

Methamphetamine health update for Staff

Housing New Zealand puts the health and safety of our staff, contractors and tenants as a top priority. We endeavour to ensure that we know and understand the risks and hazards and what we can do to minimise any harm.

Over the past 12 months we have noted a significant increase in the Methamphetamine use in our properties leading to varying degrees of contamination.

To support the information for staff we engaged two independent Occupational Medical Specialists (Dr Courtenay Kenny and Dr Chris Walls) to give us their expert opinions on the potential for harm to staff or contractors who need to go into our properties as part of their role.

Below are their responses to the questions. Please keep in mind that this is related to the risk of transient and temporary access to properties not about the health of tenants manufacturing or living for long periods of time in our properties.

- As the country's biggest landlord with circa 67,000 properties, we have a variety of tenants who display various anti-social habits and unfortunately Meth or "P" use (an occasionally P Manufacturing) occurs. The situations that Tenancy Managers might find themselves in is visiting or inspecting homes as a routine activity. The exposure would be approximately short term 5-15 mins and it would never be whilst active smoking is occurring just residual exposure, however if at any time there is suspicion of P then our staff are to extract themselves immediately. Is there research or evidence of long term harm to health of short term exposure to homes where "P" use has occurred? Or acute harm to health?***

Dr Kenny - In short, no. In the absence of definite, significant exposure to chemicals ('precursor chemicals') used in the manufacture of Methamphetamine ('P') (i.e. such as may occur in the assessment, dismantling/removal of a clandestine lab), it is my opinion that there can be minimal actual harm to employees from simply visiting a home in which 'P' has recently or at any time been used. There may occasionally be some odours of chemical residues, or of smoke or other substances, which could be unpleasant or possibly cause a mild irritant reaction, but these would not be expected to cause any allergic reaction, or any other significant or prolonged harm to physical health.

There cannot not reasonably be considered to be any possible long-term harm to the health of staff members under the circumstances described (i.e. occasional, short-term/transient exposure to homes in which 'P' has been smoked or where cannabis, tobacco/cigarettes, or alcohol has been consumed, including recently).

Dr Walls – I would not consider such short exposures as likely to lead to any ill health effects.

As Dr Kenny states there are great differences in the concentration between the very low odour threshold (when you can smell something) and the much higher level of exposure that would cause harm.

I would reassure staff that even if they can smell the chemicals they would not come to any harm while they vacate the premise.

2. ***Is there any [personal] testing that can occur prior to employment that would indicate that a certain % of the population has a sensitivity to Meth and we need to not employ (expose) them? (my thinking being if it is not long term harmful and fresh air will alleviate symptoms and no damage to health occurs – would we be able to not put those that are sensitive to low levels in the situation in the first place?)***

Dr Kenny - I am not aware of any known/confirmed immunological sensitivity to methamphetamine among non-users.

Certainly, chronic/regular methamphetamine users are known to have impairment of immunological function and, of course, susceptibility to a range of other adverse health effects. An abstract from a medical journal article about this is as below;

“The prevalence of methamphetamine (METH) use is estimated at ~35 million people worldwide, with over 10 million users in the United States. METH use elicits a myriad of social consequences and the behavioural impact of the drug is well understood. However, new information has recently emerged detailing the devastating effects of METH on host immunity, increasing the acquisition of diverse pathogens and exacerbating the severity of disease. These outcomes manifest as modifications in protective physical and chemical defences, pro-inflammatory responses, and the induction of oxidative stress pathways. Through these processes, significant neurotoxicities arise, and, as such, chronic abusers with these conditions are at a higher risk for heightened consequences. METH use also influences the adaptive immune response, permitting the unrestrained development of opportunistic diseases. In this review, we discuss recent literature addressing the impact of METH on infection and immunity, and identify areas ripe for future investigation.”

However, there is no evidence that I am aware of that suggests that persons having periodic contact with ‘P’ users, including their family members, friends/associates, health visitors, other community agency staff, are at any risk of developing immunological sensitivity (i.e. allergy) to ‘P’.

It is possible that persons coming in contact with those regular ‘P’ users, or their environments, may develop a dislike for the environment and may develop some anxiety or physical symptoms in response to that anxiety.

Dr Walls – There is no specific testing that would indicate a sensitivity or allergy to Methamphetamine.

The tests for allergy (in general) are usually not that specific and can not be extrapolated from one organ system to another (a negative skin test doesn’t mean that inhaled substance won’t cause problems).

I would not support such testing; it would be expensive, unreliable and may give false security.

3. ***Is there evidence of long term short exposures (like our situation) being carcinogenic?***

Dr Kenny - No. There is known to be a carcinogenic potential for solvents, including to alcohol (include ethyl alcohol [standard recreational drinks]) and to other organic solvents, such as those used in industry (manufacture of paints, heavy engineering, rubber industry, printing industry, etc, etc).

