ORGANIZATIONS SUPPORTING A COSMETIC PESTICIDE BAN

- Campaign for Pesticide Reduction, Winnipeg
- Canadian Association of Physicians for the Environment
- Canadian Cancer Society
- Canadian Environmental Law Association
- Canadian Nurses for Health and the Environment
- Canadian Parks and Wilderness Society – Manitoba Branch
- Chemical Sensitivities Manitoba
- Coalition of Concerned Mothers of Manitoba
- Council of Canadians Manitoba Branch
- David Suzuki Foundation
- Ecojustice
- Environmental Health Association of Manitoba
- Green Action Centre
- Learning Disabilities Association of Manitoba
- Manitoba College of Family Physicians
- Manitoba Eco-Network
- Manitoba Lung Association
- Manitoba Nature Summit
- Nature Manitoba
- Ontario College of Family Physicians
- Organic Food Council of Manitoba
- Prevent Cancer Now
- Registered Nurses Association of Ontario
- Sage Garden Greenhouses
- Sierra Club of Canada
- Social Planning Council of Winnipeg
- Sustainable South Osborne Community Co-op
- Transition Winnipeg
- Winnipeg Humane Society

Cosmetic Pesticide Ban Manitoba (CPBM)

Restricting Non-Essential Uses of Pesticides in Manitoba

(revised) November 1, 2016

COSMETIC PESTICIDE BAN MANITOBA

RESTRICTING NON-ESSENTIAL USES OF PESTICIDES IN MANITOBA

(revised) November 1, 2016	

1. Who is Cosmetic Pesticide Ban Manitoba?

Cosmetic Pesticide Ban Manitoba (CPBM) is a coalition of a number of health and environmental organizations. The coalition came together in 2013 to support proposed provincial legislation restricting the sale and use of cosmetic pesticides. Supporters include parents, homeowners, doctors, health professionals, child care providers, researchers, scientists, environmentalists, educators, and many more concerned Manitobans in all regions of the province.

2. Why does the coalition support restrictions on the sale and use of pesticides for cosmetic purposes?

Restrictions on pesticides are required in order to protect vulnerable populations and community residents from serious health risks associated with exposure to these chemicals. According to the Ontario College of Family Physicians¹, those at particular risk include children, newborns and pregnant women. The range of harmful effects includes adverse reproductive, neurological and respiratory outcomes. People with chemical sensitivities and otherwise healthy adults are also at risk. As well, the health of pets can be affected through close contact with treated lawns and green spaces. Pollinating insects can also be impacted. Run-off pesticides and their breakdown products contaminate waterways and can disrupt sensitive ecological processes.

3. Federal authorities such as the Pest Management Regulatory Agency (PMRA) claim that approved pesticides are safe when used as directed. Why does CPBM believe otherwise and on what evidence?

As noted by critics such as Ontario physician Dr. Neil Arya², an appointee to the federal Pest Management Advisory Council, the test methods on which the PMRA relies are insufficient to capture the adverse health effects of long-term, low-level exposure to these chemicals alone

and in combination with other environmental toxins. Despite federal assurances, Ontario's College of Family Physicians, in a systematic review of 142 health studies³, concluded:

- "This review provides evidence that non-organochlorine pesticides may cause deleterious reproductive outcomes. The most suggestive evidence is of an association between fetal growth outcomes and pesticide exposure" (p. 1).
- "The studies in this systematic review show that prenatal pesticide exposure is consistently associated with measurable deficits in child neurodevelopment across a wide age range from birth to adolescence" (p. 2).
- "Taken as a whole, the results of the systematic review of pesticide exposure and child neurodevelopment suggest that children are experiencing neurodevelopmental problems throughout childhood that are associated with prenatal and childhood pesticide exposures" (p.3).
- "Overall, there is evidence that exposure to pesticides, and to organophosphate or carbamate insecticides in particular, is associated with the development of respiratory symptoms and a spectrum of obstructive and restrictive lung diseases" (p.4).

The PMRA process falls short in many ways. It relies primarily on industry-supplied animal toxicology studies and does not take sufficient account of population-based, epidemiological research that assesses the real-world effects of pesticide exposure on humans. The PMRA evaluates individual active ingredients, not the mixtures found in the actual products. In reality, people may be exposed to multiple pesticide products and to other synthetic chemicals that are present in the environment at the same time. Further, the impacts of cumulative, low-level exposure to pesticides over time are not adequately assessed by PMRA's system. We can't depend on this flawed process to guarantee the safety of chemical pesticides, particularly where children's health is at stake.

4. How does CPBM respond to the claim that current restrictions on pesticides are imposing unacceptable additional costs on municipalities?

We have noted respectfully the concerns raised by the Association of Manitoba Municipalities regarding the increased cost of maintaining previous levels of weed control using alternative permitted pesticides. Although we understand these concerns, we do observe that the increases may be less onerous than suggested. For example, based on figures for weed control in the City of Winnipeg's Operating Budget⁴, the year-over-year increase in cost between 2014 and 2015 (when the ban came into effect) amounted to about \$0.16 per capita.

That said, CPBM accepts that there may be additional financial costs resulting from restrictions on the use of cosmetic pesticides, particularly for smaller communities, if the goal is to maintain previous levels of weed control. However, it remains the case that if municipalities are unwilling

to invest in the health of children in their own communities, then the health care system will have to continue to shoulder extra costs through additional payments for doctor visits, tests, medications, hospitalizations and treatment of illnesses and developmental deficits associated with pesticide exposure. In the real world, there are costs to keeping communities weed-free. The question is: should children be the ones to pay the price?

