



HEALTH PRODUCTS

STEWARDSHIP ASSOCIATION

PROPOSED BRITISH COLUMBIA MEDICATIONS RETURN PROGRAM PLAN

Submitted to:
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Contents

Glossary of Terms and Abbreviations	3
1. Introduction	2
2. Duty of the Producer – <i>Section 2(1)</i>	2
3. Appointment of the Stewardship Agency – <i>Section 2(2), (3), (4), (5)</i>	3
Performance Monitoring and Reporting Commitments	4
4. Products covered under the Stewardship Plan- <i>Section 4</i>	4
5. Stakeholder Consultation – <i>Section 5(1)(b)</i>	5
6. Collection System and Consumer Accessibility – <i>Section 5 and 8</i>	6
Performance Monitoring and Reporting	9
7. Consumer Awareness – <i>Section 5(1)(c)(iv)</i>	10
Performance Monitoring and Reporting Commitments	12
8. Management of Program Costs - <i>Section 5 (1)(c)(v)</i>	14
Performance Monitoring and Reporting Commitments	14
9. Management of Environmental Impacts – <i>Section 5(1)(c)(v)</i>	15
Performance Monitoring and Reporting Commitments	16
10. Dispute Resolution – <i>Section 5(1)(c)(vi)</i>	16
11. Performance Monitoring and Reporting Commitments – <i>Section 5(1)(c)(v)</i>	17
Appendix A: Members List – BC specific	20
Appendix B: 2019 Consultation Summary	22
Appendix C: 2016 Consultation Summary	29

Glossary of Terms and Abbreviations

BCMRP	British Columbia Medications Return Program
Collection Sites	Community pharmacies registered with the BCMRP to collect unused and expired Consumer Health Products from the public.
HPSA	Health Products Stewardship Association
Consumer Health Products (CHP)	Health products sold directly to consumers and include: <ul style="list-style-type: none"> ▪ Prescription drugs ▪ Non-prescription drugs ▪ Natural health products
Member	Producer of Consumer Health Products and a member of HPSA
Natural Health Products (NHP)	Under the <i>Natural Health Products Regulations</i> , natural health products (NHPs) are defined as: <ul style="list-style-type: none"> ▪ Vitamins and minerals ▪ Herbal remedies ▪ Homeopathic medicines ▪ Traditional medicines such as traditional Chinese medicines ▪ Probiotics ▪ Other products like amino acids and essential fatty acids NHPs must be safe to use as over-the-counter products and do not need a prescription to be sold.
Non-prescription Drugs	<p>a) A drug available from a pharmacist but does not require a prescription. These are the drugs located in the area of the pharmacy "behind the counter", where there is no public access and no opportunity for patient self-selection <u>or</u></p> <p>b) A drug which does not require a prescription and is available for self-selection from the area of the pharmacy under the direct supervision of the pharmacist <u>or</u></p> <p>c) A drug that may be purchased from any retail outlet (such as a grocery store)</p>
Prescription Drugs	A drug requiring a prescription for sale in Canada.

<p style="text-align: center;">Producer</p>	<ul style="list-style-type: none"> (i) a person who manufactures the product and uses in a commercial enterprise, sells, offers for sale or distributes the product in British Columbia under the manufacturer's own brand, (ii) if subparagraph (i) does not apply, a person who is not the manufacturer of the product but is the owner or licensee of a trademark under which a product is used in a commercial enterprise, sold, offered for sale or distributed in British Columbia, whether or not the trademark is registered, or (iii) if subparagraphs (i) and (ii) do not apply, a person who imports the product into British Columbia for use in a commercial enterprise, sale, offer for sale or distribution in British Columbia.
<p style="text-align: center;">Regulation</p>	<p style="text-align: center;">Recycling Regulation, BC 449/2004.</p>

1. Introduction

The Health Products Stewardship Association (HPSA) is a not-for-profit organization that has been administering the British Columbia Medications Return Program (BCMRP) since 1996. The program covers health products sold to consumers (residential waste stream).

This five-year plan is being submitted by HPSA on behalf of producers of consumer health products (prescription drugs, non-prescription drugs, and natural health products) sold in British Columbia, to the British Columbia Ministry of the Environment in accordance with British Columbia's Recycling Regulation 449/2004 under the Environment Management Act ("the Regulation").

This BCMRP plan replaces the previous stewardship plan for Consumer Health Products submitted by HPSA and approved on March 27, 2007.

2. Duty of the Producer – Section 2(1)

The British Columbia Medications Return Program (BCMRP) Plan is submitted by HPSA on behalf of Producers of consumer health products in accordance with Section 2(1) of British Columbia's Recycling Regulation 449/2004 ("the Regulation") which states the following:

Except as otherwise specifically provided in this regulation, a producer must

(a) have an approved plan under Part 2 [Extended Producer Responsibility Plans] and comply with the approved plan, or

(b) comply with Part 3 [Extended Producer Responsibility Program Requirements if No Extended Producer Responsibility Plan] with respect to a product in order to use in a commercial enterprise, sell, offer for sale or distribute the product in British Columbia.

The British Columbia Medications Return Program (BCMRP) has developed plans and continues to deliver an efficient, cost-effective, environmentally and socially responsible health products return program for consumers, on behalf of 152 Producers.

3. Appointment of the Stewardship Agency – Section 2(2), (3), (4), (5)

The BCMRP plan has been developed on behalf of producers of prescription drugs, non-prescription drugs, and natural health products sold in British Columbia through pharmacies, and in accordance with British Columbia Recycling Regulation BC 449/2004 under the *Environmental Management Act*. This plan details the program’s collection and management system and its communications initiatives which intend to further build on the successes of HPSA’s current collection system. The BCMRP is designed to ensure that collection sites are available to consumers in all regions of the province, and that the health products returned are packaged, handled, transported, and disposed of in a safe, compliant and environmentally responsible manner.

The Health Products Stewardship Association (HPSA) is a national not-for-profit member-based association representing obligated producers of consumer health products. HPSA’s members are a mixture of national and global companies, many of which are registered producers in multiple provinces. Upon joining HPSA, each producer must agree in writing to appoint HPSA as its agent to carry out the duties of a Producer as defined in Section 2(2) of the Regulation. For a list of current HPSA’s members in BC, see [Appendix A](#).

Agency Governance

HPSA registered with Industry Canada in 2000 and continued under the Canada Not-for-Profit (NFP) Corporations Act by the issuance of a Certificate of Continuance for Health Products Stewardship Association on April 29, 2013, by the federal government, through Industry Canada.

The corporation’s purposes, as set out in the Articles of Continuance under the NFP Act, are as follows:

- To be the steward for environmental waste management programs of post-consumer health products.
- To manage unused or expired post-consumer health products in a cost-efficient and environmentally acceptable manner, that meets government policy or legislation for its members.

As of June 20, 2019, the Board was comprised of the following representatives:

Name and Position	Sector
Mark Nykolaichuk- Chair	Medical Sharps
Stephen Macdonald - Treasurer	Non-prescription drugs
Dominique Ferland	Medical Sharps
Earl Black	Prescription/Non-prescription drugs
Colleen McElwain	Prescription drugs/ Animal Health
Anuj Pasrija	Medical Sharps

Performance Monitoring and Reporting Commitments

Reporting Commitments	<ul style="list-style-type: none">• Any change in HPSA’s structure and governance from one year to the next will be disclosed in the Annual Report.
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4. Products covered under the Stewardship Plan- *Section 4*

The Regulation’s Schedule 2 for Residual Product Categories defines “Pharmaceutical Product Category” as all unused or expired drugs, as defined in the *Food and Drugs Act* (Canada) except without reference to animals or paragraph (c) of that definition, except

- (a) unused or expired drugs from a hospital, as defined in section 1 of the *Hospital Act*, or the office of a medical practitioner,
- (b) contact lens disinfectants,
- (c) antidandruff shampoo or products,
- (d) antiperspirants,
- (e) antiseptic or medicated skin care products,
- (f) sunburn protectants,
- (g) mouthwashes, and
- (h) fluoridated toothpastes.

