on an approach for the RTA regs. Do you know whether the Ministry (or ESR) is working on a NOAEL? This would provide a good argument for revising the standard.

From:

Sent: Wednesday, 13 June 2018 09:51

To:

Subject: FW: Methamphetamine contamination in residential properties: Exposures, risk levels, and interpretation of standards

FYI

From: sally_gilbert@moh.govt.nz [mailto:sally_gilbert@moh.govt.nz]

Sent: Wednesday, 13 June 2018 09:36

To:

Cc:

Subject: Methamphetamine contamination in residential properties: Exposures, risk levels, and interpretation of standards

Dear colleagues

Some of you may be receiving queries about the Ministry's approach to methamphetamine decontamination.

As you will be aware, Sir Peter Gluckman has released a report on *Methamphetamine contamination in residential properties: Exposures, risk levels, and interpretation of standards*. Sir Peter's report concluded that:

- There is currently no evidence that methamphetamine levels typically resulting from third-hand exposure to smoking residues on household surfaces can elicit an adverse health effect.
- Toxicity assessments and exposure dose models have deliberately adopted very conservative assumptions, with large safety margins built in.
- Taken together, these factors indicate that methamphetamine levels that exceed the NZS 8510:2017 clean-up standard of 1.5 µg/100 cm² should not be regarded as signalling a health risk. Indeed, exposure to methamphetamine levels below 15 µg/100 cm² would be highly unlikely

- to give rise to any adverse effects.
- This means that, because the risk of encountering methamphetamine on residential surfaces at levels that might cause harm is extremely low, testing is not warranted in most cases. Remediation according to the NZS 8510:2017 standard is appropriate only for identified former meth labs and properties where excessive methamphetamine use, as indicated by high levels of methamphetamine contamination, has been determined

By way of background, prior to 2000 clandestine methamphetamine labs were not a significant concern in New Zealand. However by 2009 they had become a issue with police reporting 135 labs detected in that year. It was considered that the number of undetected labs was far greater as manufacturers disguise their illegal activities. One method to avoid detection was to use domestic premises, typically rental homes.

The Ministry of Health does not set the guideline levels for methamphetamine decontamination but, in 2010, in response to growing concerns regarding the risk posed to subsequent tenants, the Ministry published 'Guidelines for the Remediation of Clandestine Methamphetamine Laboratory Sites'. The guidelines established a recommended level of 0.5 micrograms/100 cm² methamphetamine as an indicator of adequate cleaning of the more hazardous chemicals used at that time in methamphetamine manufacture.

It is important to note that the risk identified with methamphetamine labs is not solely related to the presence of the drug. The manufacture of methamphetamine requires a complex chemical process, typically requiring the extraction of the precursor using hot, organic solvents (methanol, chloroform, toluene or ethanol), conversion to methamphetamine using chemicals such as ammonia, hydriodic acid and/or phosphorous compounds, and then purification of the drug using hydrochloric acid, sodium hydroxide and more organic solvents. There is no standard manufacturing method and manufacturing ingredients were based on whatever could be procured. This also posed an additional risk as lower grade chemicals may be used which are contaminated with additional hazardous substances. A domestic setting is not intended for the handling of hazardous substances. The use of hot solvents results in vaporisation of hazardous compounds which are present in the materials being used but also arise from the interaction of chemicals during the manufacturing process. New Zealand homes are largely comprised of absorbent materials (timber, plaster board, soft furnishings and wall paper). The solvent vapour is therefore easily absorbed along with other substances carried in the vapour. Also, disposal of used chemicals is difficult if pipes or tipped onto the soil surrounding (or under) the home. This also allows solvent vapour and chemicals to leach back into living areas.

As methamphetamine is the common chemical in all manufacture it was decided that this should serve as an indicator of the potential presence of other, more hazardous chemicals. It must also be noted that testing for a variety of potential chemicals is expensive and takes time.

In 2010 a precautionary approach was taken because there was a lack of information regarding the health effects arising through living, long term, in a home that has been contaminated with methamphetamine and the chemicals used in its manufacture.

In March 2015, Standards New Zealand commenced development of a New Zealand Standard (NZS 8510:2017) for the testing and remediation of properties used for the manufacture or use of methamphetamine. Standards New Zealand consulted on two options in the draft New Zealand standard for testing and decontaminating properties where methamphetamine was manufactured or used (smoked). Following consultation, the Standard was finalised and published in 2017. This Standard superseded the Ministry's 2010 guidelines.

If you receive queries from people about the Standard, and whether it will be revised to incorporate Sir

Peter Gluckman's advice, you may suggest these people contact MBIE and/or Standards New Zealand.

Health officials have asked Standards New Zealand whether it will be reviewing NZ8510:2017. Standards NZ replied that

NZS 8510:2017 is a voluntary standard as it is not cited in legislation or regulations - users can choose which decontamination level to adhere to until such time as levels are cited in legislation or regulations.

Standards NZ is open to discussing the option of amending NZS 8510 with organisations who might wish to talk to us about a potential review and what a review would involve.

Along with NZS 8510, Sir Peter Gluckman's report will be a matter to be considered when developing regulations under the Residential Tenancies Act, as amended by the Residential Tenancies Amendment Bill (No. 2). The Bill is shortly to have its Second Reading in Parliament. Once passed, the Residential Tenancies Act Amendment Bill (No 2) will allow methamphetamine regulations to be made under the Residential Tenancies Act 1986 (RTA) which will be legally binding. The RTA covers tenancies over residential premises. Regulations will be made prescribing maximum acceptable levels of contaminants, methods for carrying out tests – which could include the testing of premises, taking samples for testing, testing samples, establishing levels of contaminants present in a premises, and deciding who is authorised to carry out the tests or parts of the tests. Regulations will be made for methamphetamine but also for any other potential contaminants in tenanted residential premises that are found to be harmful to people's health.

If you receive queries about specific properties, these should be referred to your local council (which is the regulatory agency) to see what they may require.

I trust this is helpful.

Kind regards - Sally

Sally Gilbert
Manager
Environmental and Border Health
Public Health
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Ministry of Health
DDI: 04 816 4345
Mobile: 6

<http://www.health.govt.nz>

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Sent by: Sally Gilbert/MOH
21/06/2018 05:37 p.m.

To: Dev Oza/MOH@MOH,
cc: Sarah Reader/MOH@MOH, Stewart Jessamine/MOH@MOH,
bcc:

Subject: Re: Fw: New Supplementary Questions from the Select Committee

Hi Dev

I have suggested some answers to the meth questions. It is important Sarah and Stewart review these as I don't think it is appropriate for the Ministry to express a view on the scientific validity of Sir Peter's report. We are a policy agency and cannot comment on the scientific differences between Sir Peter and ESR's expert advice. The key point is that our guidelines were for labs (only). The NZ Standard levels for labs were based on ESR advice and are supported by Sir Peter. The debate is around homes where meth was used, but not manufactured. This is a scientific debate and not one for policy analysts

Stewart Jessamine (all) METH TESTING

254. How has the Ministry of Health revised its meth contaminated housing recommendations and policies in light of the Gluckman report?

255. In light of the Gluckman report recommending levels for meth labs which are 3 times greater than those recommended by ESR earlier this year (2018) for meth residues in labs and 7 to 10 times greater than those recommended for meth residues from meth use alone, what guidance has been sought from ESR as to how their advice should be considered in the light of the new recommendations/report?

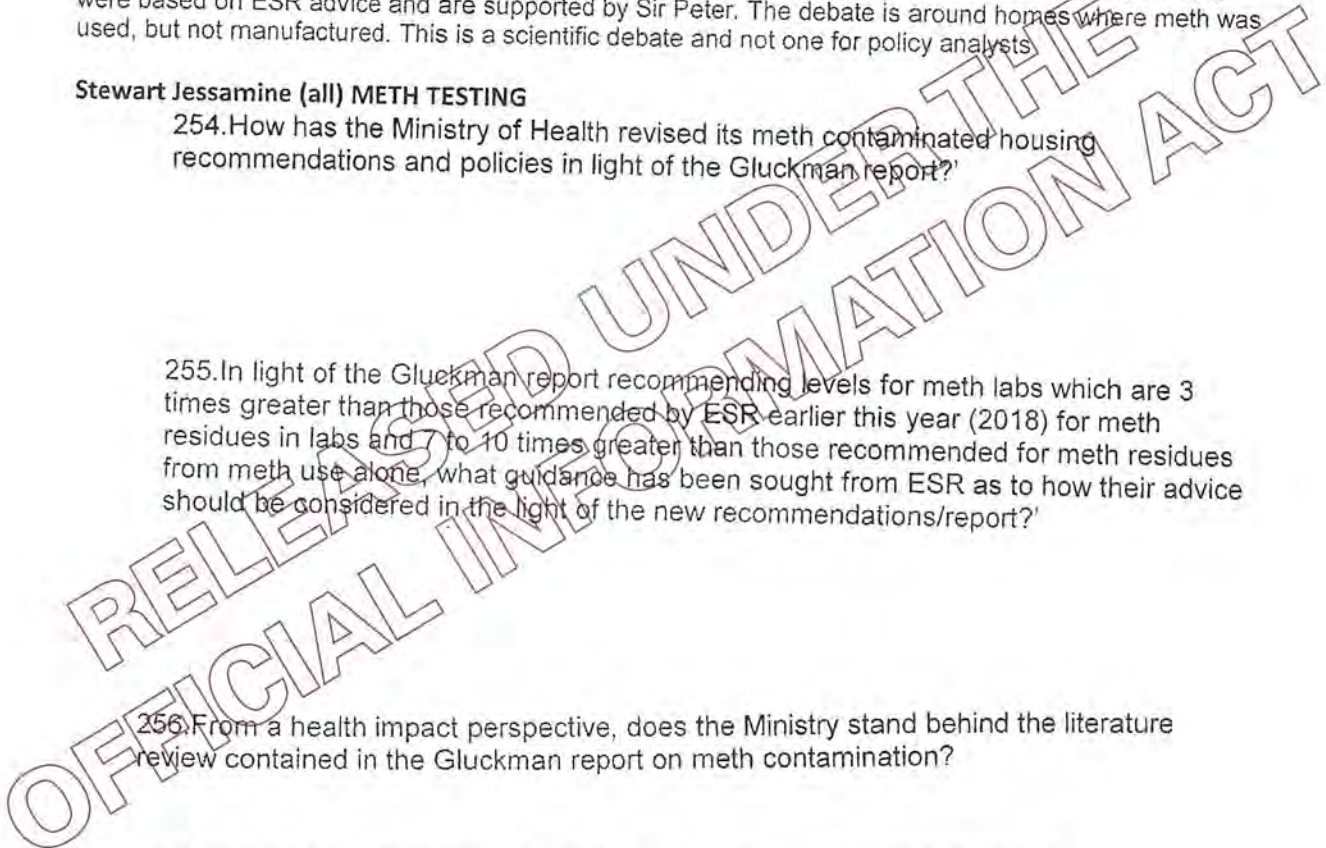
256. From a health impact perspective, does the Ministry stand behind the literature review contained in the Gluckman report on meth contamination?

257. From a health impact perspective, does the Ministry stand behind the recommendations of the Gluckman report on meth contamination?

258. From a health impact perspective, does the Ministry affirm that the Gluckman report meth level recommendations are consistent with international best recommendations?

259. From a health impact perspective, are the Gluckman report meth level recommendations above, below or the same as recommendations for Australia?

260. From a health perspective, does the Ministry affirm that the Gluckman report meth level recommendations provide safety for children?



261. What interactions did the Ministry of Health have with the authors and researchers of the Gluckman report on meth contamination?

Health officials were consulted during the preparation of the report and were asked to comment on the draft report. Health officials also provided ESR's expert's comment on the draft report to Sir Peter's researcher. ESR's expert is acknowledged as one of the peer reviewers of the report.

262. What contribution did the Ministry of Health make to meth standard NZS 8510?
The Ministry facilitated funding for the Standard through an application to the proceeds of crime fund and had a representative on the Standards committee.

Sally Gilbert
Manager
Environmental and Border Health
Public Health
Protection Regulation and Assurance
Ministry of Health
DDI: 04 816 4345
Mobile: 1

<http://www.health.govt.nz>

Dev Oza Dear All, Please see below additional questions following Select Committee examination of estimates. We have two sets of questions re Meth testing (Environmental Health) and Mesh (Medsafe). Good news is we have a small set of questions and bad news is this is due with the Minister's office for review by close of play Tuesday 26 June. Could I please have your response by lunch time on Tuesday 26 June?

21/06/2018 04:45:05 p.m.

From: Dev Oza/MOH
To: Sally Gilbert/MOH@MOH, Chris James/MOH@MOH, Sarah Reader/MOH@MOH, Catherine Marnane/MOH@MOH,
Cc: Stewart Jessamine/MOH@MOH, Jane Dancer/MOH@MOH, Dev Oza/MOH@MOH
Date: 21/06/2018 04:45 p.m.
Subject: Fw: New Supplementary Questions from the Select Committee

Dear All, Please see below additional questions following Select Committee examination of estimates. We have two sets of questions re Meth testing (Environmental Health) and Mesh (Medsafe). Good news is we have a small set of questions and bad news is this is due with the Minister's office for review by close of play Tuesday 26 June. Could I please have your response by lunch time on Tuesday 26 June?

Please call me, should you have any further queries.

Regards
Dev Oza
Ministry of Health
DDI: 04-816 3369
Mobile: 1

<http://www.moh.govt.nz>
mailto:Dev_Oza@moh.govt.nz



Sent by: Sally Gilbert/MOH
17/06/2018 02:50 p.m.

To: Suz Halligan/MOH@MOH,
cc:
bcc:

Subject: Re: Fw: HealthProtect: FW: Methamphetamine NZS 8510:2017 vs Sir
Gluckman's Report - Clarity for TAs

Thanks Suz

We'll see if anything comes from this... I had talked with Mike Reed last week and I think LGNZ was going to talk again with MBIE and Stds NZ.

Kind regards - Sally

Sally Gilbert
Manager
Environmental and Border Health
Public Health
Protection Regulation and Assurance
Ministry of Health
DDI: 04 816 4345
Mobile:

<http://www.health.govt.nz>

Suz Halligan

Hi Sally, Just an FYI, I think, I have no...

17/06/2018 10:35:03 a.m.

