



16 June 2011

Hon. Leona Aglukkaq
Minister of Health
House of Commons
Wellington Street
Ottawa, ON K1A 0A6

Karen Lloyd
Chair, Federal-Provincial-Territorial Committee on Health and Environment
Director General, Chemicals, Air and Water Directorate
Health Canada
269 Laurier Avenue West
Ottawa, ON K1A 0K9

Subject: Actions needed to address children's exposures to lead in Canada

Honourable Minister,
Dear Ms. Lloyd,

We, the partner organizations of the **Canadian Partnership for Children's Health and Environment (CPCHE)**, are writing to express our continuing concerns about children's exposures to lead in Canada and the need for action in five areas, as outlined below.

CPCHE is a partnership of environmental, public health, medical and child care groups that, since 2001, have been working together across traditional boundaries to advance the protection of children's health from the risks posed by toxic chemicals and pollutants (www.healthyenvironmentforkids.ca). As stated in our 2008 vision and strategy document, *First Steps in Lifelong Health*, CPCHE is committed to advancing decisive policy action to address the known risks to children's health and intellectual capacity associated with lead.

Lowering of the blood-lead intervention level

In recognition of your ongoing efforts in this regard, **we urge you to expeditiously revise downward the blood-lead intervention level in Canada**. Such a move would serve to reflect current scientific knowledge of the potential for adverse effects on the developing fetus and child at even low levels of exposure. CPCHE would support a revised blood-lead level that: (1) recognizes the absence of a toxicological threshold for lead, and (2) helps clinicians and public health officials identify those individuals and communities that will most benefit from targeted clinical and local public health interventions.¹

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Initiate a program of targeted blood-lead screening

We also encourage you to implement a program of targeted blood-lead screening to identify those individuals who are at the highest risk of preventable exposures and therefore our highest priority for targeted public health interventions. As is clear from many years of experience in the United States, targeted screening can and does identify children with elevated blood lead levels and enables well-known risk factors among vulnerable sub-populations to be addressed. We ask that Health Canada provide leadership on this issue. Specifically, we suggest that Health Canada convene federal, provincial and municipal stakeholders as well as academic and public interest experts to identify the potential benefits, scope and details of a targeted blood-lead screening program.

Expand the scope of regulations on consumer products containing lead to eliminate all non-essential uses

We are concerned that Health Canada's regulatory approach on lead, with its emphasis on specific categories of products and, within that, narrow targeting of products *intended* for infants and very young children as opposed to the broader range of products with which children are likely to come into contact, leaves numerous gaps. These gaps, and the slow pace at which lead regulations are being put into place, translate into continued sources of avoidable product-related lead exposure for children in Canada. We urge the government to **pursue a comprehensive regulatory approach that will eliminate all non-essential uses of lead in consumer products.**

As a case in point, the recently enacted *Consumer Products Containing Lead (Contact with Mouth) Regulation* fails to prevent likely sources of lead exposures associated with other lead-bearing products not covered by this regulation, such as art, craft and hobby materials. We believe Health Canada should apply the same logic it used in regulating phthalates in toysⁱⁱ in order to develop comprehensive regulations for lead in consumer products that more adequately address real-world exposure scenarios, in particular with regard to mouthing behavior of children and their commonplace exposures to products not marketed for their use. The proposed regulations under the *Canadian Environmental Protection Act* for non-essential uses of mercury provide another valuable model in that they represent a comprehensive rather than piecemeal approach.

The age distinction of three years used in the current regulations is inconsistent with well-established evidence that lead hazards are of concern to children up to at least six years of age. The use of such age distinctions in regulations also fails to address the reality of homes and other child care settings with multiple children of many ages who use and share toys regardless of manufacturers' age recommendations, and the importance of ensuring that women of childbearing age and pregnant women are not exposed to avoidable sources of lead.

Take action to ensure that renovation activities that disturb leaded paint do not create health risks for children

CPCHE, with the Canadian Environmental Law Association (CELA) as the lead CPCHE partner, spent the last year assessing the degree to which children's exposures to lead and other toxic substances are sufficiently addressed in energy efficiency retrofit programs and related outreach materials in Ontario and federally. The alarming results of this research demonstrate a low level of public and professional awareness about these issues as summarized in the enclosed [report](#) released by CELA on March 6, 2011.ⁱⁱⁱ In addition, this research found that federal government guidance on lead in paint downplays exposure risks, is overly complicated and is at times inconsistent.

The report findings and the intense media and public interest they generated underscore the need for **Canada to take decisive action to ensure that renovation and energy retrofit activities are not placing maternal**

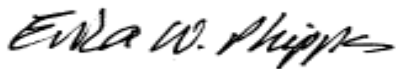
and child health at risk. We are striving towards the “win-win” of energy efficiency retrofits that make homes more energy and cost efficient *and* healthier for children and their families, and we would welcome the opportunity to collaborate with you towards that goal.

Expand MIREC study to better understand potential child health effects of prenatal and early life exposures to toxic substances

As noted in our letters of [June 6, 2008](#) and [June 18, 2009](#), we strongly support the Maternal-Infant Research on Environmental Contaminants (MIREC) study but urge the Government of Canada to provide the incremental funding to enable the researchers to follow the babies enrolled in the study through childhood, at least until six years of age. The expansion of the MIREC study to include assessments throughout infancy and early childhood would take us closer to understanding the potential role of fetal exposure to lead and other environmental contaminants in the etiology of asthma, obesity and diabetes, learning disabilities and other neurodevelopmental disorders, cancer and other often devastating child health outcomes.

We thank you for your consideration, and look forward to your leadership in ensuring better environmental health protection for children in Canada against the well-established and serious health risks posed by lead.

Yours sincerely,



Erica W. Phipps, Partnership Director
on behalf of the CPCHE partners

Canadian Association of Physicians for the Environment
Canadian Child Care Federation
Canadian Environmental Law Association
Environmental Health Clinic-Women’s College Hospital
Environmental Health Institute of Canada
Learning Disabilities Association of Canada
Ontario College of Family Physicians
Ontario Public Health Association
Pollution Probe
South Riverdale Community Health Centre
Toronto Public Health

CPCHE PARTNERS



Notes:

ⁱ The current blood-lead intervention level is higher than the 99th percentile blood-lead concentration in the Canadian population, as evidenced by Canadian Health Measures Survey data. Adverse health effects have been observed in children and adults at blood-lead concentrations well below the current intervention level. As such, from a public health perspective, the current intervention level is too high to be of value in preventing or responding to potentially harmful childhood lead exposures.

ⁱⁱ We refer to the Health Canada statement made in reference to the proposed approach for regulating phthalates “that young children, particularly once they become mobile, mouth a variety of items in the home, including items not intended to be mouthed, since this is how these children explore their world.” Noting that it is “impossible and impractical to control through legislation what people have in their homes or what children put in their mouths,” Health Canada stated its priority to establish legislation ensuring children’s products are as safe as possible and that a “prohibition limited in scope to products intended to be mouthed by young children is too narrow to be protective of health” in support of which they note a study finding that “an estimated 75% of items mouthed by young children are those not designed for or intended to be mouthed.” We support the logic of this argument and wish to see it applied in the case of lead.

ⁱⁱⁱ Only 16 % of the energy efficiency auditors and other building professionals surveyed for the report address the issue of lead with their clients and only 7% reported doing any screening or testing for lead. Levels of public awareness of the hazards posed by lead in older housing also appear to be low, as suggested by the fact that less than 2% of the auditors and other building professionals reported being asked about lead by their clients.