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January 6, 2005

**Re: Canada Gazette, Part I, Vol. 138, No. 43 — October 23, 2004**  
**Pest Control Products Adverse Effects Reporting Regulations**  
<http://canadagazette.gc.ca/partI/2004/20041023/html/regle3-e.html>

Cameron Laing,  
Alternative Strategies and Regulatory Affairs Division,  
Pest Management Regulatory Agency,  
Department of Health,  
Address Locator 6607D1,  
2720 Riverside Drive,  
Ottawa, Ontario K1A 0K9

By e-mail: [cameron\\_laing@hc-sc.gc.ca](mailto:cameron_laing@hc-sc.gc.ca))

Dear Mr. Laing;

On behalf of the Canadian Coalition for Health and the Environment, please receive the following comments regarding the proposal for Canada's adverse-effects reporting system for pesticides.

The adverse effects reporting system for drugs has recently been in the news and criticised by Canada's medical establishment, and pitfalls observed with this system should be avoided with pesticides.

1) Mandatory reporting of suspected adverse effects as a result of pesticides should be made via toll-free telephone number, on-line reporting forms etc to an independent body within Health Canada. Contact information must be provided by manufacturers on packaging should be for this body; the manufacturer has in interest in dissuading potential complainants. As well, Environment Canada has direct interest in adverse environmental effects, and should be regularly apprised of all emerging concerns both with human health and the environment.

It is not sufficient to leave collection of data in the hands of the manufacturers. Just as the Canadian Medical Association Journal is now recommending more active roles for Health Canada in ongoing monitoring of adverse effects of drugs, Health Canada should have an active, impartial, independent role in pesticide adverse effects monitoring. The same companies that make pesticides make drugs. Concealing adverse effects of pesticides information would be much easier than concealing adverse effects of drugs, because pesticide toxicities and effects are already poorly understood and very sparsely monitored. Indeed, an argument could be made that the manufacturers should be excluded from the formal reporting process, to avoid interference and intimidation of reporters. Perhaps payment for the information from Health Canada, to which manufacturers must respond to maintain registration, could partially fund the reporting bureau.

2) In order to be effective, the reporters – the front-line medical practitioners – must be better educated, both in medical schools, residency programs, and on-going medical education. There is little

knowledge generally in the medical community of pesticide toxicities, both acute and chronic. Pesticide poisonings are largely undiagnosed (Canadian Medical Association Journal, May 28, 2002). (One example concerns a young child who was previously without allergies or asthma. He experienced breathing difficulties after playing on a lawn treated with insecticide and was treated symptomatically in an Ottawa emergency room. Neither the parent nor attending physician considered the possibility of a pesticide exposure. The true situation was recognised when the father investigated how to deal with skunks digging for grubs, on a wildlife telephone hotline. The treatment would have been different if the organophosphate exposure had been recognised. One can only speculate about long-term neurological effects that may be caused by such an incident, or might have been averted with more effective treatment.)

3) You can't report what you can't recognise or verify. Pesticides are not tested directly on people for adverse effects, but many people are exposed. Monitoring of pesticides and markers of pesticide exposure (e.g. choline esterase as an indicator of insecticide exposure) should be carried out for workers, their families, and the general public. As well, testing of people suspecting an adverse effect should be readily available, both for bodily fluids and tissues, as well as soil, air, housedust, and surface- and groundwater. These measures are necessary to enable adverse effects reporting.

4) In order for homeowners to recognise potential adverse effects, they must be notified of all pesticide use by neighbours, not only use by commercial companies. All pesticide use should trigger a requirement for notification of neighbours before application, and posting of signs for at least 5 half-lives of the chemical (until the chemical will definitely have diminished to less than 5% of its original concentration). The regulation should also contain provisions making mandatory immediate disclosure of details of pesticide use (e.g. product, application details) upon inquiry, with heavy fines for non-compliance (medical decisions may hinge upon this information!).

5) All scientific studies relating to a registered active ingredient should be collected by the PMRA. Electronic means make this relatively straight-forward. Ambiguous wording regarding prior consideration of an issue, and regarding product vs. active ingredient, could allow important information to be withheld by registrants. As well, a system of registration of experiments, comparable to the newly implemented requirements for registration of drug trials by medical journals (to address selective reporting by pharmaceutical companies), would help to ensure complete reporting of pesticides data. Other data sources such as medical bodies and clinics, poison control centres and universities should be engaged for information and regular reporting.

6) Water contamination should properly be reported if detected according to the most conservative of guidelines. Unfortunately, the guidelines for protection of aquatic species are usually much more stringent (by factors of many thousands in some cases for common landscaping pesticides) than for drinking water, but the vast majority of sampling is of drinking water. This sampling is often done using methods that are not sensitive enough to detect contamination according to the more stringent guidelines. Thus, the Canadian public is confronted with thousands of laboratory results demonstrating "no pesticides detected", while the detection limit was much greater than the most stringent guideline. This gives the public a false impression and sense of security regarding contamination of Canada's water with pesticides. In Ottawa the drinking water is routinely tested to the lax drinking water standards, with nothing detected, but landscaping pesticides were detected in every location tested according to the more stringent standards, in the Rideau River and tributaries, in a 2003 study by the City of Ottawa. Diazinon repeatedly exceeded the level for protection of aquatic species. Similar results were found in the Don and Humber Rivers in Toronto.

7) Many long-term problems beyond cancer, such as multiple chemical sensitivity, reproductive difficulties and neurological problems, are recognised by the Canadian medical community to be linked with pesticide exposures, but the means to make these links in particular cases is lacking. Population-wide body burden information, timely access to testing and mandatory information disclosure are important components to assist development of this field. The gaps in data and assessment parameters should be recognised on pesticide labels, to help to dispel myths regarding "safety", so that people will consider the possibility that observed problems may be linked to pesticide use.

8) It is naïve to believe that education is the best way to respond to contamination and exposure. Ignorance of the law is no defence. Mandatory language ("shall" instead of "may") should be incorporated in the regulation. Indeed, not only our lack of meaningful enforcement (prosecution with high fines), but our lack of vigilance (few inspectors, no analyses of "off the shelf" products) is well known. This puts at risk our citizens and our system of agriculture, and Canada will lose European markets. For instance, Canada's total lack of testing of herbicides for dioxins, puts us at risk of being the dumping ground for batches of phenoxy herbicides that would not be sold in the USA because the reactor temperature got too high. Such product is known by the manufacturer to be contaminated with persistent organic pollutants that might be detected if sold in the USA.

9) All adverse effects information must be available to the public. In combination with pesticide sales information, it will improve accountability in the distribution and use of toxic materials.

The Canadian Coalition for Health and the Environment believes that toxic chemicals such as pesticides should be reserved for instances where there is a strong need, where the health benefit outweighs the risks. Only minimal-risk products should be used around the home, in public places and in the workplace. Rather than spending time and money educating people on adverse effects of pesticides, it would be more sensible to teach them to care for properties without toxic chemicals, because non-toxic methods exist and work (often better, with no risk of pesticide resistance developing)

We hope that these comments will be incorporated into the final version of the adverse effects reporting system. We look forward to learning of the disposition of this matter. Please do not hesitate to contact me, if I may be of any further assistance.

Respectfully submitted:

Meg Sears (Ph.D.)  
RR 1, Box 9012  
Dunrobin, Ont  
K0A 1T0  
613 832-2806