From: Suz Halligan/MOH
To: Sally Gilbert/MOH@MOH,
Date: 17/06/2018 10:35 a.m.
Subject: Fw: HealthProtect: FW: Methamphetamine NZS 8510:2017 vs Sir Gluckman's Report - Clarity for TAs

Hi Sally,
Just an FYI, I think, I have not read the detail but I am assuming that statement to the NZIEH which I am sure is fine. : has just put forward the MoH
Cheers
Suz

Suz Halligan
Senior Advisor
Environmental and Border Health
Public Health
Protection, Regulation and Assurance
Ministry of Health
DDI 04 819 6886
Cell
<http://www.health.govt.nz>
[mailto: Suz_Halligan@moh.govt.nz](mailto:Suz_Halligan@moh.govt.nz)

----- Forwarded by Suz Halligan/MOH on 17/06/2018 10:33 a.m. -----

From:
To:

Cc:

Date: 15/06/2018 02:33 p.m.
Subject: HealthProtect: FW: Methamphetamine NZS 8510:2017 vs Sir Gluckman's Report - Clarity for TAs
Sent by: healthprotect@yahoo.com

Hi Clare and Mike,

I write this email to the both of you as President of the New Zealand Institute of Environmental Health (NZIEH) whose members are Environmental Health Officers in TAs across NZ. We are requesting some assistance from LGNZ in seeking clarity and a suggested way forward from the Ministry of Health on the above mentioned.

Following on from our discussion last week on the above mentioned, please find below an email from [redacted] communicating to a colleague at Auckland Council on behalf of the Ministry of Health.

The NZS 8510:2017 - Although voluntary, the Standard served its purpose by giving TAs across the country, including real estate companies, methamphetamine samplers and decontaminators with a set of guidelines to follow.

With the release of the Sir Peter Gluckman's report, there is now a state of uncertainty amongst the TAs and the methamphetamine sampling and decontamination industry and the real estate industry in terms of which advice is to be followed.

The email below is advice from the Ministry of Health on this matter. Please note the parts highlighted in YELLOW which clearly adds to the confusion as to which advice - NZS 8510:2017 or Sir Peter Gluckman's Report.

The Institute has advised its member TAs across the country to seek legal advice as to how they would like to proceed until we have something more concrete in the way of a direction from the Ministry of Health. The email below does not provide that clarity.

On behalf of the TAs across the country, the NZIEH seeks assistance with the following:

- 1) Which advice are TAs to follow - without leaving TAs to make their individual decisions thus creating inconsistency and confusion. This is at present already an issue within TAs across the country.
- 2) Is the Ministry of Health planning to commission a review of the NZS 8510:2017, or parts of it pertaining to Sir Peter Gluckman's report - in particular some scientific and or medical rigour on the health effects associated with living in a property that has been potentially had methamphetamine smoked in it? Stating from Sir Gluckman's report

".....highly unlikely to give rise to any adverse effects....." indicates further research in this area is vital.

3) One of the major debates that took place during the development of the NZS 8510:2017 was the ability to identify properties that had been used as a LAB vs smoked in scientifically in the absence of a police raid. This was due to the advanced cooking techniques employed which yielded lower levels of contamination as opposed to a property that has been smoked in. This was the reason the lower limit of 1.5 µg/100 cm² was set by the Standards group.

If the Ministry of Health are set on following Sir Peter Gluckman's report, then some guidelines on how TAs, landlords and the industry can readily differentiate between a property having been used as a Lab vs being smoked in will be of assistance.

Please feel free to contact me to discuss this matter further. LGNZ's assistance on this matter will be greatly appreciated.

Thank you.

[nzieh-logo-name]

Subject: RE: Methamphetamine contamination in residential properties: Exposures, risk levels, and interpretation of standards

'As you will be aware, Sir Peter Gluckman has released a report on Methamphetamine contamination in residential properties: Exposures, risk levels, and interpretation of standards. Sir Peter's report concluded that:

* There is currently no evidence that methamphetamine levels typically resulting from third-hand exposure to smoking residues on household surfaces can elicit an adverse health effect.

* Toxicity assessments and exposure dose models have deliberately adopted very conservative assumptions, with large safety margins built in.

* Taken together, these factors indicate that methamphetamine levels that exceed the NZS 8510:2017 clean-up standard of 1.5 µg/100 cm² should not be regarded as signalling a health risk. Indeed, exposure to methamphetamine levels below 15 µg/100 cm² would be highly unlikely to give rise to any adverse effects.

* This means that, because the risk of encountering methamphetamine on residential surfaces at levels that might cause harm is extremely low, testing is not warranted in most cases. Remediation according to the NZS 8510:2017 standard is appropriate only for identified former meth labs and properties where excessive methamphetamine use, as indicated by high levels of methamphetamine contamination, has been determined

By way of background, prior to 2000 clandestine methamphetamine labs were not a significant concern in New Zealand. However by 2009 they had become a issue with police reporting 135 labs detected in that year. It was considered that the number of undetected labs was far greater as manufacturers disguise their illegal activities. One method to avoid detection was to use domestic premises, typically rental homes.

The Ministry of Health does not set the guideline levels for methamphetamine decontamination but, in 2010, in response to growing concerns regarding the risk posed to subsequent tenants, the Ministry published 'Guidelines for the Remediation of Clandestine Methamphetamine Laboratory Sites'. The guidelines established a recommended level of 0.5 micrograms/100 cm² methamphetamine as an indicator of adequate cleaning of the more hazardous chemicals used at that time in methamphetamine manufacture.

It is important to note that the risk identified with methamphetamine labs is not solely related to the presence of the drug. The manufacture of methamphetamine requires a complex chemical process, typically requiring the extraction of the precursor using hot, organic solvents (methanol, chloroform, toluene or ethanol), conversion to methamphetamine using chemicals such as ammonia, hydriodic acid and/or phosphorous compounds, and then purification of the drug using hydrochloric acid, sodium hydroxide and more organic solvents. There is no standard manufacturing method and manufacturing ingredients were based on whatever could be procured. This also posed an additional risk as lower grade chemicals may be used which are contaminated with additional hazardous substances. A domestic setting is not intended for the handling of hazardous substances. The use of hot solvents results in vaporisation of hazardous compounds which are present in the materials being used but also arise from the interaction of chemicals during the manufacturing process. New Zealand homes are largely comprised of absorbent materials (timber, plaster board, soft furnishings and wall paper). The solvent vapour is therefore easily absorbed long with other substances carried in the vapour. Also, disposal of used chemicals is difficult if detection is to be avoided. Therefore many used chemicals were disposed into the domestic waste water pipes or tipped onto the soil surrounding (or under) the home. This also allows solvent vapour and chemicals to leach back into living areas.

As methamphetamine is the common chemical in all manufacture it was decided that this should serve as an indicator of the potential presence of other, more hazardous chemicals. It must also be noted that testing for a variety of potential chemicals is expensive and takes time.

In 2010 a precautionary approach was taken because there was a lack of information regarding the health effects arising through living, long term, in a home that has been contaminated with methamphetamine and the chemicals used in its manufacture.

In March 2015, Standards New Zealand commenced development of a New Zealand Standard (NZS 8510:2017) for the testing and remediation of properties used for the manufacture or use of methamphetamine. Standards New Zealand consulted on two options in the draft New Zealand standard for testing and decontaminating properties

where methamphetamine was manufactured or used (smoked). Following consultation, the Standard was finalised and published in 2017. This Standard superseded the Ministry's 2010 guidelines.

If you receive queries from people about the Standard, and whether it will be revised to incorporate Sir Peter Gluckman's advice, you may suggest these people contact MBIE and/or Standards New Zealand.

Health officials have asked Standards New Zealand whether it will be reviewing NZ8510:2017. Standards NZ replied that 'NZS 8510:2017 is a voluntary standard as it is not cited in legislation or regulations - users can choose which decontamination level to adhere to until such time as levels are cited in legislation or regulations.

Standards NZ is open to discussing the option of amending NZS 8510 with organisations who might wish to talk to us about a potential review and what a review would involve.'

'Along with NZS 8510, Sir Peter Gluckman's report will be a matter to be considered when developing regulations under the Residential Tenancies Act, as amended by the Residential Tenancies Amendment Bill (No 2). The Bill is shortly to have its Second Reading in Parliament. Once passed, the Residential Tenancies Act Amendment Bill (No 2) will allow methamphetamine regulations to be made under the Residential Tenancies Act 1986 (RTA) which will be legally binding. The RTA covers tenancies over residential premises. Regulations will be made prescribing maximum acceptable levels of contaminants, methods for carrying out tests - which could include the testing of premises, taking samples for testing, testing samples, establishing levels of contaminants present in a premises, and deciding who is authorised to carry out the tests or parts of the tests. Regulations will be made for methamphetamine but also for any other potential contaminants in tenanted residential premises that are found to be harmful to people's health.'

If you receive queries about specific properties, these should be referred to your local council (which is the regulatory agency) to see what they may require.'

Kind regards

Medical Officer of Health

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Sent by: :
15/06/2018 12:56 p.m.

To: sally_gilbert@moh.govt.nz,
cc:
bcc:

Subject: Re: Urgent information required please

Thank you,

This is helpful.

Thank you also for taking the time to answer my questions.

I do appreciate your time.

Kind regards

On 15 June 2018 at 12:52 sally_gilbert@moh.govt.nz wrote:

Hi Jo

Information about hazardous substances injuries surveillance and copies of reports are here:
<http://www.ehinz.ac.nz/our-projects/hazardous-substances/hazardous-substances-surveillance-system/>

This shows you the data over several years.

Kind regards - Sally

Sally Gilbert
Manager
Environmental and Border Health
Public Health
Protection, Regulation and Assurance
Ministry of Health
DDI: 04 812 4345
Mobile

<http://www.health.govt.nz>

From: :
To: sally_gilbert@moh.govt.nz,
Date: 15/06/2018 12:48 p.m.
Subject: Re: Urgent information required please

Thank you,

Please can you tell me how many , off any type, of reports have been recorded to this data base.

Kind regards

On 15 June 2018 at 12:30 sally_gilbert@moh.govt.nz wrote:

Hi .

No, we have not received any notifications of poisoning from meth manufacture or third hand exposure.

Kind regards - Sally

Sally Gilbert
Manager
Environmental and Border Health
Public Health
Protection Regulation and Assurance
Ministry of Health
DDI: 04 816 4345
Mobile

<http://www.health.govt.nz>

From: [REDACTED]
To: sally_gilbert@moh.govt.nz
Date: 15/06/2018 11:52 a.m.
Subject: Re: Urgent information required please

Thank you Sally for this information,

Are there any cases on record that a chemical associated with the making of Methamphetamine, or from third hand exposure to methamphetamine use, no matter how minor, been reported.

Kind regards

On 12 June 2018 at 12:31 sally_gilbert@moh.govt.nz wrote:

Hi ,

Under the Hazardous Substances and New Organisms Act medical practitioners are required to report any hazardous substances injury to their local Medical Officer of Health. In addition, under the Health Act, medical practitioners are also required to report cases of poisoning arising from chemical contamination of the environment. The Ministry has provided guidelines on this: <https://www.health.govt.nz/publication/investigation-and-surveillance-poisoning-and-hazardous-substance-injuries-2016>

Regards - Sally

Sally Gilbert
Manager
Environmental and Border Health
Public Health
Protection Regulation and Assurance
Ministry of Health
DDI: 04 816 4345

Mobile:

<http://www.health.govt.nz>

From: .
To: sally_gilbert@moh.govt.nz,
Date: 12/06/2018 10:38 a.m.
Subject: Urgent information required please

Good morning,

Please can you explain to me the process a doctor/hospital would go through to report a case that a person/child was unwell from living in a contaminated property from Methamphetamine use/manufacture that has been under taken inside the property..

Where is the data base held to be able to report cases?

What is the process to report cases to the MOH?

Is it a requirement that doctors/hospitals report such cases?

Are the Police informed of any known cases?

Kind regards

On 01 June 2018 at 07:38 sally_gilbert@moh.govt.nz wrote:

Dear ,

Thank you for your query.

The Ministry of Health does not set the guideline levels for methamphetamine decontamination.

Our 2010 guidelines (which provided advice on properties used as meth labs, not where meth had been used) were superseded by Standards New Zealand's Standard on testing and decontamination of methamphetamine-contaminated properties (NZS510:2017). I recommend you contact the Ministry of Business, Innovation and Employment regarding the Standard and whether it will be revised to incorporate Sir Peter Gluckman's advice. You can email them at enquiries@standards.govt.nz or phone on 0800 782 632.

For rental properties you may be wanting tested or decontaminated, you should contact your local council (which is the regulatory agency) to see what they may require.

I hope this is helpful.

Your sincerely

Sally Gilbert
Manager
Environmental and Ecosystem Health
Public Health
Protection, Regulation and Assurance
Ministry of Health
DDI: 04 815 4345
Mobile: 1

----- Forwarded on 01/06/2018 07:18 a.m. -----

From:
To: info@health.govt.nz
Date: 31/05/2018 02:30 p.m.
Subject: Rental properties

Good afternoon,

I contacted the Tenancy Tribunal in regards to the acceptable level of Methamphetamine can be in a rental property.

They informed me to contact the Ministry of Health to find out what the level was that complies to the Health Act.

Please can you tell me what level of Methamphetamine a tenant can live in a rental property is?

Also, is this nation wide level or do any other authorities have permission to change this level from what the Ministry of Health has set.

Kind regards

M

Phone: (

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Sent by: Sally Gilbert/MOH

15/06/2018 06:53 a.m.

To: ,

cc: Sarah Reader/MOH@MOH, Caroline McElnay/MOH@MOH,

bcc:

Subject: Methamphetamine - further query

Hi. and ,

I note that, under the Health Act 1956, while the Ministry of Health has the "function of improving, promoting, and protecting public health", a territorial authority has "the duty ... to improve, promote, and protect public health within its district". However, my understanding is that contaminated dwellings are managed under the Building Act, not the Health Act, as dangerous buildings under subpart 6 of that Act.

For your background information, the ESR report was commissioned by the Ministry to inform the development of the Standard and was provided to the Standards Committee. The Standards Committee included a representative from the Ministry of Health and representatives from laboratories, industry insurers, LGNZ, MfE and Housing NZ. The Standards process works by consensus and voting. Deliberations are confidential to the Committee members. The Ministry of Health supported the outcome of the Standards process.

However, the Standard was obviously prepared prior to Sir Peter Gluckman's report being available. - you may wish to ask LGNZ their position on the Standard and Sir Peter's report.

Regards - Sally

Sally Gilbert
Manager
Environmental and Border Health
Public Health
Protection Regulation and Assurance
Ministry of Health
DDI: 04 816 4345
Mobile:

<http://www.health.govt.nz>

Andrew Lindsay

Hi Sally, Here is a further email from...