Products

Accepted Products in the BCMRP

- Prescription drugs*
- Non-Prescription drugs
- Natural Health Products

*Note: Veterinary (companion animals) prescriptions are accepted

Excluded Products

- Sharps, syringes, needles and any other used medical sharp waste (lancets, insulin pens, etc.)
- Cosmetics
- Medical/Pharmaceutical waste produced by hospitals, clinics and any other businesses (i.e. pharmaceutical is used on site and does not originate from the residential sector)
- Pharmacy waste produced by the pharmacy (pharmacy stock)
- Veterinary (agricultural) pharmaceutical waste
- Anatomical or biomedical waste

Container/Packaging

Accepted Containers/Packaging

- Containers/packaging received by the consumer/residential sector that still contain residual consumer health products (e.g. bottles of cough syrup or tubes of medical creams).

Excluded Containers/Packaging

- With respect to packaging and printed materials of consumer health products (such as empty health product containers and associated product leaflets/pamphlets), the respective producers have been advised to register with *Recycle BC* for the management of containers and printed materials that do not contain residual consumer health products. HPSA does not administer any part of this regulatory requirement on behalf of its members.

Orphan and “Free Rider” Consumer Health Products

It should be noted that the BCMRP includes products that are attributable to member producers as well as orphan products. “Orphan” consumer health products refer to products produced by a manufacturer that either no longer exists or no longer produces consumer health products. “Free rider” refers to consumer health products produced, imported or distributed by a manufacturer or a retailer that is not a registered member of HPSA. Both orphaned and “Free Rider” consumer health products are accepted by the BCMRP.

5. Stakeholder Consultation – *Section 5(1)(b)*

As the last stakeholder consultation occurred more than two (2) years ago (November 2016), HPSA held a new round of consultations on the present BCMRP plan proposal in May of 2019. Responses to the 2019 questions and additional comments are located in [Appendix B](#). A summary of the 2016 consultations are located in [Appendix C](#).

The 2019 consultations included:

- Email communication to all stakeholders including but not limited to industry members, industry associations, stewardship organizations, collection sites participants (1,284 pharmacies), service providers, non-profit organizations, First Nations, regional and local government.
- A notice of consultation was posted on HPSA’s website (<http://www.healthsteward.ca/>) and also the websites of the Recycling Council of BC (RCBC), Stewardship Agencies of BC (SABC), and Coast Waste Management Association (CWMA).
- The draft plan renewal was posted on HPSA’s website for public review for 45 days (April 16 through May 31).
- An in-person consultation meeting was held on May 8th at the RCBC conference in Whistler.
- Web-based presentations for all interested stakeholders were held on May 14 and May 16.
- Written comments from stakeholders were accepted until May 31.

In total, twenty-four stakeholders participated in the 2019 consultations representing organizations from provincial and local governments, retailers, processors, transporters, environmental groups and other BC stewardship programs.

Most of the questions and comments during the 2019 consultations were related to either the type of products accepted by the program or accessibility to collection sites. All questions were answered and if applicable, changes to the proposed BCMRP plan were made.

In addition to consultations, HPSA regularly offers stakeholders the following ways of providing ongoing feedback about the operations of the BCMRP:

- Annual General Meeting
- HPSA's member update and notices
- Collection site updates, notices and visits
- SABC coordinated events including roundtables with key stakeholders such as regional districts
- Public outreach events
- Stakeholder feedback by phone (1-844-535-8889) and email (info@healthsteward.ca)

No later than 18 months from the date of the approval letter, HPSA will conduct stakeholder consultations on the proposed amendments included in the plan, and submit a consultation summary document as per the Recycling Regulation Guide.

6. Collection System and Consumer Accessibility – *Section 5 and 8*

Collection System

Section 5 (1) (c) (iii) of the regulation requires that a plan must adequately provide reasonable and free consumer access to collection facilities. Since 1997, HPSA has established a comprehensive network of permanent collection sites under the BCMRP where the public can conveniently return consumer health products for responsible disposal. This network consists of pharmacies as well as some clinics, hospitals, community centres, and other collections sites.

Collection centres are either the source of the products that were supplied to consumers or are relatively close to the pharmacy or retail outlet that dispensed or sold the products to the consumer. Therefore, consumers will generally be able to return the health products as conveniently as they received them.

Other reasons for these types of collections centres are:

- Pharmacies are a natural, logical and safe site for the public to return consumer health products;
- Pharmacies offer accessibility to those with special needs and varying degrees of personal mobility;
- Pharmacists are very knowledgeable about dispensing consumer health products and providing advice on individual medical conditions and proper use of products;
- Many pharmacies are open for extended hours, offering convenient times for consumer disposal year-round.

There is no charge to the public to return consumer health products to our collection sites.

Pharmacists interested in participating must complete a registration form and sign a Collection Location Standards Agreement with HPSA prior to their first service date. Once the agreement is received by HPSA, the pharmacist is contacted by our staff and provided with the following information:

- A list of accepted and not accepted products.
- BCMRP is for public returns only.
- How products are to be accepted from the public. (For example - pills should be consolidated in a clear bag so that pharmacists can see what is being returned to ensure their health and safety.)
- The pharmacy should remove and recycle as much of the primary and secondary packaging as possible.
- Tube and vials with residual product (cream, liquid or powder) can be returned through the program.
- Large quantities from individuals are acceptable.
- All dry health products can be directly placed into collection containers provided by HPSA.
- All liquid products are accepted in their original tube and vials; they are not to be poured into HPSA's container.
- Any patient information must be blacked out or removed.

Once the container is full, the pharmacist completes and submits a pick-up and delivery request form. All HPSA containers received from a pharmacy are tracked by pickup date and location and are weighed by our service providers. The collected consumer health products are then re-packaged at a consolidation site and sent for safe destruction at a licensed incineration facility.

Accessibility

HPSA strives to deliver its program by respecting the accessibility standards of the stewardship agencies of BC (SABC):

- For rural communities with a population of 4,000 or more, a 45-minute drive to a collection facility.
- For urban communities with a population of 4,000 or more, a 30-minute drive to a collection facility.

For purposes of the depot service standard, rural communities are defined as cities, towns, resort municipalities and district municipalities with a population of between 4,000 and 29,999 outside the Metro Vancouver and Capital Regional Districts. Urban communities are defined as cities, district municipalities and towns within the Metro Vancouver and Capital Regional Districts with a population of 4,000 or more and cities and district municipalities with a population of 30,000 or more in the remainder of the province.

Since 2000, HPSA has increased the number of collection sites (i.e. pharmacies) from 575 to 1,284. This represents 95 per cent of licensed pharmacies in the province. In 2018, the provincial average capita serviced by a single collection site was 3,108.

In order to ensure that the program provides “reasonable” consumer access to collection facilities, as required under Section 5 (1) (c) (iii) of the regulation (and as outlined above by SABC), HPSA will undertake a study within 18 months of plan approval. We will present the results of our analysis to the Ministry. If our study reveals any under-serviced areas (gap analysis), we will present our plans with timelines to the Ministry and commit to addressing those gaps

A map of collection locations can be found online here: <https://www.google.com/maps>

End of Life Management

The objective of the BCMRP is to minimize the improper disposal of consumer health products by providing an effective collection program and ensuring that the collected products are disposed of in an environmentally responsible manner (further details in Section 9). The BCMRP encourages consumers to return their unused

or expired consumer health products to participating pharmacies, rather than disposing them improperly in the garbage or flushing them down the toilet or drain.

HPSA joined SABC to formalize a working partnership with regional districts and to conduct detailed waste audits that determine the makeup of the “solid” waste stream. The reports derived from these audits have been analyzed and used by HPSA and other stewardship agencies as one of many tools to establish the effectiveness of its programs in accordance with the requirements of the Recycling Regulation. The resulting information helps to guide the partners towards achieving the long-term goal of zero waste.

