



MASTERTON DISTRICT COUNCIL
SERVING THE COMMUNITY

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16/3/11

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MEMORANDUM

TO: His Worship and Members
FROM: Chief Executive Officer
DATE: 11th March 2011
SUBJECT: BACKGROUND INFORMATION

The Masterton District Council water supply operates in accordance with the Drinking Water Standards for New Zealand 2005 (Revised 2008) and has a grading of AA for the source and treatment and distribution zone.

This document defines the minimum standards for drinking water and defines water quality standards, compliance criteria and remedial actions to be undertaken should a transgression occur.

The Drinking Water Standards are also used in conjunction with the MDC Water Supply Public Health Risk Management Plan which describes how to manage the supply using quality assurance principles which are based on the standards.

This plan has recently been reviewed and was approved by Regional Public Health on 29th July 2009.

A copy of the paper (Policy changes to reduce water treatment mortalities) to be presented by Mr Butcher has been forwarded to the Medical Officer of Health for comment.

Dr McKenzie has commented as follows:

Due to the short notice I apologise there is insufficient time to respond in detail before Wednesday. I note that this report has been tabled as an agenda topic and I have provided the following initial comments to assist you and your committee members.

At the outset it is important to note that chlorination of water supplies is a well recognised and recommended measure both internationally and nationally for water disinfection and has prevented many potentially serious gastroenteritis cases and outbreaks of waterborne disease. This method of disinfection is considered to provide a positive health when utilised according to accepted standards such as the Drinking-Water Standards for New Zealand 2005 (revised 2008).

When presenting scientific evidence is it important to distinguish between an association between 2 factors (i.e. chlorination and cancer/heart disease) and whether this association is causal i.e. introduction of chlorination has caused an increase in cancer or heart disease. Many things are associated e.g. increased ice cream sales are associated with increased drowning. This does not mean that ice cream consumption is a risk for drowning but that during the summer months more people consume ice cream and more people are likely to go swimming. Both cancer and heart disease have

multiple causes: from genetic make-up, to risk factors from lifestyle factors, or exposures to various environmental factors at specific times throughout ones lifetime. A specific exposure e.g. chlorination and pipe ionisation, is highly unlikely to be an explanation for developing all these "multifactorial" diseases. Furthermore, "cancer" is not a discrete diagnosis but a term used to describe many different diseases and disease processes that naturally will have many different causes driving these disease processes.

In addition, both cancer and heart disease problems develop over time and in particular with cancer there is a significant lag-time of many years to the development of cancer - therefore to state that cancer increases in the same year of exposure to a specific source are proof of cause is not scientifically supported.

Finally, to correlate surveillance data of cancer, such as is provided by the NZ Cancer Registry and used in this report, with a specific exposure requires an understanding of factors influencing the surveillance data, e.g. increases in cancer registrations may be due to changes in classification of cancer or instructions around reporting of cancer, or that cancers are not registered as they occur but may be entered retrospectively, or that a new test is available that increases the ability to diagnose a certain condition. Without exploring other reasons for increases and decreases in cancer registrations (or other forms of surveillance) it is not scientifically sound to solely attribute these changes to a specific exposure.

Although I am sure that Mr Butcher is well intentioned in presenting his concerns and believes he has good evidence to support his concerns, in my opinion this paper is not based on sound scientific reasoning and I would not recommend that extensive time is spent on exploring the report.

I also understand that Mr Butcher submitted to the Carterton District Council Annual Plan Submission process last year and you may wish to liaise with CDC as to how they managed these concerns.

I am happy to respond to any more specific questions the committee may have around this paper following the Wednesday meeting. Depending on the nature of the questions the committee may have regarding public health concerns, I can provide a timeframe for the response once I have received any questions.

I trust you will find these comments of use in the interim.

Wes ten Hove
CHIEF EXECUTIVE OFFICER