12/06/2018 03:39:17 p.m.

From: Sally Gilbert (MoH) <sally.gilbert@moh.govt.nz>
To: "Sally Gilbert (MoH)" <sally.gilbert@moh.govt.nz>
Cc: Andrew Lindsay <andrew.lindsay@health.govt.nz>
Date: 12/06/2018 03:39 p.m.
Subject: FW: Methamphetamine

Hi Sally,

Here is a further email from ... r for your response please. I suggest the two of you communicate directly on this one. Thank you.

Kind regard,

From:
Sent: Tuesday, 12 June 2018 3:35 p.m.
To: /
Subject: Re:Methamphetamine

Hi and I have had a discussion on this and we'd like to seek further clarification with the Ministry of Health through you.

We are really hoping for guidance from the Ministry of Health who obviously under the Health Act, have the function or improving, promoting and protecting Public Health.

Local Authorities duties under this Act include: If satisfied that any nuisance, or any condition likely to be injurious to health or offensive, exists in the district, to cause all proper steps to be taken to secure the abatement of the nuisance or the removal of the condition. A local authority may issue a repair notice were the dwellinghouse situation or insanitary condition is likely to cause injury to health, or cleansing order for preventing danger to health or rendering the premises fit for occupation. In 2016, the Ministry of Health contracted ESR to undertake an independent review of the current guidelines to provide updated advice on the values for remediating methamphetamine contaminated buildings. The scope included seeking advice on both remediation of properties used as clandestine labs and solely for recreational use.

The analysis includes a review of evidence and comparison of the risk assessment approaches used in New Zealand, Australia, Colorado and particularly California (which is based on a comprehensive review of the toxicological literature, using human data, and noted as the preferred comparison value for a safe daily exposure)."

The Ministry for Business Innovation and Employment, would not appear to be the appropriate Ministry to comment on matters of Health and exposure risk.

NZS 8510:2017 currently has no legal status, but it has provided a guidance for Local authorities on exposure risk and levels that are likely to be injurious to health. The purpose of the standard was to provide guidance on reducing peoples risk of exposure to harm caused by the presence of unacceptable levels of methamphetamine contamination in properties. The Ministry of Health was a member of the committee to develop NZS 8510:2017 and expert advice on exposure risk from the Ministry of Health was sought in the development of the standard.

In light of Sir Peter Gluckman's publication can the Ministry advise their position on the level of methamphetamine contamination which is likely to be injurious to health?

Kind regards

1
t.nz

From: _____
Sent: Tuesday, 12 June 2018 12:47 p.m.
To: _____
Subject: FW: Re:Methamphetamine

Hi

I received the response below from the Ministry of Health in response to your query from me. I hope this is helpful.

Kind regards,

From: sally_gilbert@moh.govt.nz [mailto:sally_gilbert@moh.govt.nz]
Sent: Monday, 11 June 2018 3:25 p.m.
To: _____
Cc: Sarah_Reader@moh.govt.nz; Caroline_McElnay@moh.govt.nz
Subject: Re:Methamphetamine

Hi

We are also receiving a number of queries about what the appropriate levels for meth decontamination. Our responses are along the lines that the Ministry of Health does not set the guideline levels for methamphetamine decontamination, that our 2010 guidelines (which only covered labs) were superseded by NZ8510:2017, and suggesting people contact MBIE regarding the Standard and whether it will be revised to incorporate Sir Peter Gluckman's advice. We also suggest that queries about specific properties should be referred to the local council (which is the regulatory agency) to see what they may require.

We have asked Standards NZ whether they will be reviewing NZ8510:2017. Standards NZ replied that it is advising people that NZS 8510:2017 is a voluntary standard as it is not cited in legislation or regulations - users can choose which decontamination level to adhere to until such time as levels are cited in legislation or regulations. Standards NZ advised it is open to engaging with organisations who wish to amend the standard to have a discussion about what might be an appropriate scope for such a review.

I will provide this advice to public health units in case others are also receiving queries.

Kind regards - Sally

Sally Gilbert
Manager
Environmental and Border Health
Public Health
Protection Regulation and Assurance
Ministry of Health
DDI: 04 816 4345
Mobile: 1

<http://www.health.govt.nz>

From: _____
To: "Sally Gilbert (MoH)" <sally_gilbert@moh.govt.nz>
Date: 11/06/2018 01:23 p.m.
Subject: FW: Methamphetamine

Hi Sally,

Are you able to advise on the query below please. I am not aware of whether councils or PHUs have been notified on what new or different actions are required following Sir Peter Gluckman's announcement. Thank you.

Kind regards,
Andrew

From: I
Sent: Monday, 11 June 2018 9:38 AM
To: _____
Subject: Methamphetamine

Hi Andrew – are you able to advise us on the position to take in regard to unsuitable methamphetamine levels in a dwelling in response to the Sir Peter Gluckman report? We have the New Zealand Standard which puts the level at 1.5 µg/100cm² however the mentioned report suggests we should not be using the Standard level as a level for regulatory action.

I'd appreciate your comments.

Kind regards

Phone: ()



Sent by:

To: "sally_gilbert@moh.govt.nz" <sally_gilbert@moh.govt.nz>,
cc: "Sarah_Reader@moh.govt.nz" <Sarah_Reader@moh.govt.nz>,
"Caroline_McElroy@moh.govt.nz" <Caroline_McElroy@moh.govt.nz>,
bcc:

11/06/2018 02:46 p.m.

Subject: RE: Methamphetamine in residential properties

Thanks Sally. That's helpful. It's largely what I expected, but it's good to know that I will be giving the right advice to council.

Kind regards

From: sally_gilbert@moh.govt.nz [mailto:sally_gilbert@moh.govt.nz]
Sent: Monday, 11 June 2018 14:36
To:
Cc: Sarah_Reader@moh.govt.nz; Caroline_McElroy@moh.govt.nz
Subject: Re: Methamphetamine in residential properties

Hi

We haven't changed our position because our guidelines were always for labs and not for use...

We are also receiving a number of queries about what the appropriate levels for meth decontamination. Our responses are along the lines that the Ministry of Health does not set the guideline levels for methamphetamine decontamination, that our 2010 guidelines were superseded by NZ8510:2017, and suggesting people contact MBIE regarding the Standard and whether it will be revised to incorporate Sir Peter Gluckman's advice. We also suggest that queries about specific properties should be referred to the local council (which is the regulatory agency) to see what they may require.

We have asked Standards NZ whether they will be reviewing NZ8510:2017. Standards NZ replied that it is advising people that NZS 8510:2017 is a voluntary standard as it is not cited in legislation or regulations - users can choose which decontamination level to adhere to until such time as levels are cited in legislation or regulations. Standards NZ advised it is open to engaging with organisations who wish to amend the standard to have a discussion about what might be an appropriate scope for such a review.

Kind regards - Sally

Sally Gilbert
Manager
Environmental and Border Health
Public Health
Protection Regulation and Assurance
Ministry of Health
DDI: 04 816 4345
Mobile: C

<http://www.health.govt.nz>

From: [redacted]
To: "sally_gilbert@moh.govt.nz" <sally_gilbert@moh.govt.nz>
Date: 11/06/2018 11:37 a.m.
Subject: Methamphetamine in residential properties

Hi Sally,

We've had some queries from councils about whether the Ministry of Health has changed its position on methamphetamine in residential properties following Peter Gluckman's report on this. They are trying to make decisions about whether to remove contaminated labels placed on LIMs for houses.

I think that the report would provide guidance on advice given by our Public Health Unit to individual queries about health or methamphetamine exposure. I assume that Standards New Zealand will review the current standard on this at some stage given Gluckman's report. But I would be grateful if you could let me know what the MoH's position is on methamphetamine in residential properties given Gluckman's report.

Thanks for your help

Kind regards

|

L

days of work are Monday to Thursday.

200 |

z | Usual

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Sent by:

05/06/2018 03:44 p.m.

To: "Sarah_Reader@moh.govt.nz" <Sarah_Reader@moh.govt.nz>,
cc: "Caroline_McElnay@moh.govt.nz" <Caroline_McElnay@moh.govt.nz>,
"sally_gilbert@moh.govt.nz" <sally_gilbert@moh.govt.nz>, Helen Mexted
<helen.mexted@lgnz.co.nz>, Mike Reid <mike.reid@lgnz.co.nz>,
bcc:

Subject: RE: Methamphetamine standard

Dear Sarah

Thanks for your email.

LGNZ commissioned the Standard in response to member concerns about the lack of an accreditation regime for firms that first, and prior to the standard, were assessing methamphetamine contamination levels and second, where contamination levels were found to exceed Ministry of Health guidelines, the de-contamination work.

I am advised that under the Health Act any building found by the Police that contains what they believe is a methamphetamine laboratory is referred to the relevant local authority which is required to commission tests to identify whether the buildings are safe for habitation. Local government's purpose in having a standard was to create an accreditation regime that would enable councils to place more reliance on the outcomes of any sampling and testing. I understand that in the year since the standard has been in place at least two firms have become accredited by IANZ.

The adoption of standard procedures for sampling and testing and the establishment of NZQA registered courses for samplers and clean-up and remediation, as well as an accreditation process, meets LGNZ's objective in commissioning the standard. In other words the level of methamphetamine was not the core concern of LGNZ. LGNZ is happy to work with whatever level the science regards as safe provided an accreditation regime is in place to provide a level of assurance that the testers meet competent performance standards.


That said, LGNZ would support an amendment to the standard to update the scientific advice as to what constitutes a safe level of contamination, however this aspect of the standard is outside the scope of our mandate. Accordingly LGNZ is not proposing to commission a revision to the standard to deal with the issue of level of contamination.

Kind regards

Malcolm

Malcolm Alexander
Chief Executive
Local Government New Zealand
DDI 04 924 1201 M
E malcolm.alexander@lgnz.co.nz
W www.lgnz.co.nz

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From: Sarah_Reader@moh.govt.nz [mailto:Sarah_Reader@moh.govt.nz]
Sent: Friday, 1 June 2018 10:43 a.m.
To: Malcolm Alexander <malcolm.alexander@lgnz.co.nz>
Cc: Caroline_McElnay@moh.govt.nz; sally_gilbert@moh.govt.nz
Subject: Methamphetamine standard

Dear Malcolm

Health is responding to enquiries following the report from Sir Peter into meth contamination of homes in New Zealand.

One line of enquiry relates to the NZ Standard. We are in correspondences with Standards NZ who advise that they are awaiting a request from an organisation to update the Standard. I note that the Standard was initially commissioned by LGNZ. Are you intending commissioning a revision?

Nga mihi

Sarah

Sarah Reader | Manager | Public Health Group | Protection, Regulation and Assurance, Ministry of Health
| (04) 819 6836 |



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Sent by:
Justine.Mecchia@parliament.govt.nz

To: "Sarah_Reader@moh.govt.nz" <Sarah_Reader@moh.govt.nz>,
cc: "Caroline_McElnay@moh.govt.nz" <Caroline_McElnay@moh.govt.nz>,
"sally_gilbert@moh.govt.nz" <sally_gilbert@moh.govt.nz>,
bcc:

01/06/2018 01:00 p.m.

Subject: RE: Brief notes on Health's guidelines on methamphetamine contamination

Thank you Sarah.

Sent with BlackBerry Work
(www.blackberry.com)

From: Sarah_Reader@moh.govt.nz <Sarah_Reader@moh.govt.nz>
Date: Friday, 01 Jun 2018, 11:54 AM
To: Justine Mecchia <Justine.Mecchia@parliament.govt.nz>
Cc: Caroline_McElnay@moh.govt.nz <Caroline_McElnay@moh.govt.nz>, sally_gilbert@moh.govt.nz <sally_gilbert@moh.govt.nz>
Subject: Brief notes on Health's guidelines on methamphetamine contamination

Dear Justine

As requested, here is some background on the methamphetamine standards and guidelines. I hope this is useful.

Nga mihi

Sarah

Prior to 2000 clandestine methamphetamine labs were not a significant concern in New Zealand. However by 2009 they had become a issue with police reporting 135 labs detected in that year. It was considered that the number of undetected labs was far greater as manufacturers disguise their illegal activities. One method to avoid detection was to use domestic premises, typically rental homes.

In 2010, in response to growing concerns regarding the risk posed to subsequent tenants, the Ministry published 'Guidelines for the Remediation of Clandestine Methamphetamine Laboratory Sites' ([http://www.moh.govt.nz/notebook/nbbooks.nsf/0/97DCB4331641B346CC2577AB000515FC/\\$file/guidelines-remediation-clandestine-meth-lab-sites.pdf](http://www.moh.govt.nz/notebook/nbbooks.nsf/0/97DCB4331641B346CC2577AB000515FC/$file/guidelines-remediation-clandestine-meth-lab-sites.pdf)). This guideline established a recommended level of 0.5 ig/100 cm² methamphetamine as an indicator of adequate cleaning of the more hazardous chemicals used at that time in methamphetamine manufacture.

It is important to note that the risk identified with methamphetamine labs is not solely related to the presence of the drug (also know as crystal meth, or P). The manufacture of methamphetamine requires a complex chemical process to convert the precursor (typically ephedrine or pseudoephedrine from cough and cold tablets or capsules). Typical manufacture requires the extraction of the precursor using hot, organic solvents (methanol, chloroform, toluene or ethanol), conversion to methamphetamine using chemicals such as ammonia, hydriodic acid and/or phosphorous compounds, and then purification of the

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drug using hydrochloric acid, sodium hydroxide and more organic solvents.

There is no standard manufacturing method as access to industrial chemicals is a controlled activity under the Hazardous Substances and New Organisms Act and therefore manufacturing ingredients were based on whatever could be procured. This also posed an additional risk as lower grade chemicals may be used which are contaminated with additional hazardous substances.

A domestic setting is not intended for the handling of hazardous substances. The use of hot solvents results in vaporisation of hazardous compounds which are present in the materials being used but also arise from the interaction of chemicals during the manufacturing process.

New Zealand homes are largely comprised of absorbent materials (timber, plaster board, soft furnishings and wall paper). The solvent vapour is therefore easily absorbed long with other substances carried in the vapour. Also, disposal of used chemicals is difficult if detection is to be avoided. Therefore many used chemicals were disposed into the domestic waste water pipes or tipped onto the soil surrounding (or under) the home. This also allows solvent vapour and chemicals to leach back into living areas.