In 2018, SABC conducted a consumer awareness survey on behalf of the stewardship programs in BC. With regard to the “liquid” waste stream, the 2018 Insights West survey suggests that 11 per cent of Canadian households disposed of their unused or expired CHPs by dumping them down the drain or flushing them down the toilet. Sewage treatment plants are not designed to effectively treat these kinds of substances nor can they remove them from the waste water streams. As a result, CHPs pass through the process and are released into the environment.

HPSA is reaching out to other organizations, such as Health Canada and the Institute for Safe Medication Practices Canada (ISMP), in order to learn more about the consequences of end of life pathways of consumer health products, specifically through municipal waste and wastewater collection systems. Using existing research and/or developing new studies, we commit to reporting the findings to the government within 18 months of plan approval.

Collection Targets and Recovery Rates

Under Section 5 (1) (a) (i) of the Recycling Regulation, recovery rate is defined as the amount of product collected divided by the amount of product generated, expressed as a percentage. While recovery rate might be an important indicator of program performance in other stewardship programs, for the BCMRP many factors (such as the consumable nature of the product, prescription practices and consumer purchasing behaviour) make it difficult to evaluate program performance based solely on collected volumes.

Below are specific examples of factors that influence recovery rates and are outside the BCMRP’s sphere of influence for program performance:

- Increases/decreases of prescriptions year over year
- Prescribing and dispensing practices
- Cost of drugs/medications
- New drugs/medication replacing old formulas
- Drug recalls
- Epidemic diseases (HN1)
- Consumer purchasing behaviour – consumer health products include natural health products that are not prescribed
- Hoarding habits - given the nature and purpose of medical products, there is a high likelihood that unused or unwanted consumer health products are kept for extended periods of times in locations such as bathroom medicine cabinets, dresser drawers and desks, first aid kits and even motor vehicle glove compartments.

An added complexity in calculating a recovery rate is the fact that sales into the market are not submitted to HPSA in tonnage. Members selling prescription drugs report quantities sold by prescription unit and general

categories (oral, nasal and so on) (data source: IMS Compuscript). Members selling natural health products and non-prescription drugs report quantities sold in sales amount (\$). The BCMRP reports annual CHPs collected by weight (kg). There is no standard conversion factor from sales or prescription units to weight. There are many thousands of different types of prescription drugs, non-prescription drugs and natural health products sold every year in British Columbia. Therefore, a recovery rate for the BCMRP is impossible to calculate. HPSA would like to propose an alternative program performance measure.

In order to better understand what is “available for collection”, HPSA commits to undertake an analysis to determine the most suitable and meaningful collection performance metrics, and to develop a performance measurement methodology. The analysis will include developing a capture rate and other applicable metrics. A plan amendment, including results of the analysis and justification for the proposed performance metrics, will be submitted to the Ministry within 18 months from plan approval.

Until the time that HPSA and the Ministry agree to capture rate targets, the BCMRP will continue to monitor and report on total collections in kilograms annually.

Performance Monitoring and Reporting

The following summarizes performance measures and targets for the BCMRP collections and accessibility.

Performance Measures	Targets
<p align="center">Accessibility and Participation</p>	<p><u>Participation:</u></p> <ul style="list-style-type: none"> • Baseline year: 2018 • Baseline metric: Number of retail pharmacies registered under the College of Pharmacists of British Columbia. • Baseline value: 95% of total licensed pharmacies in British Columbia • Target: Maintain a pharmacy program participation rate of 95% on a three-year rolling average <p><u>Accessibility:</u></p> <ul style="list-style-type: none"> ▪ Baseline year: 2018 ▪ Baseline method: SABC accessibility standard ▪ Baseline value: 95% • Target: Confirm a 95% percent accessibility rate as defined by the Accessibility Standards of the SABC through a gap analysis to be submitted within 18 months of plan approval.
<p align="center">Absolute Collection</p>	<ul style="list-style-type: none"> • To be monitored and reported annually by weight (in kilograms) • Target: Performance measures to be proposed and submitted to the Ministry after results of study (as outlined above)

Reporting Commitments	<ul style="list-style-type: none"> • Number of collection sites in the province by Regional Districts (RD) • Location of collection sites • Actions taken to address gaps in services (if applicable) • Change in number of collection sites from previous year • Total weight collected during the calendar year in BC • Total weight collected in each Regional District • Total weight collected per capita by Regional District • Percentage of sites who have returned containers over the past 12 months by RD • Result of SABC facilitated waste composition audit pertaining to consumer health products • Date, location and weight collected at events • Number and location of waste composition audits conducted, and total weight collected.
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All information in this section is consistent with the requirement for the assurance on non-financial information including program specific definition and applicable criteria.

7. Consumer Awareness – *Section 5(1)(c)(iv)*

In order to educate consumers on handling and returning unused or expired health products covered by our program, HPSA uses a variety of tactics throughout the year including websites, materials at point of sale and/or collection, advertising, customer call centre, events within the province and partnering with other stewardship programs and applicable organizations in the healthcare industry. Specific details are outlined below.

In addition to our ongoing tactics, HPSA has participated in research studies with other stewardship organizations. SABC worked with Insights West to conduct consumer surveys in 2013, 2016, and most recently in 2018. These surveys measure consumer awareness in a variety of areas, including but not limited to: recycling or disposal of products, knowledge of drop-off locations, and evaluation of programs. Specific to consumer health products covered by the BCMRP, here are three points of note from the recent survey:

- Among BC residents that currently have unused and/or expired medications, 74% are aware that a program exist that is responsible for safely disposing them.
- Among BC residents that currently have unused and/or expired medications, 72% know where to take them for safe disposal.
- Among BC residents that currently have unused and/or expired medications, 67% took them to a pharmacy for safe disposal.

Insights from the surveys provides HPSA with valuable information and data for continuous improvement of its program and for reporting purposes.

- **Promotional Materials:** Brochures and point-of-purchase signage distributed to pharmacies and other locations, such as clinics and doctor’s offices, through a re-order system by fax, e-mail, or through the website. Information on the safe use, storage, and disposal is provided to the consumer at the time of purchase for all prescription drugs by the manufacturer and distributor.
- **Municipal Garbage and Recycling Calendars:** HPSA promotes the BCMRP in recycling calendars which are published by some regional districts and municipalities to inform residents about municipal services.
- **Mail Outs:** HPSA provides promotional material to regional districts and municipalities, and other targeted groups groups/organizations interested in promoting this program.
- **News Bulletins:** News bulletins are currently available on a quarterly basis to HPSA members. HPSA also provides a bi-annual e-bulletin for the pharmacy managers.
- **Local Newspapers:** HPSA has produced articles in newspapers promoting the BCMRP.

Advertising

Online Advertising

- Search Engine Marketing (SEM) through relevant keywords.
- Impression retargeting – delivering relevant content based on users’ search habits.
- Display advertising (retail, banner stores, etc.) at relevant third-party sites.

Broadcast Advertising

- Public Service Announcements (PSAs) for broad reaching messages (University Campus)

Website

The HPSA website (www.healthsteward.ca) provides the public with information on its program and locations of collection sites for the disposal of health products. The site also provides a searchable database of participating pharmacies, and details of which products are accepted by the program.

As HPSA continues to build its membership base, it will utilize the members’ own promotional network to advertise the BCMRP. These initiatives are detailed in HPSA’s annual reports. We will continue to regularly update and maintain the healthsteward.ca website to make program information easily available for all audiences through the use of:

- Geographically searchable Collection Site Finder
- Collection site hours and operations
- Program accepted product lists

Customer service call center (1-844-535-8889)

Our bilingual call centre is open to the public through a toll-free line.

