



Interim Guide for Remediation of Low-Level Illicit Drug Contamination

This Interim Guide describes a procedure for the documented clean-up of low-level contamination of residential buildings as a result of smoking illicit drugs, especially crystal methylamphetamine (meth, ice).

Scope

This Guide is interim as it will be revised as more scientific information and experience is obtained. Any subsequent guidance is likely to be a refinement of the current procedure.

The document is intended for use preferably by a DoH-accredited cleaner, selected by following the relevant link at the end of the Guide. However, other cleaners may be acceptable to apply the procedure if contamination is considered to be low or through consultation with the Department of Health (DOH) or Local Government Authority (LGA).

The remediation process outlined here is designed to reduce contamination to levels well below those that may pose any risk to human health, and below any national health investigation level (HIL) for the relevant drug, such as 0.5ug/100cm² for meth.

The procedure is not intended for remediation of contamination due to manufacture of meth or other illicit drugs, or when smoke-related contamination results from very heavy use, such as daily smoking. Contamination from making drugs requires a separate specific remediation process. See link under More Information.

Background

Although use of illicit drugs has been a problem for many years in Western Australia, the issue of house contamination resulting from smoking drugs has only recently been recognised as potential risk for other occupants. The WA Police Force (WAPOL) has helped in alerting the community and Government agencies to this issue by reporting when it identifies meth or other illicit drug residues as part of its work.

Smoking allows some of the drug to volatilise into air and then deposit on surfaces within the immediate area of where it is being smoked, such as floors, walls and furnishings. The contamination increases with duration and frequency of use and tends to be higher closer to the source and on horizontal surfaces, especially lower surfaces.

In the case of meth, such contamination may exceed the national HIL by many times, but is still in most circumstances far less than that from meth manufacture.

Remediation of low-level contamination

Preparation

The cleaning contractor will prepare and execute the work based on the client's requirements, the company's own procedures, and the advice from this Guide.

To the extent practical, the contractor should sight and take into account any documentation regarding the contamination provided by LGA, any other government agency or from separate testing.

The contractor also should be aware that the building may have additional hazards associated with it and take appropriate safety precautions. This not only includes hazards associated with the contamination, which may warrant protective equipment and ventilation, but also the possible presence of people associated with drug use.

If the cleaner observes any evidence or suspects the building of being used for drug production, it is important that the owner and police be advised and that any remediation is done by an accredited cleaner and based on [clandestine laboratory \(clan lab\) protocol \(Healthy WA\)](#). Indicators of a clan lab can include: the presence of chemical containers including methylated spirits or other solvents, caustic or chemicals normally not present in homes. Additional indicators include the presence of empty blister packs from cold and flu tablets, ammonia-type smells, unusual staining, laboratory glassware and jerry-cans or other containers with attached tubing.

Determine cleaning area

Information on where contamination has been found, e.g. in a lounge room, may be the result of a LGA notifying an owner with information supplied by WAPOL. Alternatively the owner may have done or commissioned drug testing with positive results, or just suspects contamination.

Where there is evidence of contamination in a location, the whole associated room should be subject to clean-up as the residue can be dispersed fairly evenly throughout. The ceiling would not normally be included in this clean, although recycled ventilation intakes and filters should be cleaned by the contractor or an air conditioning professional.

If there is a need to determine the locations in the home that have been affected, testing may be done using a semi-quantitative method s such as the SKC MethCheck kits. These kits are available from laboratory supply companies or can be obtained from the ChemCentre or other [approved forensic testing company \(PDF 73KB\)](#), who can also perform subsequent quantitative laboratory analysis if needed.

Owners and cleaners are encouraged to clean other suspect or higher risk areas in a home, even if there is no evidence (other than a negative test) of contamination there. Areas warranting this additional work are surfaces associated with greater daily contact, such as a kitchen or food preparation areas, bedrooms and common spaces such as lounge rooms. This additional cleaning provides greater confidence that any potential contamination has been addressed.