As methamphetamine is the common chemical in all manufacture it was decided that this should serve as an indicator of the potential presence of other, more hazardous chemicals. It must also be noted that testing for a variety of potential chemicals is expensive and takes time.

In 2010 a precautionary approach was taken because there was a lack of information regarding the health effects arising through living, long term, in a home that has been contaminated with methamphetamine and the chemicals used in its manufacture.

In March 2015, Standards New Zealand in association with Local Government New Zealand, commenced development of a New Zealand Standard (NZS 8510:2017) for the testing and remediation of properties used for the manufacture or use of methamphetamine. The standard was to replace the Ministry's 2010 guidelines.

Standards New Zealand convened a Committee of twenty members to prepare a New Zealand Standard and the Ministry contracted a representative to participate on the Committee developing the new Standard. Other members included laboratories (3), councils (2), industry (6), real estate/property management (3), insurers (1), Housing NZ, IANZ, LGNZ and the Ministry for the Environment

Standards New Zealand consulted on two options in the draft New Zealand standard for testing and decontaminating properties where methamphetamine was manufactured or used (smoked). Initially two levels were proposed, one where the dwelling had been used to manufacture methamphetamine which would include the risk presented by the manufacturing chemicals and by-products, and one for where methamphetamine was used. The levels were established using risk assessments based on best available evidence of the harm caused by methamphetamine and associated hazardous compounds.

The Committee was concerned that multiple decontamination levels would be confusing and that home owners and occupiers would insist on decontamination to the most conservative level, not understanding the scientific rationale for the different requirements. This would cause unnecessary fear for residents, and create unnecessary costs for remediating properties. It was also likely to mean significant numbers of properties (including social housing) would be uninhabited while awaiting decontamination.

The Ministry therefore reconsidered its earlier assessment of the risk posed by manufacturing methamphetamine. By this time the manufacture of methamphetamine had changed and the number of labs in domestic settings had reduced due to difficulties obtaining cough and cold remedies containing the precursors.

The Ministry agreed that the proposed level of 1.5 ig/100 cm² would not create unacceptable public health risks, including for vulnerable people such as infants and toddlers. Health officials also noted the difficulty in determining whether a home had been used to manufacture methamphetamine or whether it had been solely used. We were also aware of the significant public health risks from people living in over-crowded or cold and damp houses, and the need to provide adequate housing and did not want to impose unnecessary barriers to access to housing.

The Ministry has been in contact with the NZ Standards Team at the Ministry for Business, Innovation and Employment (MBIE). They have advised that NZS 8510:2017 is a voluntary standard as it is not cited in legislation or regulations which means users can choose which decontamination level to adhere to until such time as levels are cited in legislation or regulations.

MBIE have also noted that the Residential Tenancies Act is being amended and the Residential Tenancies Amendment Bill (No. 2) will shortly have its Second Reading in Parliament. Once passed, the Residential Tenancies Act Amendment Bill (No 2) will allow methamphetamine regulations to be made under the Residential Tenancies Act 1986 (RTA) which will be legally binding. Regulations will be made prescribing maximum acceptable levels of contaminants, methods for carrying out tests – which could include the testing of premises, taking samples for testing, testing samples, establishing levels of contaminants present in a premises, and deciding who is authorised to carry out the tests or parts of the tests. Regulations will be made for methamphetamine but also for any other potential contaminants in tenanted residential premises that are found to be harmful to people's health.

MBIE advises that Sir Peter's report will be a matter to be considered when setting the Regulations. They also advise that the Standards Team is open to considering requests to have the existing standard revised.

Sarah Reader | Manager | Public Health Group | Protection, Regulation and Assurance, Ministry of Health
| (04) 819 6836 |



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Sent by: Sally Gilbert/MOH
01/06/2018 10:00 a.m.

To: Carmen Mak <Carmen.Mak@mbie.govt.nz>,
cc: "Caroline_McElnay@moh.govt.nz" <Caroline_McElnay@moh.govt.nz>, Danielle
Sieu Ou <Danielle.SieuOu@mbie.govt.nz>, Janaya Soma
<Janaya.Soma@mbie.govt.nz>, Michael Docherty
bcc:

Subject: RE: Meth Standard [IN-CONFIDENCE]

Hi Carmen

Thank you for your fast and helpful response.

We will include your key messages in responses we will be sending out, thank you!

Kind regards - Sally

Sally Gilbert
Manager
Environmental and Border Health
Public Health
Protection Regulation and Assurance
Ministry of Health
DDI: 04 816 4345
Mobile:

<http://www.health.govt.nz>

Carmen Mak

Hi Sally Thank you for your email. We...

01/06/2018 09:56:54 a.m.

From: Carmen Mak <Carmen.Mak@mbie.govt.nz>
To: "sally_gilbert@moh.govt.nz" <sally_gilbert@moh.govt.nz>, Danielle Sieu Ou
<Danielle.SieuOu@mbie.govt.nz>
Cc: "Caroline_McElnay@moh.govt.nz" <Caroline_McElnay@moh.govt.nz>,
"Sarah_Reader@moh.govt.nz" <Sarah_Reader@moh.govt.nz>, Janaya Soma
<Janaya.Soma@mbie.govt.nz>, Michael Docherty <Michael.Docherty@mbie.govt.nz>
Date: 01/06/2018 09:56 a.m.
Subject: RE: Meth Standard [IN-CONFIDENCE]

Hi Sally

Thank you for your email. We are monitoring enquiries that are coming directly to the SNZ Enquiries inbox, of which there have been a small handful to date. We also note the email forwarded on by you this week. We have responded to this email. FYI, our response is below. The enquirer has written back to say he's happy with the response.

Thank you for your enquiry.

As Sally Gilbert has mentioned in her reply email, upon publication of NZS 8510:2017, the Ministry of Health decided to have their guidelines superseded by this Standard (NZS 8510).

NZS 8510:2017 is a voluntary standard as it is not cited in legislation or regulations - users can

choose which decontamination level to adhere to until such time as levels are cited in legislation or regulations.

Standards NZ is open to discussing the option of amending NZS 8510 with organisations who might wish to talk to us about a potential review and what a review would involve.

Along with NZS 8510, Sir Peter Gluckman's report will be a matter to be considered when developing regulations under the Residential Tenancies Act, as amended by the Residential Tenancies Amendment Bill (No. 2). The Bill is shortly to have its Second Reading in Parliament. Once passed, the Residential Tenancies Act Amendment Bill (No 2) will allow methamphetamine regulations to be made under the Residential Tenancies Act 1986 (RTA) which will be legally binding. The RTA covers tenancies over residential premises. Regulations will be made prescribing maximum acceptable levels of contaminants, methods for carrying out tests – which could include the testing of premises, taking samples for testing, testing samples, establishing levels of contaminants present in a premises, and deciding who is authorised to carry out the tests or parts of the tests. Regulations will be made for methamphetamine but also for any other potential contaminants in tenanted residential premises that are found to be harmful to people's health.

You might wish to use similar key messages to the ones we are using above to respond to enquiries you are receiving.

Standards NZ is open to engaging with organisations who wish to amend the standard so that we can have a discussion about what might be an appropriate scope for such a review. However, it is worth noting that the upcoming regulations as described above will mandate maximum acceptable levels. Any review of NZS 8510, if it does result in a different level than 1.5 microgram, would result in voluntary guidance rather than anything mandated.

Hope this is helpful.

Kind regards

Carmen

Carmen Mak | Manager | Standards New Zealand | Consumer Protection & Standards Branch |
Ministry of Business, Innovation and Employment | 15 Stout Street, Wellington 6011 | Ph: 64 4 901
3817 | Email: carmen.mak@mbie.govt.nz

From: sally_gilbert@moh.govt.nz [mailto:sally_gilbert@moh.govt.nz]

Sent: Friday, 1 June 2018 9:43 a.m.

To: Bruce Taylor; Danielle Sieu Ou; Carmen Mak

Cc: Caroline_McElnay@moh.govt.nz; Sarah_Reader@moh.govt.nz

Subject: Meth Standard

Hi everyone

As you will be aware, there has been considerable media and other interest in Sir Peter Gluckman's report on meth decontamination.

We are receiving a number of queries about what the appropriate levels for meth decontamination. Our

responses are along the lines that the Ministry of Health does not set the guideline levels for methamphetamine decontamination, that our 2010 guidelines were superseded by NZ8510:2017, and suggesting people contact MBIE regarding the Standard and whether it will be revised to incorporate Sir Peter Gluckman's advice. We also suggest that queries about specific properties should be referred to the local council (which is the regulatory agency) to see what they may require.

However, we would be interested in any advice to people with queries about applying the Standard in light of Sir Peter's report? Have you formed a view about a possible review of the Standard?

Kind regards - Sally

Sally Gilbert
Manager
Environmental and Border Health
Public Health
Protection Regulation and Assurance
Ministry of Health
DDI: 04 816 4345
Mobile: . . .

<http://www.health.govt.nz>

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Sent by

To: sally_gilbert@moh.govt.nz,
cc:
bcc:

31/05/2018 12:31 p.m.

Subject: Re: Meth Guide Lines

Many Thanks Sally.
Thank you,

Regards

ld

On Thu, May 31, 2018 at 10:12 AM, <sally_gilbert@moh.govt.nz> wrote:
Dear

Thank you for your query.

The Ministry of Health's 2010 guidelines only provided advice on properties used as meth labs, not where meth had been used. The guidelines have been superseded by Standards New Zealand's Standard on testing and decontamination of methamphetamine-contaminated properties (NZ8510:2017). I recommend you contact the Ministry of Business, Innovation and Employment regarding the Standard and whether it will be revised to incorporate Sir Peter Gluckman's advice. You can email them at enquiries@standards.govt.nz or phone on 0800 782 632.

For properties you may be concerned about, you should contact your local council (which is the regulatory agency) to see what they may require.

Your sincerely

Sally Gilbert
Manager
Environmental and Border Health
Public Health
Protection Regulation and Assurance
Ministry of Health

----- Forwarded on 31/05/2018 09:23 a.m. -----

From: (info@health.govt.nz, <info@health.govt.nz>)
To: info@health.govt.nz, <info@health.govt.nz>
Date: 30/05/2018 04:04 p.m.

Subject: Meth Guide Lines

Hello,

Can you clarify what the MOH guidelines are now please on meth use in NZ and properties contaminated with Meth?

Thank you,

Regards

M (____)
W (____)
A (____)

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Sent by: Sally Gilbert/MOH
22/05/2018 12:01 p.m.

To: Media@MOH,
cc: Caroline McElroy/MOH@MOH, Keith Gardner/MOH@MOH, Natalia Foronda/MOH@MOH,
bcc:

Subject: FYI -Meth QAs release of Sir Peter's meth review [IN-CONFIDENCE]

Hi everyone

This was sent to Peter directly but FYI in case you get any media queries. (Queries should be sent to Sir Peter's office or to MBIE).

Regards - Sally

Sally Gilbert
Manager
Environmental and Border Health
Public Health
Protection Regulation and Assurance
Ministry of Health
DDI: 04 816 4345
Mobile:

<http://www.health.govt.nz>

----- Forwarded by Sally Gilbert/MOH on 22/05/2018 11:59 a.m. -----

From: Jane McSweeney <Jane.McSweeney3@mbie.govt.nz>
To: "peter_abernethy@moh.govt.nz" <peter_abernethy@moh.govt.nz>, "keith_gardner@moh.govt.nz" <keith_gardner@moh.govt.nz>, "sally_gilbert@moh.govt.nz" <sally_gilbert@moh.govt.nz>, Martyn Watterson <Martyn.Watterson@hnzc.co.nz>, "julian.silver@hnzc.co.nz" <julian.silver@hnzc.co.nz>, "melanie.harding-shaw@hnzc.govt.nz" <melanie.harding-shaw@hnzc.govt.nz>, "alicia.long@hnzc.govt.nz" <alicia.long@hnzc.govt.nz>, "brenda.hamblyn@police.govt.nz" <brenda.hamblyn@police.govt.nz>, "katherine.noble@police.govt.nz" <katherine.noble@police.govt.nz>, Carmen Mak <Carmen.Mak@mbie.govt.nz>, "melissa.poole@justice.govt.nz" <melissa.poole@justice.govt.nz>, "Michael.Docherty" <Michael.Docherty@mbie.govt.nz>, Janaya Soma <Janaya.Soma@mbie.govt.nz>, Amy Rountree <Amy.Rountree@mbie.govt.nz>, Jennifer Sykes <Jennifer.Sykes@mbie.govt.nz>, Claire Leadbetter <Claire.Leadbetter@mbie.govt.nz>, Maisie Thursfield <Maisie.Thursfield@mbie.govt.nz>, Katherine Slaney <Katherine.Slaney2@mbie.govt.nz>, Dennis De Reus <Dennis.DeReus008@msd.govt.nz>, Anne Bardsley <a.bardsley@auckland.ac.nz>, Victoria Evans <Victoria.Evans@mbie.govt.nz>, Annie Coughlan <Annie.Coughlan@mbie.govt.nz>, Kath Allen <Katherine.Allen@mbie.govt.nz>
Date: 22/05/2018 09:25 a.m.
Subject: FYI -Meth QAs release of Sir Peter's meth review [IN-CONFIDENCE]

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Hi everyone

Attached for your information are questions and answers in relation to the release of the Chief Science Advisor's report *Methamphetamine contamination in residential properties: Exposures, risk levels, and interpretation of standards.*

This is being released via a press conference in the Minister's office on Tuesday 29 May. (TBC depending

on Cabinet discussions)

The questions and answers are for background use only. Some of the more general questions will be on the MBIE website after the release of the report.

Any queries please get in touch.

Regards Jane

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and any attachment from your computer. DRAFTMeth QAs re-release of Sir Peter's meth review 0418.docx

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May 2018

These are background QAs for the release of the Report (**not for the second reading of the Bill**) and are for use by the Minister's office for their background. Some of the more general questions will be used to update the MBIE website

DRAFT questions and answers on the release of the Sir Peter Gluckman review of scientific evidence about methamphetamine contamination

What is the name of the report and when was it completed?

The report is entitled *Methamphetamine contamination in residential properties: Exposures, risk levels, and interpretation of standards* (the CSA report) and was completed in May 2018.

Why was the report commissioned from the Prime Minister's Chief Science Adviser?

The Government asked Professor Sir Peter Gluckman – the Prime Minister's Chief Science Advisor - to assess all the available scientific evidence and medical literature about the risks of exposure to methamphetamine residue in houses. The assessment examined the likelihood of health risks from methamphetamine residue caused by smoking compared with that caused by manufacture.