Partnerships

HPSA will continue to leverage positive working relationships with new and existing industry partners in efforts to increase program awareness and use. Partnerships may include:

- Health authorities
- Vancouver Police Department, Capital Regional District
- The medical, dentistry and other health professional regulators and associations (e.g. Medications Return Campaign in collaboration with BC Pharmacy Association)
- Not-for-profit health organizations, such as the Heart and Stroke Foundation, MS Society, etc.

- Stewardship industry groups such as the RCBC (who operate the RCBC Hotline and Recyclepedia search tools <https://www.rcbc.ca/recyclepedia/search>) and the SABC (who operate the BC Recycles information resource, bcrecycles.ca).
- Retailers
- Municipalities and communities

Performance Monitoring and Reporting Commitments

Performance Measures	Targets						
Consumer Awareness and Usage	<u>Consumer Awareness:</u>						
	<ul style="list-style-type: none"> • Baseline year: 2018 SABC study • Survey: SABC study (Insight West) • Baseline value: 74% • Target: Increase awareness of the BCMRP by 3 % in year 5 						
	Year	1	2	3	4	5	
	Consumer Awareness	74%	74%	75%	75%	76%	
	<u>Consumer Usage:</u>						
	<ul style="list-style-type: none"> • Baseline year: 2018 SABC study • Survey: SABC study (Insight West) • Baseline value: 67% • Target: Increase BCMRP usage by 3 % in year 5 						
Year	1	2	3	4	5		
Consumer Usage	67%	67%	69%	69%	70%		

OVERVIEW OF PROPOSED COMMUNICATION TACTICS

In addition to regular marketing and communication efforts, HPSA commits to the below activities over the next five years.

Year 1	<ul style="list-style-type: none"> ▪ Develop a targeted consumer awareness strategy that identifies population segments and addresses the risks of improper disposal of CHPs ▪ Work with other BC Stewardship agencies as well as regulators and industry associations for health professionals to increase awareness through communications and joint events
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Year 2	<ul style="list-style-type: none"> ▪ Conduct a consumer awareness survey (every 2 years starting from baseline year 2018) ▪ Evaluate the participation/awareness of pharmacists on promoting the program to their customers ▪ Work with other BC Stewardship agencies as well as regulators and industry associations for health professionals to increase awareness through communications and joint events
Year 3	<ul style="list-style-type: none"> ▪ Hold special events, such as community or pharmacy-based events, with a focus on the Regional Districts with low per capita collection rates ▪ Update the targeted consumer awareness strategy that identify population segments and addresses products risks ▪ Connect with other health professionals, such as nurses, physicians, and home-care personnel
Year 4	<ul style="list-style-type: none"> ▪ Conduct a consumer awareness survey (every 2 years starting from baseline year 2018) ▪ Evaluate the participation/awareness of pharmacists on promoting the program to their customers
Year 5	<ul style="list-style-type: none"> ▪ Hold special events, such as community pharmacy-based events, with a focus on the Regional Districts with low per capita collection rates ▪ Update the targeted consumer awareness strategy that identify population segments and addresses products risks
Reporting Commitments	<ul style="list-style-type: none"> ▪ HPSA will report on the type of marketing and awareness activities within the calendar year (special events, calendar ads, etc.), on how campaigns are targeted demographically, how they address product risks and the efforts undertaken by HPSA to improve consumer education. ▪ HPSA will report on the number of website hits to the BC pages ▪ HPSA will report on the number of searches on the web-based HPSA collection site locator. ▪ HPSA will report on the results of consumer awareness studies and the resulting strategies to be undertaken. ▪ HPSA will report on the participation/awareness of pharmacists on promoting the program to their customers.

8. Management of Program Costs - Section 5 (1)(c)(v)

The BCMRP is fully funded by HPSA members through an annual fee invoiced at the beginning of the year. The annual fee calculation is based on a Board-approved methodology which takes into account the sales figures of consumer health products sold in British Columbia and the proportion of each of the three sub-categories' returns (prescription drugs, non-prescription drugs and natural products).

As HPSA operates as a not-for-profit, the annual fees charged are set by HPSA and are based on budgeting of projected program expenses for the coming year. Member fees are adjusted from time to time to address either surpluses or deficits and to maintain the not-for-profit model.

HPSA operates a "return to retail" approach whereby the public returns unused or expired CHPs to pharmacies. Pharmacy's participation in the HPSA network is not compensated. Of note, 70 per cent of the participating retail pharmacies are HPSA's members (as CHP producers) through their banner/head office. Major chains/banners encourage their retail pharmacies to participate in the program as it offers a valuable service to their local community.

The entirety of member fees (i.e. the BCMRP revenue) are applied towards the administration, public education and communication costs, as well as the collection, transportation and proper disposal costs of the unused or expired CHPs.

The list of Consumer Health Product producers who have joined HPSA to fulfill their regulatory obligations are identified in [Appendix A](#).

HPSA has an operating reserve of up to six (6) months of operating funds. The reserve fund is used to stabilize program funding in the case of unexpected collection volume increases, fluctuations in operating costs or reduced revenue due to economic or other factors. In addition, it is used to fund special projects that enhance the performance of the BCMRP. The reserve fund is also intended to cover the cost of winding up the BCMRP in the event of regulatory changes.

HPSA's fiscal year-end is the thirty-first day of December of each year. Corporate contracts and documents are signed by any two officers or directors. A public accountant (auditor) is appointed annually to conduct an audit.

There is no visible fees charged on consumer health products in British Columbia.

Performance Monitoring and Reporting Commitments

Reporting Commitments	<ul style="list-style-type: none">▪ HPSA's audited Financial Statements are not province specific. However, a broken out provincial budget for BC can be made available to the government upon request.
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9. Management of Environmental Impacts – Section 5(1)(c)(v)

The Province abides by the pollution prevention hierarchy – reduce, reuse and recycle – however, this hierarchy is near impossible to apply to consumer health products. Consumer health products are taken for specific conditions or symptoms and should be fully consumed unless otherwise indicated by a health professional or if the consumer does not follow the prescribed regimen.

Reduce, Reuse and Recycling

HPSA is not able to promote a reduction in the use of consumer health products, reconditioning for reuse or recycling as it poses an unacceptable health risk to consumers. Over the last five years, HPSA members have undertaken environmental initiatives that have reduced the environmental impact of their consumer health products. One example is that product monographs (patient medication information sheets) indicate safe disposal options. Some manufacturers and producers have also been able to give excess health products, with adequate shelf lives, (usually six months) for humanitarian use. This unique situation eliminates or reduces a product that is consumable however, it does not apply to products that have been purchased by a consumer.

Since 2010, 100 per cent of the HPSA collection containers that are used by participating pharmacies are being either reused (97%) or recycled (3%). Containers that are recycled are normally due to the fact that they have been damaged through transportation and are not fit for use.

HPSA will need to review the recyclability of its lids when new Health Canada guidelines come into place in 2020 as more stringent requirements on containers are expected. Health Canada is recommending that post-consumer returns are stored in one-way entry collection containers that are opaque, inconspicuous, tamper-evident and have a unique identifier.

Disposal

All post-consumer unused and expired health products are disposed through incineration. Consumer health products and packaging containing residual consumer health products collected under the BCMRP are securely disposed of through incineration at government licensed facilities. A Certificate of Destruction is automatically obtained by HPSA.

