Lancashire fracking refusals may be no red light to the industry – here’s why

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Big news from Lancashire in north England: the county council has rejected two planning applications to develop shale gas sites in recent days, the first in four years. Lancashire councillors’ decisions to reject planning applications by Cuadrilla at Roseacre Wood (June 25) and Little Plumpton (June 29) against the conditional approval of planning officers is a major blow for the industry. For reasons I will outline, though, it may not yet lead to a national defeat.

The decision is unlikely to resolve any of the bigger and still outstanding public health issues surrounding unconventional gas extraction (as well as fracked shale gas, this also includes coal-bed methane and underground coal gasification). When it comes to the possible hazards, the scientific, regulatory and legal knowledge and opinion are both conflicting and conflicted. Such fears have led
many communities, including a number of those in the relevant parts of Lancashire, to oppose fracking applications in their area.

**Fracking: the debate**

There is a *growing scientific consensus* that unconventional gas extraction in all its forms will contribute significantly to global climate change, which obviously has long-term public health effects. It *might also* cause water and air pollution, though industry voices *disagree*.

There *are also fears* about subsidence in coal-mining areas with a history of abandoned seams, and earthquakes, both of which *have been* played down by the government. Another concern is around mental health and well-being.

It doesn’t help that research on unconventional gas extraction *has been* heavily conflicted and fraught with evidence of substantial conflicts of interest in the US. Environmental groups and journalists *have even* coined the term “frackademia” to refer to universities winning contracts to undertake research for the companies involved.

The UK government has meanwhile insisted that the industry *will be* well regulated and that industry practice will be good. This is contrary to *some research voices*, while other governments have taken a very different view, with bans in *Germany* and *France*.

For their part, *developers argue* that unconventional gas extraction will be vital to meet our energy needs, at least in the medium term, as well as supplying feedstocks for the chemical industry and creating many jobs and prosperity for communities.
Public health to the margins

When it comes to developing policy for the industry, communities and activists argue that public-health considerations have been marginalised. The 2012 Royal Society report on unconventional gas extraction prepared by engineers and geologists contained no public-health experts in its working group and made minimal in-depth mention of public-health issues either.

A Scottish-government expert report published last year drew on this 2012 report and neither contained any experts on public health nor any independent experts on regulation or industry practice. Neither report learned from US failures to include public-health professionals either.

When agencies like Public Health England have reported on the prospects for unconventional gas extraction, they have tended to reflect the favourable assessments of these other bodies – as well as those of the UK government itself. The Public Health England report contained nothing on the wider public-health impacts via global climate change; nothing on socio-economic impacts, which have important health consequences; and nothing on work environments. These are serious gaps that need to be filled in.

American public-health professionals with practical experience of fracking said that claims in the report that the public-health problems related to the industry in the US such as poor regulation and bad industry practice would not apply in the UK were a “leap of faith unsubstantiated by scientific evidence”. They pointed out that the conclusions ignored the “inherent industry risks whatever regulation applies (casing failures, cement failures, waste and water spillage)” and argued the report overlooked the evidence about extra risks in heavily populated areas.

Conflicting interests

In this climate, decision-makers are being encouraged to turn a blind eye to the potential public-health issues. In Lancashire, for instance, newspaper reports suggest that the councillors were coming under pressure linked to the legal ramifications of approving and not approving the applications.

The impending Transatlantic Trade and Investment Partnership could make such considerations even more significant, if companies get the right to challenge local authorities or even governments over fracking bans. In this arena, public health risks being subordinated to company profits. Some planners have also suggested to me that local councils may in future not be able to consider any health factors in these decisions because they will be dealt with separately by regulatory agencies.

One other issue is also worth mentioning. The environmental statements that have to be included in all planning applications can contain narrow assessments of the potential health impacts of unconventional gas extraction. They ought to fully inform the planners about all the risks and benefits of the proposal.

They are not required to consider global climate-change issues, for instance, and have often focused just on noise and traffic. The quality and scope of the health-impact assessments in the US has varied a great deal – from the detailed and rigorous to the superficial. The assessments are also conducted by consultants who are mostly paid for by either interested companies or local authorities, which rarely if
ever reach conclusions that conflict with the interests of who is paying. Community groups can rarely afford to pay for such reports.

Notwithstanding the Lancashire decisions, the challenge now facing the UK remains to ensure an independent, thorough, transparent and rigorous public-health impact assessment of unconventional gas extraction. This has to be conducted at national level, free of industry and commercial influences and capable of convincing the public of its lack of bias.

It **should not** rely on “theoretical solutions” but should draw on the best empirical evidence available, while acknowledging the potential shortcomings of the **UK’s regulatory system**. For many, it should rely on the **precautionary principle** against going ahead while there are uncertainties. That is arguably the only way to protect public health.