The CSA report was commissioned in the context of the Residential Tenancies Amendment Bill, currently before Parliament, which includes provisions to address contamination in rental properties, including contamination from methamphetamine.

What is the purpose of the CSA report?

The purpose of the CSA report is to provide a comprehensive, up-to-date and plain English understanding about the risks of methamphetamine exposure for people living in houses where methamphetamine was manufactured, and for those where it was smoked.

Along with New Zealand Standard (NZS) 8510, *Testing and decontamination of methamphetamine-contaminated properties* (NZS 8510:2017), the CSA report will be a matter to be considered when developing regulations under the Residential Tenancies Act, as amended by the Residential Tenancies Amendment Bill (No. 2). The Bill is shortly to have its Second Reading in The House.

What did the CSA report cover?

The report looked at a range of topics related to methamphetamine as a contaminant, including the history of guidance in New Zealand for methamphetamine clean-up levels, the evidence of health risks from living in a house where methamphetamine was previously smoked and those from living in a house where it was manufactured, toxicity assessments, remediation guidelines in other countries, and how risk-based guidance on remediating methamphetamine residue in houses should be established.



The report considered relevant peer-reviewed scientific literature from New Zealand and internationally, as well as reports published by respected scientific bodies, such as national academies and Crown Research Institutes. It was peer reviewed by New Zealand and international experts.

What are the findings and recommendations?

- Dwellings can become contaminated with methamphetamine residues if the drug is manufactured or smoked within it. Manufacture of methamphetamine in general results in greater methamphetamine residue levels than levels caused by smoking alone.
- There is currently no evidence that levels typically resulting from third-hand exposure to methamphetamine smoking residues on household surfaces can elicit an adverse health effect.
- Methamphetamine levels that exceed the NZS 8510: 2017 clean-up standard of 1.5 $\mu\text{g}/100\text{ cm}^2$ (micrograms per one hundred centimetres squared) should not be regarded as signalling a health risk.
- Exposure to methamphetamine levels below 15 $\mu\text{g}/100\text{ cm}^2$ would be unlikely to give rise to any adverse effects. This level still incorporates a 30-fold safety buffer on a conservative estimate of risk.
- It is important that guidance for mitigation measures are proportionate to the risk posed, and that remediation strategies should be informed by a risk-based approach.
- Because the risk of methamphetamine residue at levels that might cause harm is extremely low, testing is not warranted in most cases. Testing is only recommended where meth lab activity is suspected or where very heavy use is suspected.
- Combining multiple samples taken throughout a dwelling into a single composite sample, as permitted in NZS 8510: 2017, has limited value and cannot accurately reflect levels of risk, and in fact can lead to false impressions of high exposure.
- Remediation according to the NZS 8510: 2017 standard is appropriate only for identified former meth labs and properties where excessive methamphetamine use has been determined. This would only be as a precautionary measure to remove other toxicants that may be present but not measured.

What level of methamphetamine has the CSA report deemed safe or acceptable?

The CSA report has not recommended a 'safe' or 'acceptable' level for methamphetamine. However, based on existing toxicity assessments and exposure dose models used for remediation of former meth labs, the report concludes that exposure to methamphetamine levels below 15 $\mu\text{g}/100\text{ cm}^2$ would be highly unlikely to give rise to any adverse health effects.

It also states there is no evidence that third hand exposure to smoking residues on household surfaces can "elicit an adverse health effect". Remediation is appropriate only for identified methamphetamine labs and where extensive use has been determined.



Why has the CSA report come to different conclusions as compared with New Zealand Standards?

The CSA report assessed a full range of factors relevant to the health risks of methamphetamine residue in residential properties, including consideration of all the latest available scientific literature and in-depth interviews with local and international experts and a broad range of stakeholders. The report recommends measures that are commensurate to the level of risk.

NZS 8510: 2017 was developed by a standards committee representing a range of stakeholder interests relevant to the content in the methamphetamine standard. The committee took into consideration scientific evidence available at the time, and based recommendations on conservative assumptions.

Why has the CSA report differentiated between smoking and manufacturing methamphetamine, when NZS 8510: 2017 says it is not possible to differentiate from surface sampling?

The CSA report explains that manufacture and smoking have different implications for health risks, because while both result in methamphetamine residue on surfaces, manufacture of the drug potentially involves additional risks because of residues of other hazardous chemicals used in the manufacturing process. However, the health risks posed by a level of *methamphetamine itself* in a dwelling used for manufacture would be the same as those posed by the *same level* of methamphetamine caused by smoking.

Although it is not possible to determine conclusively whether a dwelling has been used for manufacture or only for smoking based solely from the methamphetamine levels found, the report points out that manufacture of methamphetamine in general results in greater methamphetamine residue levels than those caused by smoking alone. Levels around 30 $\mu\text{g}/100\text{ cm}^2$ are strongly suggestive of manufacturing activity.

The report therefore recommends testing only where methamphetamine lab activity is suspected or where very heavy use is suspected. From a health risk perspective, if methamphetamine levels are low, it is likely to be immaterial whether a dwelling was used as a methamphetamine lab or not.

Is the Government going to regulate the methamphetamine testing industry?

Once passed, the Residential Tenancies Act Amendment Bill (No 2) will allow methamphetamine regulations to be made under the Residential Tenancies Act 1986 (RTA) which will be legally binding. The RTA covers tenancies over residential premises.

Regulations will be able to made prescribing maximum acceptable levels of contaminants, methods for carrying out tests – which could include the testing of the premises, taking samples for testing, testing samples, establishing levels of contaminants present in premises and deciding who is authorised to carry out the tests or parts of the tests. Regulations will be able to be made for methamphetamine but also for any other potential contaminants in tenanted residential premises that are found to be harmful to people's health.



Other household contaminants also pose a risk to inhabitants – why is Government focussing on methamphetamine?

Once enacted, the Residential Tenancies Amendment Bill (No 2) will allow regulations to be made which will prescribe substances or classes of substances as contaminants if they are harmful to a person's health. Regulations about methamphetamine contamination will be the first regulations developed because the original intention of the Bill was to address methamphetamine as a contaminant of particular harm at this time.

How will Government act on the report?

The CSA report will inform the development of the regulations made under the Residential Tenancies Act (RTA), along with NZS 8510: 2017. It is important that the public and the tenancy sector have input into the development of these regulations. Pending Cabinet approval, a consultation document on the content of methamphetamine regulations will be released later this year.

What actions should landlords and tenants take now where methamphetamine is discovered in a rental property?

Tenants and landlords must continue to meet their obligations under the RTA. Using, possessing and manufacturing methamphetamine are offences under the Misuse of Drugs Act 1975. Tenants who are found to have smoked or manufactured meth in a rental property are in breach of the RTA for using the rental premises for an unlawful purpose. Landlords who provide premises which are methamphetamine-contaminated are in breach of their obligation to provide habitable premises which are in a reasonable state of cleanliness.

Where there is a dispute about contamination, landlords and tenants can apply to the Tenancy Tribunal to adjudicate on the matter. The Tribunal will take into account all evidence put before it and make a binding decision.

What do methamphetamine testers use as guidance now?

Until regulations are in place, adherence with the guidance in NZS 8510: 2017 will continue to be voluntary. Some testers may choose to take into account the findings and recommendations in the CSA report until regulations are made.

How should Housing NZ treat this report given they have in the past evicted tenants where contamination has been found at the current NZ Standard level.

That is a matter for Housing NZ to determine.

Can meth contamination notations on LIMs be removed if the 'clean-up' level of methamphetamine changes in the regulations?

No, under current legislation it is not possible to remove notations from LIMs. LIMs must include information relating to the "likely presence of hazardous contaminants" known to a territorial authority and any other information concerning the land considered relevant.

However, up-to-date information can be added to a LIM, including new information relevant to a contamination notation.

How will the Tenancy Tribunal treat this report?



This is a matter for the Tenancy Tribunal to determine.

Impact on the current Standard

What standard for methamphetamine contamination is used now?

For high use areas, NZS 8510: 2017 sets the maximum acceptable level of meth at 1.5 µg/100 cm² (1.5 micrograms of meth per 100 square centimetres of surfaces sampled). The levels are regardless of whether the presence of methamphetamine was caused by manufacture or use.

Why does the standard not differentiate between methamphetamine manufacture and smoking for clean-up levels?

Reasons for the adoption of the single post-decontamination methamphetamine level of 1.5 µg/100 cm² for high use areas in affected properties included that it is difficult to determine whether or not a property has been used as a clandestine lab, based solely on surface sampling and evidence of previous production may not be apparent. In addition, evidence of what constitutes a clandestine lab may change over time as production techniques change.

How was the standard developed?

The development of NZS 8510: 2017 followed the established process of Standards NZ in compliance with the provisions of the Standards and Accreditation Act 2015 and was aligned with international practice. This included wide public consultation and taking into consideration a range of expert and scientific evidence.

What was the make-up of the committee considering the Standard?

The committee of 21 experts included representatives from sampling and testing operators, decontamination contractors, property investment and property management interests, the insurance sector, local authorities, public health authorities, and laboratories. Central government was represented on the committee by officials from the Ministry of Health, Ministry for the Environment and Housing New Zealand Corporation. Local government was represented by officials from Auckland Council, Hutt City Council, and Local Government New Zealand.

Is a standard legally enforceable?

Standards are essentially good practice guides. They are only legally enforceable if it is cited in an Act or Regulation. NZS 8510: 2017 is currently not cited in any Acts or Regulations and is therefore not legally enforceable.

Does the CSA report make the Standard redundant?

No. NZS 8510: 2017 contains practical guidance on screening, sampling and testing for methamphetamine in properties; good practice procedures for decontamination and post-decontamination testing; reporting requirements and competencies for people in the testing and decontamination industry. NZS 8510: 2017 will be a matter relevant to the development of the regulations made under the RTA.

Why was the standard necessary?



Prior to NZS 8510: 2017 being developed, there were no guidelines covering screening, sampling, testing and decontamination of properties contaminated by methamphetamine use. This led to differing views on the severity of contamination in properties and the remediation response needed.

Previous guidelines published by the Ministry of Health in 2010 were intended to provide practical advice to district health boards and local authorities for the remediation of clandestine methamphetamine laboratories. They were not intended to be used for houses in which methamphetamine had been smoked.

NZS 8510: 2017 provides good practice guidelines on the testing and decontamination to ensure a safe environment for occupants of a property that was previously used for the making of and use of methamphetamine.

Who uses the standard?

The standard is used by methamphetamine testing and clean-up/decontamination companies, laboratories that analyse samples taken from methamphetamine-contaminated properties, health, safety, and environmental regulators; property owners; and insurers.

The NZ Standard is not binding but is a good practice and voluntary guideline that has been used by the industry in the absence of any regulations.

What qualifications must people and organisations in the methamphetamine industry have?

NZS 8510:2017 sets out guidance for testing and decontamination of methamphetamine-contaminated properties, including the competencies and accreditation of samplers, testing laboratories and decontamination contractors.

What is the cost of methamphetamine testing and decontamination?

The cost of methamphetamine testing and remediation varies according to the level and extent of contamination and from company to company.

Based on Tenancy Tribunal orders relating to methamphetamine contamination decisions from August 2017 to March 2018, the average cost of methamphetamine testing in a property was \$2,698.32 and average remediation cost was \$11,029.31.

Will landlords still have to undertake 'baseline' methamphetamine testing of their rental properties in light of the CSA report?

Determining whether to carry out a baseline methamphetamine tests between tenancies will continue to be a business decision for landlords based on individual circumstances.

Landlords may choose to take into account the CSA recommendations about testing when deciding whether and when to test for meth contamination.



Sent by:
a.bardsley

13/04/2018 02:17 p.m.

To: "jfowles"
cc: "sally.gilbert@moh.govt.nz" <sally.gilbert@moh.govt.nz>, Chris Nokes
Felicia Low
Peter

Gluckman
bcc:

Subject: Re: PMCSA methamphetamine report

Dear Dr Fowles,

Thank you for your very helpful comments on our draft report on methamphetamine contamination. It has helped highlight to us areas that could benefit from further explanation or clarification.

We appreciate your and Dr Morgott's viewpoint on the relative merits of the California and the Colorado risk assessments. We do not suggest that a new standard should be developed based on the Colorado health-based reference value. Instead, we have aimed to show how reframing the question of safety ('At what level of surface contamination might adverse health effects become plausible in the most sensitive individuals?') could lead to different threshold levels being determined. California's approach is, of course, more precautionary, but part of our brief is to consider what level of caution would be commensurate with the overall risks posed by third-hand exposure, particularly in light of additional data from ESR.

We do note in the report that rodents metabolise methamphetamine much more quickly than humans. At the same time, we've also borne in mind that Colorado did incorporate a 10x safety factor to account for human-animal differences, and that multiple animal studies can give a range of BMDL10s, unlike a single, small, human study that reports on a biological (not adverse) effect. We are aware that children appear to have lower sensitivity than adults to methamphetamine; this makes it unlikely that young infants would be *more* sensitive than adults, but this is conservatively assumed in all assessments. We also appreciate that daily accumulation in humans is theoretically possible, but it is unclear whether this translates specifically to the low levels involved in third-hand exposures.

Again, with respect to third-hand exposure levels, the data on the consequences of prenatal exposure are not straightforward to interpret as they involve much higher doses. Indeed, one of the papers you referred us to (the IDEAL study, involving NZ children - Chakraborty et al, 2015) concludes that prenatal exposure does not affect visual cortex function, an area of the brain thought to be particularly sensitive to abnormal neurodevelopment. Those children had prenatal meth exposure verified by meconium testing, and were assessed for global perception functions at 4.5 years of age. A separate assessment of the IDEAL study cohort observed subtle effects on fine-motor performance at 1 year (mostly in heavily exposed individuals) that mostly resolved by 3 years of age (see Smith LM, et al. *Motor and cognitive outcomes through three years of age in children exposed to prenatal methamphetamine*. *Neurotoxicology and Teratology*. 2011;33(1):176-84).

We will clarify the wording as relates to your points 3 and 6, and will reinsert discussion (inadvertently omitted from previous drafts) noting that *absence of evidence of an effect* does not equate to *evidence of absence of an effect*. We also wish to emphasise that 15 µg/100 cm² is not a proposed alternative standard, and will endeavour to make this clearer. This level is discussed for its

potential utility in initial screening assessments, and is based on the availability of rapid tests with this level of sensitivity that could identify the specific areas where further testing and cleanup may be needed. We are comfortable with the statement that the risks from third-hand methamphetamine exposure below this level are very low, and enforcing a lower level of detection and remediation across the board is not warranted given what we know about patterns of methamphetamine manufacture and use in New Zealand.