Remediation – Hard surfaces

Generally meth and other illicit drug residues can be removed most easily from non-porous surfaces, such as bench tops or cupboards using an alkaline detergent in warm water. This is a detergent with a pH typically between 11 and 13. Information on pH can normally be found in a product's label or supplier's safety data sheet. Commercial alkaline detergents are readily available from most hardware suppliers. Examples of some common alkaline detergents are shown below. However, commercial cleaners may have their own preferred product that achieves the same purpose.

A minimum of three cleans of hard surfaces is recommended using these detergents and warm water, rinsing well between washes. The cleaned surface should be allowed to dry between cleaning cycles, and washing and rinse solutions changed frequently.

A room should be cleaned from high to low, i.e. start with the top of the walls and proceed downward to the floors. Any unfixed items in the room be decontaminated and moved outside the room beforehand.

The thoroughness of the clean may vary somewhat depending the extent of contamination (if known), the location and the surface involved.

Since some porous surfaces, such as plasterboard and unpolished wood will absorb drug residues, these may be more difficult to clean. These may require more passes when cleaning, particularly for surfaces that are within reach of younger children.

When these materials have some decorative surface treatment such as paint or polish, cleaning process will be more effective but not as much as if the surface was completely non-porous.

In the case of less used areas such as garages and laundries, especially with hard non-porous surfaces a single clean may be sufficient.

The washings from the remediation can be disposed of down the household drainage system.

Remediation – Soft furnishings

Residues are likely to penetrate more deeply into soft furnishing such as fabric seats or lounges, curtains, carpets and woven upholstery and be more resistant to the surface cleaning that applies to hard surfaces.

Where possible, those materials should be laundered in a conventional way. If they are more fixed, such as a carpet or difficult to launder, such as a lounge suite, then these should be subject to steam or general upholstery cleaning, using a thorough cleaning procedure.

Where the contamination is known or suspected to be high and is in a higher risk situation, such as with toddlers, it is recommended that the soft furnishings be properly disposed of (not recycled).

Cleaning of equipment and other items

These may be cleaned in a similar fashion to the above depending on their surface type. In the case of equipment such as TVs the action should be wiping rather than washing. For children's toys, as an additional precautionary measure, it is recommended that they be disposed of (with no recycling).

Proof of remediation

As evidence and reassurance to the owner and any LGA or occupier who may be involved, it is recommended that the cleaner complete and sign the clean-up compliance [statement \(Word 380KB\)](#), provided as Appendix 1. This would be in addition to any other report they provide to the client.

The statement and associated documentation should be retained by the client and a copy be provided to the LGA involved.

It should be noted that it is difficult to remove all possible traces of an illicit drug but the objective is to reduce it to a low and acceptable level on the known or suspected, high contact affected areas.

More information

Environmental Health Directorate

Phone: (08) 9388 4999 Email: ehinfo@health.wa.gov.au

The LGA may also have some involvement or knowledge of your specific contaminated property and are worth contacting including by providing them with a copy of any remediation report

List of Accredited Service Providers

[Accredited Forensic Testers, Cleaners and Laboratories](#)

Clandestine Laboratory Guidelines

[Guidelines for Notification and Management after Notification of a Clandestine Drug Laboratory](#)

CONTRACTOR CONTAMINATION CLEAN-UP STATEMENT

Issued by: (cleaning contractor name and contact details)

Issued to: (client)

Job reference:

Site address:

Areas cleaned: (indicate specific rooms/areas cleaned which unless otherwise indicated is taken to mean all hard surfaces (except ceiling), equipment and soft furnishings)

Additional comments: (include if necessary additional information about the clean-up and issues or divergences from the DOH Interim Guidance)

Cleaning completion

date:

This certificate confirms that the cleaning contractor has undertaken the above cleaning job in accordance with the Department of Health Interim Guidance: Remediation of Low-Level Meth Contamination – 2018 unless otherwise indicated.

On DOH Accredited Cleaner List: Yes No

Signature:

Name

Company Name

ABN

Date

This document can be made available in alternative formats on request for a person with disability.

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