However, the risk is relatively low even in high-use industries, and is usually controlled through appropriate hazard management strategies.

There would be an extremely small risk only in the circumstances pertaining to Tenancy Officers as above, and to all similar agency staff who regularly visit the homes of community clients/patients (such as those in hospital community health and community mental health services).

There are significantly greater health hazards and risks to be identified and controlled in these employment sectors, including violence against employees, motor vehicle driving hazards, and slips trips and falls.

Dr Walls – I would concur that solvent exposure is linked to some cancers.

As Dr Kenny says these are heavy continuous exposures over many years.

Occupational Exposure levels are set at a higher value than Environmental exposure levels (for any hazardous substance) in part because having periods free of exposure allows biological recovery and repair.

I would classify the Housing New Zealand exposures as mild, intermittent and of a low frequency and would not be of the opinion that these would increase in cancer risk.

4. *Is it possible we have staff with Meth sensitivity and if so what is the next step for them/us?*

Dr Kenny - In my opinion, this is very unlikely and I have seen no evidence to suggest that this is a recognised problem.

In my experience, and in that of colleagues in occupational medicine, and in emergency medicine, such a problem has not been reported, and I can find no medical literature support for this as an entity.

'P' use (inhalation or ingestion) can certainly result in a wide range of adverse health effects, including skin reactions, and allergy, but only through absorption of the significant amount occurring in the context of a regular user, not through periodic and possible superficial exposure (such as through walking into a house, touching environmental surfaces, etc).

Dr Walls – Sensitivity is a term that has many meanings, both in the medical and non medical world.

Sensitivity in the medical world would usually mean allergy.

Once allergic a person develops a rapid symptomatic response to further exposures, the severity of this response is individual and unpredictable. A good example is hayfever with a particularly energetic response to some particular pollens.

People also develop irritant responses to various exposures and these responses can mimic an allergic response, for example someone inhaling welding fume will wheeze and become short of breath but is not suffering from an allergic asthma.

Sensitivity in the non medical world means a heightened awareness, perhaps in this example readily recognising the smell of chemical residues and becoming concerned about this.

Allergy to a chemical residue is possible but I am unaware of any such clinical cases and can find no reports in the literature of such. The most likely body organs affected would be the skin and the respiratory system.

I would expect a much heavier exposure would be required, for example in builders undertaking remedial work in a heavily contaminated site.

If such concerns exist then a careful medical evaluation would be required to confirm the diagnosis, in the great majority of these cases such an evaluation does not end up supporting the association.

5. Could you please provide advice for our staff?

Dr Kenny -In my opinion, there is no identifiable health risk to your staff through continuing to operate normally at work, performing the duties as discussed above, and assuming (1) that this does not include direct contact with 'P' or with precursors chemicals (such as in the context of a laboratory), and (2) that staff observe standard hygiene measures (such as washing hands before eating [or smoking cigarettes]) after touching items or surfaces in tenants' homes. This could be done using alcohol hand wipes or disinfectant gel, and simply represents good hand hygiene and infection control.

Dr Walls – The Health and Safety Risk Management Hierarchy will protect staff:

- Hazard Identification
 - Is there evidence or is it likely that these tenants are users or manufacturers?
 - If so plan accordingly
- Risk Management
 - Vacate premises where you find surprises.
 - Avoid skin contact
 - Don't smoke or eat in suspect environments or after leaving the premise
 - DON'T SMOKE !!!
 - Have the premise well ventilated (open the windows and doors and wait 5 minutes)
 - use personal protective equipment when entering a known premise (gloves, consider disposable overalls).
 - Hand washing when leaving a suspect premise.
- When in doubt, leave, get further resources and then re-evaluate.
- Identify known or suspected residences/ tenants in the Hazard Register.

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Guidance for staff and contractors when entering properties

Step 1	Ensure you have gathered all information regarding the property, this is from Kotahi, Police, MSD, or local intel. Is the tenant CRIP rated? If so ensure a SWP is completed. Do you need to be accompanied?
Step 2	When you approach the property ensure you park in a safe place that allows you to leave in a hurry if you need to. Look around the outside of the property and up the street to ensure there are no crowds or gatherings, or any other indication of ASB by neighbours.
Step 3	When entering the property look around for any signs for Methamphetamine manufacture or use such as pink staining on the grass or gardens, chemical bottles, cooking utensils etc
Step 4	View the property for any other signs of hazards or risk, are there visitors, can you hear shouting or yelling, are there dogs present, slip or trip hazards?
Step 5	Use your training to make the best choices, use a dynamic risk assessment approach which is where you continually assess the changing environment.

IF IN DOUBT – GET OUT!