Once again, thank you for your input. In view of your time and effort, **please let us know if you are happy to be listed as one of the peer reviewers for our report?**

Kind regards,

Anne Bardsley and Felicia Low, on behalf of Sir Peter Gluckman

From: "sally_gilbert@moh.govt.nz" <sally_gilbert@moh.govt.nz>
Date: Wednesday, 11 April 2018 at 4:45 PM
To: Anne Bardsley
Cc: "Katherine.Slaney2@mbie.govt.nz" <katherine.Slaney2@mbie.govt.nz>, ' Claire Leadbetter <Claire.Leadbetter@mbie.govt.nz>', "Sarah_Reader@moh.govt.nz" <Sarah_Reader@moh.govt.nz>, "stewart_jessamine@moh.govt.nz" <stewart_jessamine@moh.govt.nz>, "Caroline_McElnay@moh.govt.nz" <Caroline_McElnay@moh.govt.nz>
Subject: Re: PMCSA methamphetamine report

Dear Anne

Many thanks for the opportunity to provide comment on the methamphetamine report. In my view, the findings provide useful context and reassurance that the current clean up levels in NZS 8510:2017 protect public health, including the most vulnerable people (pregnant women, fetuses, and infants). However, the report argues that the clean up levels are overly precautionary and may create unwarranted public concern and incur unnecessary decontamination costs. If the report is finalised in its current form, it may require a review of the NZS 8510:2017

I have sought advice from ESR (Chris Nokes and Jeff Fowles) and from Matt Allen, our representative on the Standards Committee. In the interest of time, I have attached Jeff's comments on the report. I consider that Jeff has provided a very considered assessment of the report, despite the tight timeframe for responding. As you know, Jeff is a very experienced toxicologist and I hope you find his comments helpful.

In addition, Chris Nokes has advised that Erina Mayo, ESR forensic scientist on the Standards New Zealand Committee, is happy with the content in relation to the discussions she has had with you and the references made to the Clan Lab's work.

Matt has advised that "I find it hard to disagree with pretty much anything in the report. However the issue of the 1.5 level not being ideally universally applied was of course something [the Standards Committee] discussed with the ideal of having a split for houses with just smoking versus suspected clan labs BUT... what objective criteria can be set to determine what category a house falls into.... I can't comment on the composite sample issues- I deferred to the ESR rep on the standards committee on that issue."

I would add that the advice we received was that trying to determine what was a lab and what was a property where meth had been used is highly problematic and risked home owners and residents defaulting to the clan lab standards as a precautionary measure. This is also why levels were provided for non-habitable spaces - to prevent people applying the 1.5 to every space in the house, even attics and basements...

I hope this is helpful. If you wish to discuss Jeff's comments further with him, please feel free to contact Chris to arrange further discussions (if you have lost their contact details I am happy to re-send them).

Kind regards - Sally

Sally Gilbert
Manager
Environmental and Border Health
Public Health
Protection Regulation and Assurance
Ministry of Health
DDI: 04 816 4345

<http://www.health.govt.nz>

From: Anne Bardsley
To: "sally_gilbert@moh.govt.nz" <sally_gilbert@moh.govt.nz>
Date: 10/04/2018 02:20 p.m.
Subject: PMCSA methamphetamine report

Hi Sally

I understand that Katherine Slaney forwarded a draft of our report to you on Friday(?) and that you would be sending it on to others (I'm not sure who).

We would greatly appreciate your input if you have any comments. I have made some changes since Friday and a newer version is attached (though this is obviously still a draft). If you and/or your team have already started commenting on the previous version, that is fine.

Many thanks!
Anne

Anne Bardsley, PhD
Research Analyst

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Sent by:

To: "sally_gilbert@moh.govt.nz" <sally_gilbert@moh.govt.nz>
"Katherine Slaney2@mhie.govt.nz" <Katherine.Slaney2@mhie.govt.nz>

cc: "Leadbetter <Claire.Leadbetter@mhie.govt.nz">

bcc:

Subject: Re: PMCSA methamphetamine report

11/04/2018 06:10 p.m.

Hi Sally,

Thanks for sending the comments from Jeff Fowles.

Can I assume that he has commented on the earlier version of the report sent to Katherine last Friday? Some changes have already been made, but I will go through the report again with an eye to his comments and see what further changes may be needed.

All of Jeff's points are well founded from a toxicologist's viewpoint, and I am not surprised by any of them. But I do not think we are taking a *lack of evidence* as equating to *evidence of absence*. It is of course not possible to prove a negative.

As you are aware, there a large number of factors to take into account when considering a risk-based approach. It was not the intention of this report to rewrite the standards for testing or remediation, but to consider the overall risks and whether the current approach was commensurate with them. The 15 µg/100 cm² cut-off test suggested as being useful for initial screening should not be taken as a suggestion for a new 'standard'.

There is of course much work to do to determine the best way forward in terms of testing and targeted remediation, and comments to this effect are being added to the latest version. ESR's work to identify factors that distinguish clan labs from use sites is critical to this, although from what I understand (and is conveyed in the report), there is little difference to the risks if the most commonly used methods are 'clean' and the methamphetamine levels are low.

Thanks again, and regards,
Anne

Katherine Slaney, PhD
In-Spec Analyst

From: "sally_gilbert@moh.govt.nz" <sally_gilbert@moh.govt.nz>

Date: Wednesday, 11 April 2018 at 4:45 PM

To: Anne Bardsley

Cc: "Katherine.Slaney2@mhie.govt.nz" <Katherine.Slaney2@mhie.govt.nz>,
Claire Leadbetter

<Claire.Leadbetter@mhie.govt.nz>, "Sarah_Reader@moh.govt.nz"

<Sarah_Reader@moh.govt.nz>, "stewart_jessamine@moh.govt.nz"

<stewart_jessamine@moh.govt.nz>, "Caroline_McElhay@moh.govt.nz"

<Caroline_McElhay@moh.govt.nz>
Subject: Re: PMCSA methamphetamine report

Dear Anne

Many thanks for the opportunity to provide comment on the methamphetamine report. In my view, the findings provide useful context and reassurance that the current clean up levels in NZS 8510:2017 protect public health, including the most vulnerable people (pregnant women, fetuses, and infants). However, the report argues that the clean up levels are overly precautionary and may create unwarranted public concern and incur unnecessary decontamination costs. If the report is finalised in its current form, it may require a review of the NZS 8510:2017

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I hope this is helpful. If you wish to discuss Jeff's comments further with him, please feel free to contact Chris to arrange further discussions (if you have lost their contact details I am happy to re-send them)

Kind regards - Sally

Sally Gilbert
Manager
Environmental and Border Health
Public Health
Protection Regulation and Assurance
Ministry of Health
DDI: 04 816 4345
Mobile:

<http://www.health.govt.nz>

From: Anne Bardsley
To: "sally_gilbert@moh.govt.nz" <sally_gilbert@moh.govt.nz>
Date: 10/04/2018 02:20 p.m.
Subject: PMCSA methamphetamine report

Hi Sally

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We would greatly appreciate your input if you have any comments. I have made some changes since Friday and a newer version is attached (though this is obviously still a draft). If you and/or your team have already started commenting on the previous version, that is fine.

Many thanks!

Anne


Anne Bardsley, PhD
Research Analyst

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PM office report comments jf[1].docx

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J. Fowles, Ph.D.
Tox-Logic Consulting
Santa Rosa, CA

09 April, 2018

**Comments on draft report entitled: Methamphetamine contamination in residential properties:
Exposures, risk, levels, and interpretation of standards, by Professor Sir Peter Gluckman**

Comments:

- 1) This draft report makes the assertion, in several places, that no evidence exists for the toxicity of MA at the low doses that result from the residue levels contained in the proposed MA standard. While this is true on face value, it is also misleading. A common misconception in public health or in toxicological risk assessment, is that *'Lack of evidence equates to evidence of absence'*. The MA standard is derived to protect infants and toddlers' developing nervous systems from potential low dose effects of MA. Since there have been no studies on post-natally exposed infants and toddlers with low doses of MA, it stands to reason that there would be no (direct) evidence, since any effect would be subtle, likely non-specific, and behavioural in nature. Thus, the only possible data source for "evidence" would arise from clinical case reports or notifications of injury as a result of chemical contamination of the environment. However, since we are not talking about acute life-threatening poisonings, or overt effects like seizures, it is highly unlikely that a parent would think to associate a toddler's restless sleep patterns, nervousness, or behavioural change with exposure to a residual contamination of the walls of their home, much less notify a doctor or local health authorities about it.

This use of standard conservative default assumptions in the face of uncertainty is not unusual in toxicological risk assessment. The exception to the rule lies in the case of a vast and robust data base that exists from which to derive precise risk based values, such as in the case of blood lead or mercury levels, having decades of studies and thousands of human subjects followed longitudinally. Methamphetamine residue exposures have nothing even remotely approaching such a data base. Therapeutic histories of MA use in adults and older children do not provide a comfortable basis to assume that very young infants would not be more susceptible to neurological effects.

- 2) The report appears to take no position on the qualitatively different starting points of departure used by the states of California and Colorado for their respective toxicological risk assessment (human vs rat), and concludes that they are equally valid since the same margin of safety (300) is applied in both instances. However, as discussed in the ESR 2016 report and confirmed by peer review, the rat is not recommended as a suitable experimental basis for quantitative risk assessment, due to the clearly greater sensitivity of humans to MA.

"Foremost among these is the large species-dependent disparity in sensitivity to the drug, with laboratory animals (particularly rats and mice) generally being much less sensitive to MA than humans. For example, in characterizing the cognitive effects of postnatal exposure to MA in mice, Acevedo et al. (2007) utilized a daily dose of 5 mg/kg. In an adult human, this would be equivalent to a total dose of 300-350 mg, which would be potentially life-threatening. In addition, the pharmacokinetics of MA in laboratory animals and humans differ substantially. As Cho et al. (2001) point out, the elimination half-life of MA is 70 minutes in rats and 12 hours in humans. Thus, these data alone support the use of the 10X safety factor to account for the extrapolation of toxicity data from the results of studies conducted in animals for use in the application to humans.." (ESR, 2016).

Dr David Morgott, an experienced toxicologist and risk assessor echoed these concerns in his peer-review comments of the ESR report:

"In my opinion, the only technically supportable value that should be used in the exposure analysis is the value of 0.3 µg/kg-day proposed by OEHHA. This value should be used to the exclusion of all others because it is based on the results obtained in a repeated-dose study with humans. A comparison of the blood half-life values for methamphetamine in rats and humans produced $t_{1/2}$ values of 70 min and 12 hrs, respectively.¹ This is a very large difference and indicates a potential for day-to-day accumulation in humans, but not in rats. Since it takes 5-6 half-lives for a substance to be eliminated from the body to an appreciable extent, daily administration to humans will result in an increased body burden on each successive day of the exposure regimen. In contrast, elimination from rats will only require about 7 hrs, which is a short enough time interval to prevent day-to-day accumulation from occurring. As such, the body burdens achieved in rats are not representative of those that will be found in humans following repeated administration, and any RfD that is based on the results from a study rats should be abandoned in favor of those based on human data."

The current report later tabulates the various rodent studies. However, the sheer number of rat studies does not outweigh the fact that the rat is known to be less sensitive to MA than humans, nor the fact that no studies account for the complete lack of data on human infants and toddlers.

3) It is not a correct statement in Table 2 that the NZ standard is the only non-risk based assessment. The ESR 2016 report is a human health risk assessment, using deterministic values as applied in a standard risk assessment context.

¹ Cho, A.K., Melega, W.P., Kuczenski, R., and Segal, D.S. (2001). Relevance of pharmacokinetic parameters in animal models of methamphetamine abuse. Synapse 39, 161-166.

- 4) On page 12, the alternative calculation presented uses the Colorado rat-based reference value, which we do not support for reasons explained above.
- 5) The second paragraph on page 14 once again states that there is no evidence for an adverse effect from residues on surfaces, when in fact there have been no studies to examine this assertion one way or another. The third paragraph uses the lack of MoH notifications of poisoning to bolster the argument that there are no adverse effects from MA residues. For reasons explained above, this is an unlikely source of accurate data on subtle, behavioural health effects.
- 6) Therapeutic doses of many drugs also carry risks of side effects. Thus, the statement on page 15, paragraph 2, that MA could not be toxic at low doses because it has been approved as a medicine, is not accurate. All pharmaceuticals undergo risk/benefit assessments. There is no benefit to involuntary environmental exposures to MA.
- 7) The statement on page 16 that “..the effects of low-level exposure... are likely to be transient – so generally the consequences are also low”, requires revision. The 2016 assessment assumed daily exposures, not a single exposure. Also, as mentioned in the Cho et al (2001) paper, the half-life of methamphetamine in humans means that daily exposures have the potential to accumulate. Also, *in utero* MA exposures are reported to have associated long-term neurodevelopmental consequences later in life (Smith et al., 2015¹; Chakraborty et al., 2015)². The kinds of effects that these studies identify include such endpoints as “Global Motion Perception”. These are not the sorts of effects that could be easily identified by a typical parent or even a clinician. Again, we do not know if the low dose exposures in post-natally exposed infants or toddlers may be significant in terms of neurodevelopment, or not. There simply are not studies that inform the answer to that question.
- 8) I tend to agree with the concern over composite sampling, but this should be the subject of a considered statistical assessment.
- 9) The conclusions reiterate and intensify the terms “conservative” to “very conservative”, and “very large” safety margins. These margins are, in fact, completely in line with many US EPA and other international standards. The magnitude of the margins reflect the data gaps that exist and that are acknowledged.
- 10) The mention of the value of 15 ug/100 cm² as an alternative level which would not cause health effects, comes subjectively and without any calculated quantitative justification, and thus seems arbitrary.
- 11) The proposed alternative standard of 15 ug/100 cm² would place NZ as the highest acceptable MA residue exposures globally. Perhaps this would still be protective, but in any event such a value is not supported by conventional risk assessment parameters, and thus to adopt such a standard would necessitate support for undertaking epidemiological and/or biomonitoring studies for MA exposures and effects in young children reoccupying such houses.