HPSA only partners with licensed service providers with proven records of using established, approved, and verifiable procedures for the final treatment and processing of residuals, in compliance with all applicable environmental regulations such as but not limited to:

- Environmental Management Act
- Hazardous Waste Regulation, BC Reg 63/88, as amended
- Recycling Regulation, BC Reg 449/2004, as amended
- Spill Reporting Regulation, BC Reg 187/2017, as amended
- Public Notification Regulation, BC Reg 321/2004, as amended
- Transportation of Dangerous Goods Act and Regulations, Transport Canada
- Canadian Environmental Protection Act
- Interprovincial Movement of Hazardous Waste (IMHW)

Performance Monitoring and Reporting Commitments

Reporting Commitments	<ul style="list-style-type: none">▪ Percentage of program products managed according to the pollution prevention hierarchy▪ Efforts taken by or on behalf of the producers to reduce environmental impacts throughout the product life cycle, including action(s) taken to address product risks and significant developments that reduce the environmental impact of program products throughout product lifecycle.
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10. Dispute Resolution – *Section 5(1)(c)(vi)*

Any person or organization believing that the responsibilities of parties participating in the BCMRP do not meet the requirements of the program plan should immediately provide a detailed description of the complaint to HPSA as follows:

- By e-mail to gvanasse@healthsteward.ca
- By fax to 613-723-0779
- By phone to 613-723-7282

Any dispute arising out of, or in connection with, a person, organization, or BCMRP service provider shall be governed, enforced, construed, and interpreted exclusively, in accordance with the laws of British Columbia, and the laws of Canada applicable in British Columbia, which will be deemed to be the proper law of the contract.

A dispute that arises due to the interpretation of a service agreement will:

1. Be referred to representatives of the parties for resolution, in a professional and amicable manner, by negotiation within five days of notification.
2. Be submitted to non-binding mediation, through the use of a mutually agreeable dispute resolution process, if it is not solved by a party's representatives within 15 business days.
3. Be submitted by either party for determination through arbitration, under the Commercial Arbitration Act (British Columbia), if the dispute has not been referred to mediation – or has been referred to mediation but is not resolved by mediation – within a further 15 business days after being referred to a mediator. The arbitration will be governed by the British Columbia International Commercial Arbitration Centre, in accordance with its “Domestic Commercial Arbitration Rules of Procedure” (“BCIAC Rules”). The arbitration will be conducted by a single arbitrator that is appointed in accordance with BCIAC Rules in Vancouver, BC. The award of the arbitrator, including any award as to costs, will be final and binding on both parties. The reference to arbitration will not preclude a party from applying to a British Columbia court of competent jurisdiction for interlocutory or interim relief.

11. Performance Monitoring and Reporting Commitments – Section 5(1)(c)(v)

HPSA, in cooperation with other stewardship agencies of SABC, has developed tools to evaluate the successes of stewardship programs which measure the following performance indicators: awareness, accessibility, quantity collected, promotion, and waste composition studies. HPSA has been tracking and reporting on these indicators since 2006.

Performance Measures	Targets																								
Accessibility and Participation	<p><u>Participation:</u></p> <ul style="list-style-type: none"> • Baseline year: 2018 • Baseline metric: Number of retail pharmacies registered under the College of Pharmacists of British Columbia. • Baseline value: 95% of total licensed pharmacies in British Columbia • Target: Maintain a pharmacy program participation rate of 95% on a three-year rolling average <p><u>Accessibility:</u></p> <ul style="list-style-type: none"> ▪ Baseline year: 2018 ▪ Baseline method: SABC accessibility standard ▪ Baseline value: 95% • Target: Confirm a 95% percent accessibility rate as defined by the Accessibility Standards of the SABC through a gap analysis to be submitted within 18 months of plan approval. 																								
Consumer Awareness and Usage	<p><u>Consumer Awareness:</u></p> <ul style="list-style-type: none"> • Baseline year: 2018 SABC study • Survey: SABC study (Insight West) • Baseline value: 74% • Target: Increase awareness of the BCMRP by 3 % in year 5 <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Year</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> </tr> </thead> <tbody> <tr> <td>Target</td> <td>74%</td> <td>74%</td> <td>75%</td> <td>75%</td> <td>76%</td> </tr> </tbody> </table> <p><u>Consumer Usage:</u></p> <ul style="list-style-type: none"> • Baseline year: 2018 SABC study • Survey: SABC study (Insight West) • Baseline value: 67% • Target: Increase BCMRP usage by 3 % in year 5 <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Year</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> </tr> </thead> <tbody> <tr> <td>Target</td> <td>67%</td> <td>67%</td> <td>69%</td> <td>69%</td> <td>70%</td> </tr> </tbody> </table>	Year	1	2	3	4	5	Target	74%	74%	75%	75%	76%	Year	1	2	3	4	5	Target	67%	67%	69%	69%	70%
Year	1	2	3	4	5																				
Target	74%	74%	75%	75%	76%																				
Year	1	2	3	4	5																				
Target	67%	67%	69%	69%	70%																				

Absolute Collection	<ul style="list-style-type: none"> • To be monitored and reported annually by weight (in kilograms) • Target: Performance measures to be proposed and submitted to the Ministry after results of study (as outlined above)
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Once targets are reached, program performance, annual reporting and other commitments are to be maintained beyond the five-year period described in the present plan until such time that they are reassessed, and the plan amended.

As per the “Third Party Assurance Requirements for Non-Financial Information in Annual Reports”, the following elements are subject to the annual non-financial audit:

- Number of collection sites (total and by regional districts)
- Absolute collection (total and by regional district)
- End of Life Management of the CHPs
- Performance targets

<i>Reporting Commitments</i>	<i>Description</i>
Agency Governance	<ul style="list-style-type: none"> ▪ Any change in HPSA’s structure and governance from one year to the next will be disclosed in the Annual Report.
Collection System and Consumer Accessibility	<ul style="list-style-type: none"> • Number of collection sites in the province by Regional Districts (RD) • Location of collection sites • Actions taken to address gaps in services (if applicable) • Change in number of collection sites from previous year • Total weight collected during the calendar year in BC • Total weight collected in each Regional District • Total weight collected per capita by Regional District • Percentage of sites who have returned containers over the past 12 months by RD • Result of SABC facilitated waste composition audit pertaining to consumer health products • Date, location and weight collected at events ▪ Number and location of waste composition audits conducted, and total weight collected.
Accessibility	<ul style="list-style-type: none"> • In order to ensure that the program provides “reasonable” consumer access to collection facilities, as required under Section 5 (1) (c) (iii) of the regulation (and as outlined above by SABC), HPSA will undertake a study within 18 months of plan approval. We will present the results of our analysis to the Ministry. If our study reveals any under-served areas (gap analysis), we will present our plans with timelines to the Ministry and commit to addressing those gaps.

<p style="text-align: center;">Capture Rate</p>	<ul style="list-style-type: none"> ▪ HPSA commits to complete an analysis to determine the most suitable and meaningful collection performance metrics, provide justification therefore and develop a performance measurement methodology within 18 months of plan approval. The analysis will include developing a capture rate and if applicable, other metrics. A plan amendment will be submitted to the ministry within 18 months from plan approval with the results of the analysis.
<p style="text-align: center;">Consumer Awareness</p>	<ul style="list-style-type: none"> ▪ HPSA will report on the type of marketing and awareness activities within the calendar year (special events, calendar ads etc.) especially reporting on how campaign are targeted demographically, how they address product risks and the efforts undertaken by HPSA to improve consumer education. ▪ HPSA will report on the number of website hits to the BC pages ▪ HPSA will report on the number of searches on the web-based HPSA collection site locator. ▪ HPSA will report on the results of consumer awareness studies and the resulting strategies to be undertaken. ▪ HPSA will report on the participation/awareness of pharmacists on promoting the program to their customers
<p style="text-align: center;">Management of Program Costs</p>	<ul style="list-style-type: none"> ▪ HPSA's audited Financial Statements are not province specific. However, a broken out provincial budget for BC shall can be made available to the government upon request.
<p style="text-align: center;">Management of Environmental Impact</p>	<ul style="list-style-type: none"> ▪ Percentage of program products managed according to the pollution prevention hierarchy ▪ Efforts taken by or on behalf of the producers to reduce environmental impacts throughout the product life cycle, including action(s) taken to address product risks and significant developments that reduce the environmental impact of program products throughout product lifecycle.
<p style="text-align: center;">End of Life Management</p>	<ul style="list-style-type: none"> ▪ HPSA is reaching out to other organizations, such as Health Canada and the Institute for Safe Medication Practices Canada (ISMP), in order to learn more about the consequences of end of life pathways of consumer health products, specifically through municipal waste and wastewater collection systems. Using existing research and/or developing new studies, HPSA commits to reporting the findings to the government within 18 months of plan approval.

