FORMER CLANDESTINE DRUG LABORATORIES – KEY ISSUES AND CONSIDERATIONS IN NSW

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Outline

- What are the risks posed by these premises?
- Case study overview
- Australian and NSW guidelines





What is a Clan Lab?

Hidden improvised laboratories manufacturing illegal drugs often from publically available source materials



Public Health Concern

- People associated with operational labs are at risk from toxic gases, chemical burns/residues, drug exposure & fires/explosions
- Neighbours may also be at risk from gases and explosions etc and chemical migration, e.g. apartments, soil/GW
- Occupants (including future occupants) of "busted" & abandoned labs are exposed to chemical residues, possibly for many years
- **Public** who encounter external sites, waste or contamination spread



Exposure – After Cook

Contaminated Home

- Inhalation of vapours and gases including off-gassing from porous materials
- Contact with persistent chemicals and drug/methamphetamine residues throughout home
- Contact with waste (outdoors)
- Environmental issues with waste disposal



inspiring achievement

Health Effects

- Respiratory problems
- Behavioural issues
- Changes in sleep patterns and behavior
- Increased susceptibility to illness
- Eye and skin irritation

All these effects reported in individuals unknowingly exposed to contamination that remains in unremediated premises. Based on published information and case studies in my research. Exposures are to levels in homes that are 5 to 50 times the guideline.



- May 2013 police seize equipment from property from shed on property and notified council of the presence of suspected clan lab at property
- Council issued notices to owner to remediate owner was offender and did nothing. Council did not follow-up
- August 2013 Owner sold home
- During sale of property checks were made (conveyancing and mortgagee) and no outstanding notices were identified



- October 2013 family moved into home
- May 2014 Council contacted family and informed them there was an old clan lab at their property
- Without testing Council issued a letter stating *"due to the limited nature of illegal activity at the property it seems unlikely that any health risks will arise from continuing use of the land".*



- Council did preliminary testing in the shed only – found contamination and said they need to do more tests – Council again stated all was safe but keep the kids out of the shed
- October 2014 additional testing done which confirmed contamination in shed but also found contamination in home well above residential criteria



Contamination Levels

Location	Surface residues reported (µg/100 cm ²)	
	Methamphetamine	Pseudoephedrine
External Sheds		
South wall shed 2	35.9	0.86
North wall shed 2	64.7	2.01
West wall shed 3	0.59	ND
Inside Residential Home		
Laundry Wall	23.1	0.04
Kitchen/dining wall	13.7	Trace
Hallway wall (outside children's bedrooms)	26.0	Trace
Living room wall (outside master bedroom)	11.7	Trace

- March 2015 Family moved out of the home leaving all possessions behinds as these are deemed contaminated
- May 2016 Council has just commenced collecting additional data to inform remediation



- Living at the home caused their youngest child to develop respiratory problems (asthma-like symptoms) and behavioral changes (similar to inattentive ADHD)
- Other family members also affected but to a lesser extent
- Respiratory effects stopped once moved out of the home
- Behavioral changes have been resolving now out of the home
- But there are other family stressors the behavior of the Council and slow action to resolve problem



Intakes of Methamphetamine Hair Analysis



A – drug exposed children (methamphetamine drug laboratories and homes with users) from California (Castaneto et al 2013);

B – drug exposed children from clandestine drug laboratories and adult drug users in New Zealand (Bassindale 2012);

C – range reported in long-term adult drug users (based on doses of 0.25 to 4 g/day of MA) (Han et al 2011); D – range reported in adult workplace drug use testing (Tsanaclis and wicks 2007).

It is noted that for the published studies included in this figure the reporting limit for MA in hair was 0.1 ng/mg.



What does this mean.....

Potential for actual harm to occur must be the driver for proper assessment and remediation

the guidelines?



Responsibilities

- Police remove evidence only. They do not make the premises safe they do provide a limited report on the site
- Police do not address injuries/effects in others living in home
- Notify local councils to indicate premises may be contaminated they notify owners
- When is it safe for re-occupancy?

BUT – not all drug labs are the same The level of contamination does vary significantly

ACC - Established a safe level for meth residues on surfaces in Australia

Guidance

Clandestine drug laboratory remediation guidelines – 2011 http://www.ag.gov.au/CrimeAndCorruption/Drugs/Documents/ Clandestinedruglaboratoryremediationguidelines.pdf

Derivation of risk-based investigation guidelines, clandestine drug laboratory, site investigation guidelines – enRiskS 2009: http://www.enrisks.com.au/resources/

enHealth Position Statement – Clandestine Drug Laboratories and Public Health Risks – August 2013 (to be updated shortly) <u>http://www.health.gov.au/internet/main/publishing.nsf/Content/</u> <u>A12B57E41EC9F326CA257BF0001F9E7D/\$File/Clan-Labs.pdf</u>

NSW Health guidance <u>http://</u> <u>www.health.nsw.gov.au/environment/hazard/</u> <u>Documents/clan-lab-guidelines.pdf</u>

NSW Guidance

- Prepared for NSW Health as advice on what is required in NSW
- Addresses clandestine drug laboratories and hydroponic plantations
- Clan labs: different approaches advocated for low risk and high risk properties
- Provides guidance on what is a suitably qualified professional for undertaking assessment and remediation works

SEEMS LEGIT

Thank You Questions?