¹Smith L, Diaz S, LaGasse L, Wouldes T, Derauf C, Newman E, Arria A, Huestis M, Haning W, Strauss A,

Della Grotta S, Dansereau L, Neal C, Lester B. 2015. Developmental and behavioral consequences of prenatal methamphetamine exposure: A review of the Infant Development, Environment, and Lifestyle (IDEAL) study. *Neurotoxicology and Teratology* 15, 35-44.

²Chakraborty A, Anstice N, Jacobs R, LaGasse L, Lester B, Wouldes T, and Thompson B. 2015. Prenatal exposure to recreational drugs affects global motion perception in preschool children. *Scientific Reports* 5:16921

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Sent by

20/03/2018 08:18 a.m.

To: Anne Bardsley <...>
cc: "sally.gilbert@moh.govt.nz" <sally.gilbert@moh.govt.nz>, Felicia Low

bcc:

Subject: RE: Prime Minister's Chief Science Advisor's report on methamphetamine exposure risks in residential properties

Hello Anne

I've attached a copy of a letter to the Ministry of Health on the topic of heavy metals, which may throw further light on the matter. I sent the letter soon after the report was originally prepared, following discussions with our forensic colleagues.

Regards
Chris

From: Anne Bardsley [mailto:...]
Sent: Friday, 16 March 2018 4:10 p.m.
To: j
Cc: Chris Nokes <...>; sally.gilbert@moh.govt.nz; Felicia Low

Subject: FW: Prime Minister's Chief Science Advisor's report on methamphetamine exposure risks in residential properties

Dear Dr Fowles,

I received your contact email from Dr Chris Nokes at ESR, following discussions we have been having around methamphetamine contamination in houses and health risks to occupants. You have kindly provided answers to some previous questions we had regarding your 2016 report '*Review of Remediation Standards for Clandestine Methamphetamine Laboratories: Risk Assessment recommendations for a New Zealand Standard*'.

My colleague Dr Felicia Low and I have a couple of additional questions we hope you can answer.

Firstly, your report states that the guideline for carpeted houses was based on a calculation of a maximum surface load of 1.4 µg/100 cm², and in response to our earlier questions, you indicated that the calculations are linearly scalable with surface loadings. Based on this, we would like to confirm whether we can again assume a linear scalability and do a similar extrapolation from the Colorado HBEV - i.e.:

0.3 µg/kg bw/d (California ref dose) results from a surface load of 1.4 µg/100 cm²

So 5 µg/kg bw/d (Colorado) will result from a surface load of 23 µg/100 cm²?

Also, your report makes a specific recommendation to test for lead and mercury contamination when a clandestine lab is suspected, but according to information we have received from ESR, there is little to no evidence for contamination by these two substances in clan labs in New Zealand. Given the changing nature of methamphetamine manufacture in New Zealand (predominant use of containment vessels – "Parr bombs"), we are wondering about the basis for this recommendation?

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I am also interested to know from your experience in the US what the general thinking is around the dangers of 'third-hand' exposure to low-level methamphetamine residues (not chemicals from manufacture). Do you know of any documentation of health effects from the levels of exposure people might encounter from living in houses where it has previously been smoked? Have any instances of reported effects been confirmed as being related to low-level, indirect methamphetamine exposure (aside from those encountered in active or recently active labs)? I am unaware of any such notifications in New Zealand, where there is a particularly heightened perception of the risks around this issue.

Dr Sally Gilbert from the NZ Ministry of Health suggested that it may be useful to speak to you directly about these issues, and I would welcome the opportunity to do so. Please let me know if you are amenable to a phone call (possibly next week?), and if so, the phone number and best time to reach you.

Kind regards,
Anne

Anne Bardsley, PhD
Research Analyst

Office of the Prime Minister's Chief Science Advisor, Wellington
Phone: +64 4 473 4000 | Email: pmcsa@pmc.govt.nz | Website: www.pmc.govt.nz

From: Chris Nokes <chris.nokes@pmc.govt.nz>

Date: Thursday, 1 March 2018 at 11:28 AM

To: Anne Bardsley <anne.bardsley@moh.govt.nz>

Cc: "sally.gilbert@moh.govt.nz" <sally.gilbert@moh.govt.nz>, Felicia Low <felicia.low@pmc.govt.nz>, Kevan Walsh <kevan.walsh@pmc.govt.nz>

Subject: RE: Prime Minister's Chief Science Advisor's report on methamphetamine exposure risks in residential properties

Hi Anne

I've received Jeff Fowles' answers to your questions and identified them in red.

1. Can you clarify why p 25 reports exposure dose for 1-2 year old, at a surface load of 0.1, is 0.021 $\mu\text{g}/\text{kg bw}/\text{d}$; but p 41 reports that the dose is 0.015 $\mu\text{g}/\text{kg bw}/\text{d}$?

Section 4.3 (p. 25) does seem to cite total exposure from both hard and soft surfaces despite saying that we had eliminated consideration of carpeting. So that is unclear from the wording of the report. The numbers on page 41 are hard floor only which were the basis for the proposed standard. The calculated standard is unaffected.

2. Can you provide further detail on how the recommendation of 1.5 $\mu\text{g}/100 \text{ cm}^2$ for carpeted, non-lab houses was arrived at? Is it simply following the OEHHA guideline, i.e. no specific modelling work with NZ data?

We calculated 1.4 $\mu\text{g}/100 \text{ cm}^2$ clean up level for hard+carpeted floor scenario. This value was, in our opinion and as I explained during the Standards NZ meeting, practically indistinguishable from the OEHHA value of 1.5. The two methods used gave essentially the

same result, which is encouraging. We did use NZ-specific data in place of some standard defaults used in generic risk assessments. This is shown in Table A2 with the Cressey and Horn 2016 citation.

3. Important: Can we assume that the model used gives relatively linear results for the surface load/exposure dose relationship? That is:
 - a. 0.015 µg/kg bw/d dose resulted from surface load of 0.1;
 - b. And the RfD of 0.3 was modelled to result from surface load of 2;
 - c. Can we reasonably extrapolate this, so the Colorado HBEV of 5 will be reached at a surface load of 33?

Yes. The calculations are linearly scaleable with surface loading. Changing the MA surface concentration from 0.1 ug/100 cm² to 33 ug/100 cm² does result in a calculated young child total intake (hard floor only) of around 5 ug/kg-day.

I hope these answers are satisfactory.

I understand from Kevan Walsh that you would like to contact Jeff directly. Because of time differences and Jeff's other commitments, I suggest you contact him by email first to arrange a convenient time for a call, should it be necessary. His email address is:

Regards
Chris

From: Chris Nokes

Sent: Wednesday, 21 February 2018 2:37 pm

To: 'Anne Bardsley' <

Cc: sally.gilbert@moh.govt.nz; Felicia Low <

Subject: RE: Prime Minister's Chief Science Advisor's report on methamphetamine exposure risks in residential properties

Hi Anne

Thanks for your email. I've asked the report's authors for answers to your questions, and will get back you once I hear from them.

Regards
Chris

Chris Nokes

T:
E:

ESR

From: Anne Bardsley [mailto:anne.bardsley@moh.govt.nz]
Sent: Wednesday, 21 February 2018 1:24 p.m.
To: Chris Nokes <chris.nokes@moh.govt.nz>
Cc: sally.gilbert@moh.govt.nz; Felicia Low <felicia.low@moh.govt.nz>
Subject: Re: Prime Minister's Chief Science Advisor's report on methamphetamine exposure risks in residential properties

Hi Chris,

Further to Sally's message, I am hoping you might be able to answer a few questions that we have regarding the 2016 ESR review by Fowles et al. My colleague, Dr Felicia Low, is helping with the report and has been going over the various models with a fine-toothed comb so that we can fully understand and explain the basis for the decontamination levels in relation to health risks and likely exposures.

We have a few specific questions:

1. Can you clarify why p 25 reports exposure dose for 1-2 year old, at a surface load of 0.1, is 0.021 $\mu\text{g}/\text{kg bw}/\text{d}$; but p 41 reports that the dose is 0.015 $\mu\text{g}/\text{kg bw}/\text{d}$?
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Many thanks for your help!

Regards,
Anne

Anne Bardsley, PhD
Research Analyst

From: "sally.gilbert@moh.govt.nz" <sally.gilbert@moh.govt.nz>
Date: Wednesday, 21 February 2018 at 1:08 PM
To: 'chris.nokes@moh.govt.nz' <chris.nokes@moh.govt.nz>
Cc: Anne Bardsley <anne.bardsley@moh.govt.nz>
Subject: Prime Minister's Chief Science Advisor's report on methamphetamine exposure risks in residential properties

Hi Chris

This email is to introduce you to Anne Bardsley.

Anne is working on a report on behalf of the Prime Minister's Chief Science Advisor, Sir Peter Gluckman, on exposures and risk associated with living in properties that have been used for methamphetamine production and/or smoking. The report was requested by the Minister of Housing (Phil Twyford).

Anne has the 2016 ESR report '*Review of Remediation Standards for Clandestine Methamphetamine Laboratories: Risk Assessment recommendations for a New Zealand Standard*': We have provided a copy of the following report, referenced in ESR's 2016 Review: Cressey P, Horn B. 2016. *New Zealand Exposure Factors Handbook: Recommended Values*. Report to the Ministry of Health, Client Report No. FW16002 Christchurch: Institute of Environmental Science and Research.

Anne has also asked for any data that the Ministry has on adverse health effects (illnesses, hospitalisations, deaths) relating to *residing* in a house in which methamphetamine has been smoked. I advised Anne that we have not received any notifications of poisoning arising from chemical contamination of the environment under the Health Act 1956 nor of hazardous substances injuries under the HSNO Act because of exposures to methamphetamine contaminated dwellings. We are aware of media reports of people complaining of headaches and other ill effects but we have no reports of whether those people sought medical attention and, if so, what the diagnosis was.

I hope this is helpful but will leave you and Anne to discuss further.

Kind regards - Sally

Sally Gilbert
Manager
Environmental and Border Health
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Ministry of Health
DDI: 04 816 4345
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Sent by

To: " " " n>
cc: Chris Nokes < > "sally_gilbert@moh.govt.nz"
<sally_gilbert@moh.govt.nz>, F-
bcc: ';

16/03/2018 04:10 p.m.

Subject: FW: Prime Minister's Chief Science Advisor's report on methamphetamine exposure risks in residential properties

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From: Chris Nokes <chris.nokes@pmc.org.nz>

Date: Thursday, 1 March 2018 at 11:28 AM

To: Anne Bardsley <anne.bardsley@pmc.org.nz>

Cc: "sally_gilbert@moh.govt.nz" <sally_gilbert@moh.govt.nz>, I'elicia Low
Kevan Walsh

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To: 'Anne Bardsley' <
Cc: sally_gilbert@moh.govt.nz; < >
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Chris Nokes PhD
Science Leader, Risk and Response Group
Institute of Environmental Science and Research (ESR)
Christchurch Science Centre

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E / S / R

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Sent by: Sally Gilbert/MOH

26/02/2018 05:10 p.m.

To: Anne Bardsley

cc:

bcc:

Subject: Re: Prime Minister's Chief Science Advisor's report on methamphetamine exposure risks in residential properties

Hi Anne

I am out of the office tomorrow and Wednesday. Unfortunately I already have meetings scheduled between 10.15 and noon on Thursday. I can do before 9am (I start at 6.30am so happy to meet for morning coffee?) Otherwise I can meet between 2.30 and 3.30? I could see if our rep on the Stds Committee is available if that would be useful?

Regards - Sally

Sally Gilbert
 Manager
 Environmental and Border Health
 Public Health
 Protection Regulation and Assurance
 Ministry of Health
 DDI: 04 816 4345
 Mobile: '

<http://www.health.govt.nz>

Anne Bardsley Hi Sally I will be back in Wellington... 26/02/2018 03:05:01 p.m.

From: Anne Bardsley <'z>
 To: "sally_gilbert@moh.govt.nz" <sally_gilbert@moh.govt.nz>
 Date: 26/02/2018 03:05 p.m.
 Subject: Re: Prime Minister's Chief Science Advisor's report on methamphetamine exposure risks in residential properties

Hi Sally

I will be back in Wellington this week Wednesday and Thursday and am wondering if you by chance have any time to meet?

I would like to have a chat to better understand the Ministry of Health's perspective on the 2016 ESR report (the review of the MoH 2010 guidelines), and on the new remediation standard from a health risk perspective.

I am still waiting to hear from Chris Nokes – and in fact having a little difficulty getting responses from ESR at the moment (though have met with their clan lab team leader, Erina Mayo). We have been asked to speed up our review to coincide with the report-back on the Residential Tenancies Amendment Bill – due 16 April, so we are under a bit of pressure.

It would be great if you (or another appropriate representative from MoH) have time to meet either Wednesday (sometime between 12pm and 2pm, or after 3pm) or Thursday morning between 10:15am and noon.

Regards,
 Anne

From: "sally_gilbert@moh.govt.nz" <sally_gilbert@moh.govt.nz>
Date: Wednesday, 21 February 2018 at 1:09 PM
To: Anne Bardsley <a.bardsley@auckland.ac.nz>
Subject: Re: Prime Minister's Chief Science Advisor's report on methamphetamine exposure risks in residential properties

Excellent, thanks Anne

You will see I have emailed Chris with a little bit of background, and copied you in so you have each other's email addresses.

Regards - Sally

Sally Gilbert
Manager
Environmental and Border Health
Public Health
Protection Regulation and Assurance
Ministry of Health
DDI: 04 816 4345
Mobile:

<http://www.health.govt.nz>

From: Anne Bardsley <>
To: "sally_gilbert@moh.govt.nz" <sally_gilbert@moh.govt.nz>
Date: 21/02/2018 12:42 p.m.
Subject: Re: Prime Minister's Chief Science Advisor's report on methamphetamine exposure risks in residential properties

Hi Sally

Thanks for getting back to me, and for the information about the (lack of) notifications.

I have read the ESR report you sent, and in fact have some questions that Chris Nokes can probably answer. If you can put me in touch with him that would be great.

Many thanks

Anne

Anne Bardsley, PhD
Research Analyst

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Official Information Act 1982 / Te Tihikanga o te Kaitiaki Take Kōwhiri

From: "sally_gilbert@moh.govt.nz" <sally_gilbert@moh.govt.nz>

Peter suggested I contact you to get your insight into the most important questions - I do not know if you are already aware of these discussions?