Appendix A: Members List – BC specific

AA Pharma Inc.	Abbott Diabetes Care
AbbVie Corporation	Accord Healthcare
Actelion Pharmaceuticals Canada Inc.	Advanced Orthomolecular Research (AOR)
Advantage Solutions	Alcon Canada Inc.
Amgen Canada Inc.	Amway Canada Corporation
Aralez Pharmaceuticals Inc.	Ascensia Diabetes Care Canada Inc.
Astellas Pharma Canada Inc.	AstraZeneca Canada Inc.
Atrium Innovations Inc	Aurium
Auro Pharma Inc	Auto Control Medical
Aventix Animal Health	Baxter Canada
Bayer Inc.	BD Medical
Bell Lifestyle Products	Bimeda-MTC Animal Health Inc.
Bioforce Canada Inc.	Biogen Canada Inc
BioSyent Pharma Inc.	Blistex Corporation
Body Plus Nutritional Products Inc.	Boehringer Ingelheim Canada Ltd.
Boiron Canada	Bristol-Myers Squibb
Canadian Custom Packaging Company	Cardinal Health Medtronic
Cellex Laboratories Inc.	Celgene
Champion Alstoe Animal Health Inc.	Church & Dwight Canada
Cipher Pharmaceuticals Inc.	Columbia Laboratories
D Drops Company	Domrex Pharma Inc.
Duchesnay	Eisai
Elanco	Eli Lilly Canada Inc.
EMD-Serono Canada Inc.	Exzell Pharma
Ferring Inc.	Fresenius Kabi Canada Ltd.
Galderma Canada Inc.	General Nutrition Centres Canada
Generic Medical Partners Inc.	Genuine Health
Gilead Sciences Canada Inc.	GlaxoSmithKline Consumer Healthcare Inc.
GlaxoSmithKline Inc.	Groupe Jean Coutu (PJC) Inc.
Health First Network Association Inc.	Herbalife of Canada
Hospira Healthcare Corporation	HPI Health Products/Lakota
Indivior Canada Inc.	Intervet Canada Corp Merck Animal Health
Jamieson Laboratories	Jamp Pharma Corporation
Janssen Inc.	Laboratoires Atlas Inc.
Leadiant Biosciences, Inc.	Leo Pharma Inc.
Les Laboratoires Nicar Inc.	Loblaw Companies Ltd.
London Drugs Limited	Lundbeck
Mannatech Incorporated	Marcan Pharmaceuticals Inc.
McCarthy & Sons Service (Rafter 8)	McKesson Canada

McNeil Consumer Healthcare, a Division of Johnson & Johnson	Mead Johnson Nutrition (Canada) Co.
Merck Canada Inc.	Merial Canada Inc.
Methapharm Inc.	Metro Brands, G.P.
Mint Pharmaceuticals Inc	Mylan Pharmaceuticals ULC
Naka Herbs & Vitamins Ltd.	Natural Factors Nutritional Products Ltd.
Nature's Sunshine Products of Canada Ltd.	Nature's Way Canada Ltd.
Nestlé Canada Inc.	New Chapter Inc.
Norbrook Laboratories Inc.	Novartis Animal Health Canada Inc
Novartis Pharmaceutical Canada Inc.	Novo Nordisk
Omega Alpha Pharmaceuticals Inc.	Organika Health Products Inc.
Otsuka Canada Pharmaceuticals Inc.	Overwaitea Food Group Ltd Partnership
Pascoe Canada Inc	PF Consumer Healthcare Canada ULC/PF Soins de Santé SRI
Pfizer Canada Inc.	PharmaChoice
Pharmasave Drugs (National) Ltd	Pharmascience Inc.
Platinum Naturals Ltd	Procter & Gamble Inc.
Purdue Pharma	Puresource Inc.
Purity Life Health Products	Ranbaxy Pharmaceuticals Canada Inc.
RBP Canada Inc.	Rexall Pharmacy Group Ltd
Roche Canada Ltd. - Hoffmann	Roche Diabetes Care, a division of Hoffmann-La Roche Ltd
Sanis Health Inc.	Sanofi Consumers Health
Sanofi-Aventis Canada Inc.	Seaford Pharmaceuticals
Servier Canada Inc.	Shaklee Canada Inc.
Shire Pharma Canada ULC	Shoppers Drug Mart Central
Sisu Inc.	Sobeys National (Mississauga)
SOBI Canada (Swedish Orphan Biovitrum)	St Francis Herb Farm Inc.
Stella Pharmaceutical Canada Inc.	Stericycle Inc.
Sterimax Inc.	Sunovion Pharmaceuticals Inc.
Takeda Canada Inc.	Tanta Pharmaceuticals Inc.
Taro Pharmaceuticals Inc.	The Clorox Company of Canada Ltd.
TOP Nutritionals (Natural Calm Canada)	Tremblay Harrison Inc.
Trillium Health Care Products	UCB Canada Inc.
UniPHARM Wholesale Drugs	USANA Health Sciences
Vertex Pharmaceuticals Incorporated	Vetoquinol Canada Incorporate
Virbac Animal Health Canada	Vita Health Products Inc.
Wal-Mart Canada Corp.	WellSpring Pharmaceutical Canada Corp.
Westcoast Naturals	WN Pharmaceuticals Ltd.
Xediton Pharmaceuticals Inc.	Zoetis Canada

Appendix B: 2019 Consultation Summary

2019 Public Consultations (in person) – Verbal Questions/Comments		
Section	Questions/Comments	HPSA's Response
Covered Products	Comment from Local Government Why are sharps being found in recycling bins?	Medical sharps are not currently regulated products under the Recycling Regulation.
Covered Products	Comment from Local Government What is the level of packaging recovered through the HPSA program?	The HPSA program does not cover packaging. However, HPSA's guidelines to pharmacies instructs for the removal and recycling of primary and secondary packaging.
Covered Products	Comment from Industry Association Is the packaging received incinerated?	Unless the pharmacist declutters and puts the outer packaging in its commercial waste bin, the packaging is incinerated. The Association asks the public to consolidate its returns in a clear bag to ensure the health and safety of the pharmacist.
Covered Products	Comment from Local Government Do you have information on the quantity of packaging removed at the pharmacy?	HPSA does not have that type of information. HPSA's guidelines to pharmacies ask for the removal and recycling of primary and secondary packaging.
Covered Products	Comment from Provincial Government? Are you instructing members of the public to introduce new material onto the market?	HPSA is not instructing members of the public to introduce new material onto the market. The Association is asking the public to consolidate its returns in a clear bag to ensure the health and safety of the pharmacist.
Covered Products	Comments from Provincial Government and Local Government Why can't empty packaging be returned through HPSA's collection sites (i.e. pharmacies)?	HPSA is not responsible for the primary or secondary packaging of consumer health products.
Recovery Rate	Comment from Provincial Government?	Data provided every year by the producers are in prescription units and dollar sales figures but not in tonnage.

	Producers should be able to provide tonnage introduced in the market place.	
Accessibility	<i>Comment from Provincial Government?</i> Do you know if any person lives outside the 30 mn drive from a pharmacy?	Currently 95% of licensed pharmacies in BC participate in our program. HPSA has committed to undertake an analysis of accessibility and if gaps are revealed they will be addressed.
Awareness and Usage	<i>Comment from Provincial Government</i> Awareness and usage as performance metrics should be set higher.	Metrics have been assessed and baselines have been set based on those that have unused and expired medication. It is HPSA's aim to increase and stay well above the 70% mark in awareness and usage.

