

Environment and Climate Change Canada
Gatineau, Quebec K1A 0H3

Health Canada
Ottawa, Ontario K1A 0K9

June 23, 2021

Re: Risk management approach for talc, RN 14807-96-6

The finding that talc is harmful to human health, and is therefore toxic under Section 64 of CEPA, requires that the risk management instruments be adequately precautionary to address the sensitive and complex use case of perineal exposures. We support the listing of talc under Schedule 1 of CEPA.

Section 3.2 of the proposed talc risk management states: “The proposed risk management objective for talc is to decrease inhalation and perineal exposures from certain talc-containing self-care products.” In order to achieve this goal, the talc must be prohibited from personal care products in such a way that it is broadly defined to capture various applications - loose powders such as baby powder and body powder, and also chafing creams, lubricants, shaving creams and powders, antiperspirants, sprays, wipes, bath bombs and other feminine hygiene products, to name a few.

The Cosmetic Ingredient Hotlist entry for talc must therefore be modified to prohibit its use in this broad sense, and additional instruments must be explored. Given that Health Canada issued a Safety Alert on talc in 2018, yet many talc-based personal care products and cosmetics have yet to be reformulated, it is indicative that instruments that rely on this industry to make proactive change may be inadequate.

Labelling of talc-based products has been unclear and inadequate, as there is no reference to the hazards associated with applying these products in the perineal region. Talc has been marketed as a feminine hygiene product for decades, and risk management requires comprehensive prohibition to reduce its risk of perineal exposure.

Gender-Based Analysis

Perineal talc exposures are occurring within a racialized, misogynistic context that must be named and considered. Talc use persists in Black, Hispanic, Indigenous, Filipino community, among others, where it is used as a feminine hygiene product. The link between perineal talc use and ovarian cancer was made decades ago, and while many white women shifted their product use, BIPOC women were increasingly targeted by marketing and market-expansion strategies of these talc-based baby powder and feminine hygiene product companies. Johnson & Johnson, in particular, has been shown to have [targeted Black women](#) in marketing talc-based baby powder.

The social construct of vaginas as unclean and odorous plays a large role in the personal-care products. Marketing of vaginal hygiene products contributes to the problematization of genitalia by suggesting these products are needed to attain an 'ideal' vagina (Jenkins et al., 2017). Products are marketed as beneficial for vaginal health and hygiene (Wendee, 2014) yet these products alter the vaginal microbiota, negatively affect the growth of healthy bacteria, lead to changes in vaginal pH, and alter the vaginal immune barrier, and therefore more susceptible to infections (Jenkins et al., 2017). This shaming can result in a broad swath of products being applied to the perineal region to address this questionable problematization.

In addition, various chafing, lubricant and antiperspirant products containing talc pose an exposure risk, and contribute to this broader shaming of vaginas that perpetuates feminine hygiene product use. The shaming and secrecy surrounding the use of these products may constitute a technical consideration, as a range of talc-based products that are not intended for this use case (dry shampoos, spray deodorants and antiperspirants, etc), may in fact be applied perineally.

There are additional exposure scenarios that must be considered and managed, such as the prevalence of talc use among athletes, with ballet as an ongoing space where talc use persists. There are unintended uses of non-powdered talc products that can result in exposures, such as intravenous drug users who inject medications intended for oral use (Al Awam et al, 2019).

These are important considerations in the scoping of instruments for addressing perineal talc exposures. Operationalizing the intersectional gender lens of Gender Based Analysis (GBA+) would require specific consultation with healthcare professionals focused on women, trans and non-binary health with regards to toxic substances such as talc, as having the authoritative voice of healthcare professionals in policy arenas is critical to translating emerging scientific research into legislation (ACOG et al., 2013). The Risk Assessment approach on talc has not adequately taken into consideration these exceptional situations and therefore would not adequately be positioned to support a precautionary approach to prohibit talc in personal care products.

In regards to the inhalation and talcosis, there are gendered risks associated with talc powders (Gordon et al, 2014), and these exposures may be higher in gendered occupations where talc-based products are used such as makeup artists, hair stylists, estheticians and others that rely on personal care and cosmetic products.

When regulating substances which have such important contextual considerations for exposures, it is appropriate to be broadly precautionary with the instruments under consideration, and to prohibit this substance from broad classes of personal care and cosmetic products. Thank you for your consideration.

Regards,

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