I have been doing some background information gathering, but have only skimmed most of references at this point. It appears that the Standards published this year (NZS 8510:2017) are based in large part on a review by ESR in Oct 2016 commissioned by the Ministry of Health ([http://www.moh.govt.nz/NoteBook/nbbooks.nsf/0/3169D54AC7E94227CC25806D006716AD/\\$file/methamphetamine-remediation-report-oct2016.pdf](http://www.moh.govt.nz/NoteBook/nbbooks.nsf/0/3169D54AC7E94227CC25806D006716AD/$file/methamphetamine-remediation-report-oct2016.pdf)). However the Standards adopt a single level of 'acceptable' methamphetamine detection ($1.5 \mu\text{g}/100 \text{ cm}^3$) after remediation, whereas the ESR review suggested differences for meth labs vs properties where meth was only smoked.

I am also aware of a brief Regulatory impact statement from MBIE (Nov 2016) on 'Protection of tenants and landlords from the effects of methamphetamine contamination' relating to rights of entry for testing and for tenancy termination, based on the Standard - but which also emphasises differences between property contamination through usage vs manufacture of methamphetamine.

I am trying to get a clear picture of what is needed in a review from our office. Peter has promised Minister Twyford a proposal by the beginning of next week, so I have limited time to get my head around all of the details before putting this together.

If you have any recommendations or insight I would most appreciate a chat about the best way to approach this.

My number is [redacted]. If you have any time today or tomorrow it would be great to hear from you.

Many thanks,
Anne

Anne Bardsley, PhD
Research Analyst

Office of the Prime Minister's Chief Scientific Officer, 15 Park Rd, Grafton, Auckland 1023, New Zealand
Phone: [redacted] Mobile: [redacted] www.pmtsa.cio.govt.nz

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Sent by: Sally Gilbert/MOH
21/02/2018 01:09 p.m.

To: Anne Bardsley <
cc:
bcc:

Subject: Re: Prime Minister's Chief Science Advisor's report on methamphetamine exposure risks in residential properties

Excellent, thanks Anne

You will see I have emailed Chris with a little bit of background, and copied you in so you have each other's email addresses.

Regards - Sally

Sally Gilbert
Manager
Environmental and Border Health
Public Health
Protection Regulation and Assurance
Ministry of Health
DD: 04 816 4345
Mobile: '

<http://www.health.govt.nz>

Anne Bardsley Hi Sally Thanks for getting back to...

21/02/2018 12:42:38 p.m.

From: Anne Bardsley <a
To: "sally_gilbert@moh.govt.nz" <sally_gilbert@moh.govt.nz>
Date: 21/02/2018 12:42 p.m.
Subject: Re: Prime Minister's Chief Science Advisor's report on methamphetamine exposure risks in residential properties

Hi Sally

Thanks for getting back to me, and for the information about the (lack of) notifications.

I have read the ESR report you sent, and in fact have some questions that Chris Nokes can probably answer. If you can put me in touch with him that would be great.

Many thanks
Anne

Anne Bardsley, PhD
Research Analyst

www.dnsga.org.nz

From: "sally_gilbert@moh.govt.nz" <sally_gilbert@moh.govt.nz>
Date: Wednesday, 21 February 2018 at 12:36 PM
To: Anne Bardsley <
>
Cc: "Richard_Taylor@MOH.govt.nz" <Richard_Taylor@MOH.govt.nz>
Subject: Re: Prime Minister's Chief Science Advisor's report on methamphetamine exposure

risks in residential properties

Hi Anne

Sorry for the delay replying!

Yes, I can help you with the report:

We have not received any notifications of poisoning arising from chemical contamination of the environment under the Health Act 1956 nor of hazardous substances injuries under the HSNO Act because of exposures to methamphetamine contaminated dwellings. We are aware of media reports of people complaining of headaches and other ill effects but we have no reports of whether those people sought medical attention and, if so, what the diagnosis was.

Unfortunately I already have meetings tomorrow afternoon and lamost all of Friday morning but it may actually be best for you to talk to Dr Chris Nokes at ESR. Chris provided the scientific advice used by the Standards Committee in developing the Standard, and reviewed the proposed approach after the Committee completed its consultation. Chris worked with Dr Jeff Fowles, a US-based toxicologist experienced in public health toxicological risk assessments to prepare ESR's advice.

Would you like me to join you up with Chris?

Kind regards - Sally

Sally Gilbert
Manager
Environmental and Border Health
Public Health
Protection Regulation and Assurance
Ministry of Health
DDI: 04 816 4345
Mobile: t

<http://www.health.govt.nz>

From: Anne Bardsley <>
To: "sally_gilbert@moh.govt.nz" <sally_gilbert@moh.govt.nz>,
Cc: "Richard_Taylor@MOH.govt.nz" <Richard_Taylor@MOH.govt.nz>
Date: 21/02/2018 12:08 p.m.
Subject: Re: Prime Minister's Chief Science Advisor's report on methamphetamine exposure risks in residential properties

Hi Sally

I'm just following up on Richard's message from Monday, which indicated that you are the best person to speak with at the Ministry of Health regarding methamphetamine contamination in residential properties.

I will be in Wellington tomorrow and Friday and would welcome the opportunity to speak with you. Do you have any time available tomorrow afternoon or Friday morning?

I am also looking for access to the following report, which was prepared by ESR for the Ministry:

Cressey P, Horn B. 2016. *New Zealand Exposure Factors Handbook: Recommended Values*. Report to the Ministry of Health, Client Report No. FW16002 Christchurch: Institute of Environmental Science and Research.

Many thanks,
Anne

Anne Bardsley, PhD
Research Analyst

Office of the Prime Minister's Chief Science Advisor | 85 Park Rd. Grafton | Auckland 1023 New Zealand
Phone +64 9 308 3100, Mobile +64 27 480 0800, www.pmcasa.org.nz

From: Anne Bardsley <anne.bardsley@pmc.org.nz>
Date: Monday, 19 February 2018 at 1:47 PM
To: "Richard_Taylor@MOH.govt.nz" <Richard_Taylor@MOH.govt.nz>, "sally_gilbert@moh.govt.nz" <sally_gilbert@moh.govt.nz>
Subject: Re: Prime Minister's Chief Science Advisor's report on methamphetamine exposure risks in residential properties

Many thanks Richard.

Sally, do you any time to meet briefly on Thursday or Friday this week when I am in Wellington? I have some time on Thursday afternoon until ~4:30 and Friday morning.

Cheers
Anne

Anne Bardsley, PhD
Research Analyst

Office of the Prime Minister's Chief Science Advisor | 85 Park Rd. Grafton | Auckland 1023 New Zealand
Phone +64 9 308 3100, Mobile +64 27 480 0800, www.pmcasa.org.nz

From: "Richard_Taylor@MOH.govt.nz" <Richard_Taylor@MOH.govt.nz>
Date: Monday, 19 February 2018 at 1:14 PM
To: Anne Bardsley <anne.bardsley@pmc.org.nz>
Cc: "sally_gilbert@moh.govt.nz" <sally_gilbert@moh.govt.nz>
Subject: Re: Prime Minister's Chief Science Advisor's report on methamphetamine exposure risks in residential properties

Hi Anne

Thanks for your email. Yes, my team looks after AOD treatment services, which includes methamphetamine. However there is work going on across the Ministry on various AOD-related issues, and the environmental health team's Manager Sally Gilbert (cc'ed) is the person you're after regarding the report by Cressey and Horn and probably meth and houses.

Sally is that correct?

Kind regards,

Richard Taylor | Manager | Addictions

System Outcomes

Service Commissioning | Ministry of Health

p: 64 4 816 3437 | m: 0

Richard_Taylor@moh.govt.nz



choices
NOT CHANCE

From: Anne Bardsley <anne.bardsley@moh.govt.nz>
To: "richard_taylor@moh.govt.nz" <richard_taylor@moh.govt.nz>,
Date: 19/02/2018 12:03 p.m.
Subject: Prime Minister's Chief Science Advisor's report on methamphetamine exposure risks in residential properties

Dear Richard,

I have been given your name and contact by [redacted] as a contact at MoH for issues relating to methamphetamine – is this correct?

I am working on a report on behalf of the Prime Minister's Chief Science Advisor, Sir Peter Gluckman, on exposures and risk associated with living in properties that have been used for methamphetamine production and/or smoking. The report was requested by the Minister of Housing (Phil Twyford).

I'm hoping you can help me with a few queries.

The first is a request for a report produced in 2016 for MoH by ESR, that is referenced in the 2016 ESR report 'Review of Remediation Standards for Clandestine Methamphetamine Laboratories: Risk Assessment recommendations for a New Zealand Standard'

The paper refers to New Zealand-specific exposure parameters for methamphetamine. The reference is:

Cressey P, Horn B. 2016. *New Zealand Exposure Factors Handbook: Recommended Values*. Report to the Ministry of Health, Client Report No. FW16002 Christchurch: Institute of Environmental Science and Research.

We are also interested in any data that the Ministry has on adverse health effects (illnesses, hospitalisations, deaths) relating to *residing* in a house in which methamphetamine has been smoked. Is there anything in National Minimum Dataset? I believe that Dr Philippa Howden-Chapman (University of Otago, Wellington) did some work on this a few years ago and did not find any data on effects of secondary/tertiary exposure.

I will be in Wellington on Thursday and Friday this week and welcome the opportunity to discuss these points and the Ministry's perspective on the recent changes to the remediation standards for methamphetamine-impacted houses.

Would you and/or anyone else there with knowledge of this area be available to meet with me either of those days? I have some time in the afternoon on Thursday, or on Friday morning.

Thanks, and regards,
Anne

Anne Bardsley, PhD
Research Analyst

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Phone () Mobile www.pmcasa.org.nz

From: '

Date: Wednesday, 31 January 2018 at 12:59 PM

To: Anne Bardsley <a.

Cc: "Grace Gilfillan [DPMC]" <Grace.Gilfillan@dpmc.govt.nz>

Subject: RE: PMCSA report on methamphetamine exposure risks in residential properties

Hi Anne

No worries – I'd talk to Richard Taylor (richard_taylor@moh.govt.nz).

I am more than happy to look at the outline.

Cheers

From: Anne Bardsley [mailto:

Sent: Wednesday, 31 January 2018 12:45 p.m.

To:

Cc: Grace Gilfillan [DPMC] <Grace.Gilfillan@dpmc.govt.nz>

Subject: Re: PMCSA report on methamphetamine exposure risks in residential properties

Hi.

Sorry, I meant to respond – your message was received while I was boarding the plane back to Auckland on Friday. My request to meet was not critical, just that I was in the vicinity and thought I might be able to catch you for a chat. Our proposed schedule for the report indicated that we would get an outline to Minister Twyford on 5 Feb so I am trying to get my thoughts together for that.

In addition to my research I have been talking to a few people involved with the methamphetamine situation (including Dr Nick Kim from Massey U/MPI, John O'Keefe and Dan Lyons from NDIB, and Erina Mayo from ESR) and will be setting up a meeting with Housing NZ next week. I was wondering if you have a suggestion of someone from the Ministry of Health that I should talk to?

I'm not sure at this point if/when I'll be back in Wellington before the end of February, but can talk by phone at any point. I would be happy to send you the outline when I manage to get it together over the next couple of days.

Cheers
Anne

Anne Bardsley, PhD
Research Analyst

Office of the Prime Minister's Chief Science Advisor | 85 Park Rd, Grafton | Auckland 1023 New Zealand
Phone () Mobile www.pmcasa.org.nz

From: _____
Date: Friday, 26 January 2018 at 4:16 PM
To: Anne Bardsley <_____
Cc: "Grace Gilfillan [DPMC]" <Grace.Gilfillan@dPMC.govt.nz>
Subject: RE: PMCSA report on methamphetamine exposure risks in residential properties

[UNCLASSIFIED]

Hi Anne

I am so sorry to only just get back to you. Grace will be able to find a time when you're next in Wellington or for us to talk over the phone ☺

Cheers

From: Anne Bardsley [mailto:_____
Sent: Friday, 26 January 2018 8:44 a.m.
To: _____
Subject: PMCSA report on methamphetamine exposure risks in residential properties

Hi

I have started some work on the methamphetamine report. I am in Wellington today and wondered if you are available for a quick chat about it?

I have a meeting at Bowen House finishing at noon and am free after that. Let me know if you have any time.

Many thanks
Anne

Anne Bardsley, PhD
Research Analyst

Office of the Privacy Commissioner | P.O. Box 620, Wellington 6140 | Phone: 04-499 9999 | Email: info@ofco.govt.nz
Privacy | Freedom of Information | www.ofco.govt.nz

From: Anne Bardsley <_____
Date: Thursday, 14 December 2017 at 1:46 PM
To: _____
Subject: Possible PMCSA report on methamphetamine exposure risks in residential properties

Hi

Following a discussion between Sir Peter Gluckman and Minister Twyford, I've been asked to prepare a brief proposal for a report on exposure and risk associated with living in properties that have been used for methamphetamine production and/or smoking, and the appropriateness of testing and remediation standards in the New Zealand context.

Peter suggested I contact you to get your insight into the most important questions - I do not know if you are already aware of these discussions?

I have been doing some background information gathering, but have only skimmed most of references at this point. It appears that the Standards published this year (NZS 8510:2017) are based in large part on a review by ESR in Oct 2016 commissioned by the Ministry of Health ([http://www.moh.govt.nz/Notabook.nbbooks.nsf/03169D54.AC7E94227CC25806D006716AD/\\$file/methamphetamine-remediation-report-oct2016.pdf](http://www.moh.govt.nz/Notabook.nbbooks.nsf/03169D54.AC7E94227CC25806D006716AD/$file/methamphetamine-remediation-report-oct2016.pdf)). However the Standards adopt a single level of 'acceptable' methamphetamine detection ($1.5 \mu\text{g}/100 \text{ cm}^2$) after remediation, whereas the ESR review suggested differences for meth labs vs properties where meth was only smoked.

I am also aware of a brief Regulatory impact statement from MBIE (Nov 2016) on 'Protection of tenants and landlords from the effects of methamphetamine contamination' relating to rights of entry for testing and for tenancy termination, based on the Standard – but which also emphasises differences between property contamination through usage vs manufacture of methamphetamine.

I am trying to get a clear picture of what is needed in a review from our office. Peter has promised Minister Twyford a proposal by the beginning of next week, so I have limited time to get my head around all of the details before putting this together.

If you have any recommendations or insight I would most appreciate a chat about the best way to approach this.

My number is () you have any time today or tomorrow it would be great to hear from you.

Many thanks,
Anne

Anne Bardsley, PhD
Research Analyst

Office of the Prime Minister's Chief Science Advisor | 85 Park Rd, Grafton | Auckland 1023 New Zealand
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