2019 Public Consultations (Webinar) – Verbal Questions/Comments		
Section	Questions/Comments	HPSA's Response
Covered Products	<i>Comment from Industry Association</i> Do residents/consumers have a choice of choosing recyclable vs. non-recyclable packaging?	Consumer health product packaging is set by Health Canada, predetermined by a DIN. HPSA does not have any influence in the packaging as it is regulated at the federal level.
Consumer Awareness/Usage	<i>Comment from Stewardship Organization</i> Are there strategies of consumer awareness targeting promotional education?	HPSA has been partnering with ISMP since 2017 and is currently working on strategies to target more specifically associations with patients as members, as well as raise awareness in hospitals.
Covered Products	<i>Comment from Industry Association</i> Is the packaging that is received incinerated?	Unless the pharmacist declutters and puts the outer packaging in its commercial waste bin, the packaging is incinerated. The Association asks the public to consolidate its returns in a clear bag to ensure the health and safety of the pharmacist.

2019 Public Consultations – Written Questions/Comments		
Section	Questions/Comments	HPSA's Response
Collection Sites Participation/Accessibility	<p>Comment from Local Government From the draft plan and the webinar, I see that pharmacy participation in the program is already quite high, near 95%, if this is the case why not make participation mandatory for pharmacies. Perhaps mandatory participation for a pharmacy if it is the sole location within a community. There are several small, fairly isolated communities in our district where this could determine whether or not residents have reasonable access to this program.</p>	<p>HPSA has no influence on regulatory affairs pertaining to pharmacies. We regularly reach out to the few that have not joined yet. HPSA will be undertaking an analysis on under-serviced areas within the next 18 months to confirm that at least 95% of BC residents have access to a collection site within 30 mn drive.</p>
Covered Products	<p>Comment from Local Government Since this program does already have a fairly widespread coverage throughout the province could it be expanded to include collection of medical sharps? This would eliminate the need to establish a separate program for collecting sharps and help keep them out of regular waste streams where they pose a hazard to workers</p>	<p>Medical sharps are not currently regulated products under the Recycling Regulation.</p>

<p>Awareness/Consumer Usage</p>	<p><i>Comment from Local Government</i> User awareness and consumer usage targets should be raised. A goal to raise both of these metrics by 10% over the next five years would be more effective. Point-of-sale advertising should be the focus of educational campaigns as most potential program users will be returning periodically to the collection site to refill medications or picking up single-use medications that could have leftovers that will need to be disposed of shortly after.</p>	<p>Metrics have been assessed and baselines have been set based on those that have unused and expired medication. It is HPSA's aim to increase and stay well above the 70% mark in awareness and usage.</p>
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<p>Covered Products</p>	<p><i>Comment from Local Government</i> There is a lack of information readily available in our region for proper disposal of sharps. Improperly disposed of sharps create a safety hazard for disposal and recycling facilities as well as community members and municipal staff cleaning up illegal dumping sites. Sharps containers are available at most pharmacies in our region however, there is a lack of awareness to customers who receive sharps as part of a prescription. Ontario and PEI currently have Sharps Collection Programs included under their provincial health stewardship plans that include collection and disposal of:</p> <ul style="list-style-type: none"> • Needles, needle tips and syringes • Insulin pens • Lancets • Other used medical sharps <p>BC needs to get onboard with a similar sharps program that puts the responsibility on producers funding the safe disposal of sharps.</p>	<p>Medical sharps are not currently regulated products under the Recycling Regulation.</p>
<p>Covered Products</p>	<p><i>Comment from Local Government</i> Similar to human prescription drugs, medications, including topical creams and natural health products – veterinary medications should be included under the BC Medications Return program. Veterinary pharmaceuticals contain the same risk as human pharmaceuticals if they are not properly disposed of.</p>	<p>Veterinary prescription drugs are accepted in the HPSA plan. For clarity, a mention has been added in the section pertaining to Covered products.</p>

<p>Promotion and Education</p>	<p>Comment from Local Government Consumer Awareness is discussed in your proposed plan. However, I think stronger measures need to be in place to REQUIRE collection members to display promotional material. When you receive a product, customers should always be made aware of how to safely dispose of it.</p>	<p>HPSA does not have control of what is being distributed in pharmacies. It is not possible to impose. Only the retailers are able to do so.</p>
<p>End of Life Management</p>	<p>Comment from Local Government It is encouraging that HPSA is beginning to develop plans to identify and mitigate impacts on wastewater systems and receiving environments. In 2016, during the prior consultation of the Medications Return Program, Metro Vancouver staff encouraged HPSA to examine wastewater impacts resulting from medications. So, with this in mind, why does HPSA expect an additional 18 months to produce results? Please describe how HPSA will be educating the public of the environmental consequences of improper disposal, both in the solid waste and wastewater systems.</p>	<p>HPSA has partnered with ISMP. We will be designing the protocols and the analysis with them. This type of study takes a significant amount of time.</p> <p>HPSA cannot anticipate the communication strategy as it has not undertaken the study yet.</p>
<p>Collection Targets and Recovery Rate</p>	<p>Comment from Local Government The target aims to increase absolute collection by 1,000 kg per year for up to five years. How was this target established? What factors lead to the selection of 1,000 kg per year as the appropriate target?</p>	<p>HPSA commits to complete an analysis to determine the most suitable and meaningful collection performance metrics, provide justification therefore and develop a performance measurement methodology within 18 months of plan approval. The analysis will include developing a capture rate and if applicable, other metrics. A plan amendment will be submitted to the ministry within 18</p>

		<p>months from plan approval with the results of the analysis.</p>
<p>Partnerships</p>	<p><i>Comment from Local Government</i> Metro Vancouver has a formal protocol to establish Partnerships, which must be approved by the Metro Vancouver (Greater Vancouver Sewerage and Drainage District) Board of Directors. In the past, Metro Vancouver has collaborated with the BC Pharmacy Association. Can HPSA provide a document which describes the partnership with Metro Vancouver?</p>	<p>We do not have a formal document describing a partnership with Metro Vancouver. However, HPSA will work with Metro Vancouver to establish a working partnership</p>

Appendix C: 2016 Consultation Summary

2016 Public Consultations – Verbal Questions/Comments		
Section	Questions/Comments	HPSA’s Response
Collector Compensation	Although some of the programs have achieved stellar recovery rates, many collectors are not compensated for their activities. As a result, recovery of obligated material is likely lower, and there are early indications of some collectors transferring materials to other pathways because there is no meaningful benefit for the collector to ‘go the extra mile’.	<p>2019 Update: The BCMRP has a voluntary collection network with 95% of licensed pharmacies in BC participating.</p> <p>The nature of the products collected in our program are intended for the wellness and health of the public. Creating collector incentives could undermine the intent of the products and potentially risk the health of the consumer.</p>
Data Collection	Formalize the collection of data, including options that exist outside of the official EPR collection network. If ‘competing’ collectors do not have an incentive to report data, paying for data or providing an incentive to report should be considered ‘in-scope’ for program obligations.	Currently there are no other “competing” health product stewardship program in BC.