In the end, we need to remember why we have these restrictions. Manitobans made a sound decision in 2014 to place a priority on the health of children, pregnant women, and other vulnerable people. On balance, that appears to us to be the right priority.

5. Do other provinces restrict the sale and use of cosmetic pesticides?

Yes. The Canadian Association of Physicians for the Environment (CAPE) in August 2016 released a study of cosmetic pesticide restrictions across Canada⁵. Seven provinces now have such laws. CAPE rates Manitoba's current restrictions as third best in the country, which indicates that a good start has been made here, but there is room for improvement.

We note that such efforts do have positive, measurable results. According to a study by the Ontario Ministry of the Environment⁶, urban waterways showed a significant decrease in selected pesticide concentrations just one year after a pesticide ban was introduced in that province.

6. What would CPBM like to see happen?

The Coalition notes that no new peer-reviewed evidence has come forward since 2014 to indicate that previous concerns about the harmful health effects of cosmetic pesticides are unwarranted. There are no new studies exonerating pesticide exposure as a health risk. On the contrary, the International Agency for Research on Cancer, an arm of the World Health Organization, listed glyphosate as a "probable carcinogen" in 2015⁷, underscoring the need for a precautionary approach to pesticide exposure.

Accordingly, at minimum, CPBM would like to see Manitoba's existing restrictions maintained.

As further steps, we urge the Province of Manitoba to:

- provide increased public education on pesticides;
- educate retail staff and customers on potential adverse health effects of pesticide
 exposure so that people understand why restrictions on cosmetic pesticides are needed;

- support organizations that do public education on safe alternatives (such as the Manitoba Eco-Network's organic lawn care program);
- extend the cosmetic pesticide ban to golf courses;
- maintain pesticide-free lawns at the Legislative Buildings, leading by example on any lawns and gardens that are maintained by the Province.

7. What do you think of allowing licenced applicators to continue to use the restricted pesticides?

CPBM opposes such a move, which would seriously undermine the goal of reducing children's exposure to cosmetic pesticides. Residential lawns, parks, play areas and public green spaces would once again become sources of pesticide exposure for children. Again, we need to remember why restrictions on the cosmetic use of pesticides are so important. Families want less of these chemicals in their kids' environment, not more.

8. What next steps does CPBM recommend?

- Extend the consultation period so that individuals and groups that were unable to respond over the summer have an opportunity to do so.
- Give the current regulation more time before an evaluation. It is far too early (after barely one year) to draw conclusions about whether or not those impacted by the restrictions can successfully adapt to them. Carry out a review after five years.
- Over the coming five years, monitor water quality in relevant areas to see whether reductions in pesticide levels are identifiable in lakes and rivers where restrictions are in effect.
- Track the growing number of medical and scientific studies that aim to quantify the nature and extent of the risk of cosmetic pesticide exposure for vulnerable populations and the environment.
- Proceed with education and awareness programs so that residents understand why there are restrictions on cosmetic pesticides.
- Increase support for education on alternative methods of lawn care, beginning in the summer of 2017.

9. Other comments?

In its consultations, the Manitoba government has proposed to strike "the right balance between protecting the environment, minimizing the impact, and providing usable, aesthetic green spaces in our communities." To the extent that the health of children and the aesthetic preferences of some residents for weed-free lawns come into conflict, we believe that government should always side with the health of children. CPBM points out that there are safe methods by which attractive lawns and green spaces can be maintained without resort to chemicals that harm children's health.

We believe there should be no compromise for aesthetics when the health and safety of children are at stake.

Sources

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² Arya, Dr. Neil. "No one can prove pesticides are safe." June 5, 2008. Ottawa Citizen. Also posted on Canadian Environmental Law Association web site. (Access at CELA web site - http://www.cela.ca/article/banning-cosmetic-pesticide-use-ontario/no-one-can-prove-pesticides-are-safe)

³ See item 1.

⁴ City of Winnipeg. "2016 Adopted Budget, Operating and Capital, Volume 2." Adopted by City Council on March 22, 2016. See sub-section *Adopted 2016 Operating Budget – Service Based, Parks and Urban Forestry, Weed Control,* p. 88. (Access at City of Winnipeg web site - http://www.winnipeg.ca/finance/files/2016AdoptedBudget_Volume2.pdf)

⁵ Arnold, Ian and Kim Perrotta. "Cosmetic Pesticides – Provincial Policies & Municipal Bylaws: Lessons Learned & Best Practices." August 2016. Canadian Association of Physicians for the Environment. Toronto, ON. (Access at CAPE web site - https://cape.ca/wp-content/uploads/2016/08/Pesticides-Policy-Report-FINAL.pdf)

⁶ Todd, Aaron. "Pesticide Concentrations in Ontario's Urban Streams One Year after the Cosmetic Pesticides Ban."

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⁷ International Agency for Research on Cancer. "Glyphosate" (IARC Monographs on the Evaluation of Carcinogenic Risks to Humans). Updated August 11, 2016. World Health Organization. (Access at IARC web site - http://monographs.iarc.fr/ENG/Monographs/vol112/mono112-09.pdf)