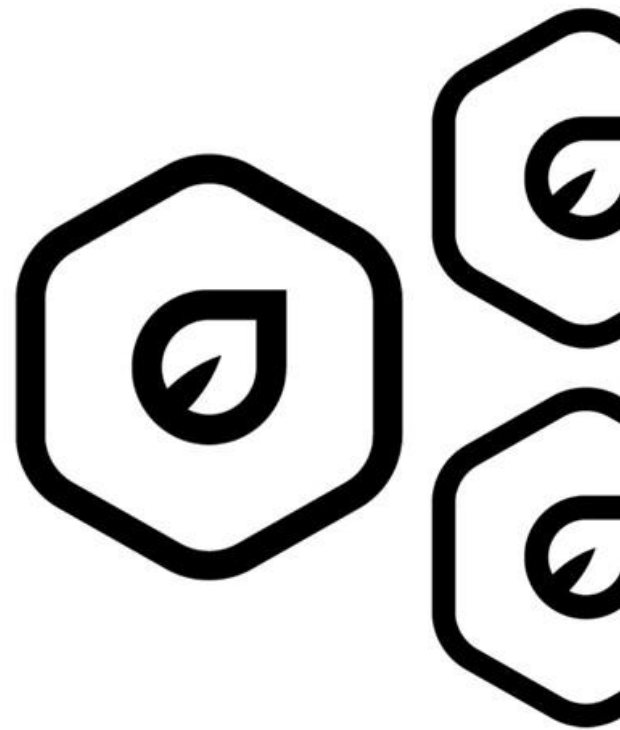




HEALTH PRODUCTS
STEWARDSHIP ASSOCIATION

2027-2031 Program Plan

BC Medications Return Program and BC Medical Sharps Return Program



June 1, 2026

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Glossary and Abbreviated Terms

Collection Facilities	Community pharmacies registered with HPSA to collect unwanted pharmaceuticals and used medical sharps returned by the public
Member	A producer who is a member of HPSA
BCMRP	British Columbia Medications Return Program
BCSCP	British Columbia Medical Sharps Collection Program
Medical Sharps	<p>As defined by the BC Recycling Reg. 449/2004 –</p> <p>1) <i>The medical sharp product category consists of the following:</i></p> <p>(a) <i>needles, safety engineered needles, lancets and other similar instruments designed to puncture, for medical purposes, the skin of a person, pet, service dog or guide dog;</i></p> <p>(b) <i>anything affixed or designed to be affixed to an instrument described in paragraph (a), including a syringe.</i></p> <p>(2) <i>The medical sharp product category does not include medical sharps administered to a person, pet, service dog or guide dog if the medical sharps are administered at premises other than residential premises</i></p> <p>(a) <i>by a person providing care to that person, pet, service dog or guide dog, or</i></p> <p>(b) <i>by a person for remuneration.</i></p>
Pharmaceuticals	<p>Pharmaceuticals include prescription drugs, non-prescription drugs, and natural health products.</p> <p>As defined by BC Recycling Reg. 449/2004 –</p> <p>5 (1) <i>In this section, "drug" has the same meaning as in the Food and Drugs Act (Canada), except without reference to animals or paragraph (c) of that definition.</i></p> <p>(2) <i>The pharmaceutical product category consists of</i></p> <p>(a) <i>all unused or expired drugs except</i></p> <p>(i) <i>unused or expired drugs from a hospital, as defined in section 1 of the Hospital Act, or the office of a medical practitioner,</i></p> <p>(ii) <i>contact lens disinfectants,</i></p> <p>(iii) <i>antidandruff shampoo or products,</i></p>

	<p>(iv)antiperspirants,</p> <p>(v)antiseptic or medicated skin care products,</p> <p>(vi)sunburn protectants,</p> <p>(vii)mouthwashes, and</p> <p>(viii)fluoridated toothpastes, and</p> <p>(b)containers for the drugs to which paragraph (a) applies</p>
Medication	<p>The term "medication" includes drugs defined under Section 2 of the <u>Food and Drugs Act</u>, as well as "Natural Health Products" defined under subsection 1(1) of the Natural Health Products Regulations under the same Act.</p> <p>The term includes:</p> <ul style="list-style-type: none"> • Prescription drugs (Rx) • Non-prescription medication (over-the-counter drugs/OTC) • Natural health products (NHP)
Rx	Prescription Drug - Drugs with a Drug Identification Number (DIN), prescribed by a healthcare professional to help manage health issues
NHP	Natural Health Product - Naturally occurring substances with an NPN/DIN_HM, used for maintaining or restoring health
OTC	Over the counter - medications, available without a prescription and generally accessible directly in pharmacies, fall into this category
Producer	<p>As defined by the <i>BC Recycling Reg. 449/2004</i> - The producer of a pharmaceutical or sharp is:</p> <p>(a) 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,</p> <p>(b) if subparagraph (a) 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</p> <p>if subparagraphs (a) and (b) do not apply, a person who imports the product into British Columbia in order to use in a commercial enterprise, sell, offer for sale or distribute the product in British Columbia.</p>
The Program	The Program refers to the BCMRP and BCSCP
The Regulation	The Regulation refers to the BC Recycling Reg. 449/2004