<p>Options for Local Government</p>	<p>All EPR programs should develop an arrangement for local governments who receive, or pick-up illegally dumped material, to be paid for managing and handling this material, whether or not the facility is designated as a depot. Local governments, generally, do not seek to compete with private depot operators, yet still receive this material from residents and businesses. (A recommended project for the Stewardship Agencies of BC would be to find out the root causes for consumers to use non-program pathways to discard program material, such as people who dump illegally, who bring materials to transfer stations even when there are permanent depots available, prefer 'round-up' events to permanent depot locations, and 'hide' banned materials in residential loads. Such a study is recommended to include possible solutions to address these issues, such as enhanced collection models that go beyond the drop-off approach (depot model), and financial incentives to encourage product and packaging recovery directly through the EPR programs' collection infrastructure.)</p>	<p>The responsibility for the stewardship of designated EPR is shared between the steward and the consumer from the point of sale to the designated recycling or take-back locations. With regards to illegal dumping or products discarded through illegal disposal means, the responsibility is between the resident and its municipal government. Collecting data on these incidences can help address gaps in the program accessibility, if any. The municipal government plays a critical role in educating the public about the available programs.</p>
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	<p>In approving Metro Vancouver’s Integrated Liquid Waste and Resource Management Plan in 2011, the Minister of Environment imposed several conditions, including Condition 5: “Metro Vancouver is encouraged to continue to build upon previous studies associated with studying endocrine-disrupting chemicals, persistent organic pollutants and other microcontaminants found in wastewater by developing source control initiatives through education (for example, target outreach), regulation and inspection programs.” Metro Vancouver’s Liquid Waste Services Department is developing a strategy to address contaminants of emerging concern (CoEC), including a monitoring initiative for CoECs in the wastewater treatment plant effluent, biosolids, and the receiving environment. A subset of CoECs is pharmaceuticals. The BC Medications Return Program Plan should identify how HSPA intends to address potential source control initiatives, targeted education and outreach campaigns and cost-sharing arrangements for inspection/monitoring programs for waste water, similar to waste composition studies.</p>	<p>Update 2019: HPSA is in the process of learning more about the consequences of end of life pathways of consumer health products, specifically through municipal waste and wastewater collection systems. Using existing research and/or developing new studies, we commit to reporting the findings to the government within 18 months of plan approval. See End of Life Management section in 6. Collection System and Consumer Accessibility</p>
	<p>Page 2: “ensure environmentally sound disposal of expired and unused health products.” Do the Program’s goals not extend to educating/informing the public of the environmental consequences of disposing of these wastes in the liquid or solid municipal system? (i.e. the potential effects of not using the stewardship program).</p>	<p>Yes, our promotional material and communication initiatives are actions relating to achieving our program goals in regards to educating the public and raising awareness and usage of our program for disposing of unwanted medications.</p>

	Page 6 Product Management: “All liquid products are accepted but they are not to be poured into the disposal container.” Does this mean they stay in their original packaging?	Yes, that is correct. Liquids and gels must stay in the original packaging.
	What is the procedure for dealing with spills at the pharmacy?	The procedure for program spills in a pharmacy is the same as the one for other spills of products in a retail pharmacy.
	In addition, anecdotal information suggests that consumers are not provided with consistent guidance regarding acceptable containers for returning health products to pharmacies.	Update 2019: HPSA instructs the pharmacist on how to accept consumer health product returns. These instructions can be found on our website, in our collection guidelines and materials provided to the pharmacies. It is briefly covered in the Collection System section of the plan.
	Consumer Awareness Survey, Page 9: “Repeated consumer awareness surveys have taken place at specific intervals. This tool is used to help measure program performance and usage.” Do you mean "help measure program awareness"? I'm not clear how an awareness survey is a measure of program performance and usage. Presumably, that would involve the tonnage collected, number of visits to pharmacies, etc...	Program awareness is a performance target that is used to measure progress of changes in attitude and behaviour. An objective of the program is to ensure that it is recognized as the pathway for the public returns. Program awareness is a measure of the communication aspect of the program and allows for separating the members of the public who don't use the program because they don't know it exists versus because they don't find it convenient.

	<p>Consumer Awareness Survey, Page 11: “To measure the performance of the communications strategy, the program proposes to conduct a consumer awareness survey every three years.” So only one survey in the 5 year period of the plan? Suggest frequency should be every 2 years.</p>	<p>Update 2019: The Insight West survey was undertaken in 2016 and 2018 and its frequency is 2 years.</p>
	<p>Promotion, Page 16: “Work with chain and independent pharmacies to increase the availability of collection bags for the public.” Is this discussed further in the plan? It would be worthwhile to present further details on this initiative and it may address confusion about appropriate return containers</p>	<p>Update 2019: The Association asks the public to consolidate its return in a clear bag to ensure the health and safety of the pharmacist.</p>

	<p>Waste Composition Studies, Page 17: “HPSA joined the B.C. Stewards Group to formalize a working partnership with regional districts to conduct detailed waste audits that determine the makeup of the waste stream.” These only audits only address the ‘solid’ waste stream. HPSA should investigate the quantity of unused medications being flushed down the drain into the ‘liquid’ waste stream - which end up in the receiving environment through the effluent outfall and/or biosolids (as the treatment plants are not designed to remove these contaminants). HPSA should develop a strategy/action to address the liquid waste stream - and to help quantify the amount of unused/expired residential pharmaceutical waste entering the liquid waste system (and receiving environment). This approach would be consistent with the Ministry of Environment Submission Checklist (October 2016) Item 6. c) “Describes the end-of-life and/or the export pathways for all of the products covered under the stewardship plan that are not directly managed by the stewardship program”.</p>	<p>Update 2019: HPSA is in the process of learning more about the consequences of end of life pathways of consumer health products, specifically through municipal waste and wastewater collection systems. Using existing research and/or developing new studies, we commit to reporting the findings to the government within 18 months of plan approval. See End of Life Management section in 6. Collection System and Consumer Accessibility</p>
	<p>9 e) Waste Composition Studies, Page 18: “Decrease the presence of health product in waste composition studies.” Participating in waste composition studies will not lead to decreased presence of health products in the garbage, it is simply a sampling exercise. Can you provide some examples of how the program will work to lower the amount of health products put in the garbage?</p>	<p>HPSA is educating the public on the proper disposal options for unwanted medications. As shown in recent surveys, the public is using our disposal services more often, decreasing the amounts of unwanted medications available in the household and reducing the use of disposal methods outside of the program.</p>

	<p>Environmental Impact Throughout Product Lifecycle, Page 21: “Product monographs (patient medication information sheets) are starting to indicate safe disposal options.” If so, this should be included in the consumer awareness strategies.</p>	<p>Update 2019: This cannot be considered a consumer awareness strategy as HPSA has no control over what the packaging of consumer health products contains.</p>
	<p>Environmental Impact Throughout Product Lifecycle, Page 21: “HPSA has also partnered with some chains (i.e. Shoppers Drug Mart, Loblaw, and Rexall) to distribute paper bags that will assist with medicine cabinet clean-up, and reduce the impacts of pharmaceuticals entering the environment.” Good idea, should also be included in consumer awareness strategies section.</p>	<p>Update 2019: The Association asks the public to consolidate its return in a clear bag to ensure the health and safety of the pharmacist.</p>
	<p>Environment, Page 22: “A 2008 study by Statistics Canada...” This statistic couldn’t be located at the source link provided. It would be interesting to see the breakdown of liquid (drain/toilet) vs. curbside garbage disposal methods.</p>	<p>Update 2019: The reference to the 2008 Statistic Canada study has been removed</p>
	<p>Environment, Page 22: “Sewage treatment plants are not designed to effectively treat these kinds of substances, nor can they remove them from the waste water streams. As a result, medications pass through the process and are released into the environment.” Yes, which is why there needs to be liquid waste monitoring strategies, similar to waste composition studies</p>	<p>Update 2019: HPSA is in the process of learning more about the consequences of end of life pathways of consumer health products, specifically through municipal waste and wastewater collection systems. Using existing research and/or developing new studies, we commit to reporting the findings to the government within 18 months of plan approval. See End of Life Management section in 6. Collection System and Consumer Accessibility</p>

	<p>Environment, Page 23: “For that reason, it is not practical to measure the extent to which the BCMRP prevents the release of toxic substances into the environment.”</p> <p>HSPA could repeat the Statistics Canada study and see if the percentage of households disposing in the liquid/solid waste municipal streams is increasing or decreasing</p>	<p>Update 2019:</p> <p>HPSA is in the process of learning more about the consequences of end of life pathways of consumer health products, specifically through municipal waste and wastewater collection systems. Using existing research and/or developing new studies, we commit to reporting the findings to the government within 18 months of plan approval.</p> <p>See End of Life Management section in 6. Collection System and Consumer Accessibility</p>
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