Introduction

The Health Products Stewardship Association (HPSA) is a national not-for-profit organization that has been administering the British Columbia Medications Return Program (BCMRP) since 1999. HPSA was formed in response to Extended Producer Responsibility (EPR) regulations and has extensive experience administering both pharmaceuticals (prescription drugs, non-prescription drugs, and natural health products) and medical sharps programs in other provinces.

This five-year EPR Plan is submitted by HPSA on behalf of producers of pharmaceuticals and medical sharps under Schedule 2, residual product categories, sold to consumers in British Columbia, in accordance with British Columbia's Recycling Regulation B.C. Reg. 449/2004 (the regulation) under the Environmental Management Act. This plan expands the scope of HPSA's previous EPR plan for pharmaceuticals, approved on March 27, 2007, to also include medical sharps.

Duty of Producer

Under Section 2 of the regulation, a producer must have an approved plan under Part 2 (Extended Producer Responsibility Plans) and comply with the approved 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.

This plan confirms the duties HPSA will perform for the life cycle management of program products, including collection and disposal.

Appointment of an Agency

HPSA is a member-based association representing obligated producers of pharmaceuticals and medical sharps. Its members are a mixture of national and global companies, many of which are registered producers in multiple provinces. Upon joining HPSA, each producer must formally agree to appoint HPSA as its agent to carry out the duties of a Producer as defined in Section 2(2) of the Regulation. A list of current HPSA's members in BC is available upon request and on the website, [Members at HPSA](#).

This Plan confirms the life cycle management duties that HPSA, as the designated agent, will perform on behalf of its producer members to fulfill their obligations under the regulation.

A full list of HPSA’s producer members participating in the BCMRP and BCSCP can be made available on request.

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. A list of the Board of Directors can be found in [Appendix 1](#) and is available at [Governance at HPSA](#).

Reporting Commitments	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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Products Covered Under the Plan

The plan covers two product categories.

- Pharmaceutical product category as listed under Section 5 of Schedule 2.
- Medical sharp product category as listed under Section 16 of Schedule 2.

For a list of included products, visit the following website: [returning pharmaceuticals - HPSA](#) and [returning medical sharps - HPSA](#).

BC Medications Return Program (BCMRRP)

The BCMRRP products covered by this Plan are pharmaceuticals as defined under Schedule 2, Section 5 (1)(2) pharmaceutical product category of the Recycling Regulation.

Schedule 2

5 (1) In this section, "**drug**" has the same meaning as in the [Food and Drugs Act \(Canada\)](#), except without reference to animals or paragraph (c) of that definition.

(2) The pharmaceutical product category consists of

(a) all unused or expired drugs except

(i) unused or expired drugs from a hospital, as defined in section 1 of the Hospital Act, or the office of a medical practitioner,

(ii) contact lens disinfectants,

(iii) antidandruff shampoo or products,

(iv) antiperspirants,

(v) antiseptic or medicated skin care products,

(vi) sunburn protectants,

(vii) mouthwashes, and

*(viii)fluoridated toothpastes, and
(b)containers for the drugs to which paragraph (a) applies.*

BCMRP: Included Products

For the purposes of the BCMRP, pharmaceuticals are defined as:

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

BCMRP: Products Not Included

For the purposes of the BCMRP, pharmaceuticals do not include:

- Medical 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 businesses¹
- Pharmacy waste produced by the pharmacy (pharmacy stock)¹
- 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 pharmaceuticals (e.g. bottles of cough syrup or tubes of medical creams). Consumers are advised to separate product packaging and recycle where appropriate recycling facilities are available.

Excluded Containers/Packaging

With respect to packaging and printed materials of pharmaceuticals (such as empty pharmaceutical containers and associated product leaflets/pamphlets), the respective producers have been advised to register with the appropriate Producer Responsibility Organization (PRO) for the management of containers and printed materials that do not contain residual pharmaceuticals. HPSA does not administer any part of this regulatory requirement on behalf of its members.

BC Medical Sharps Collection Program (BCSCP)

The products covered by this Plan are medical sharps as defined under Schedule 2, Section 16 (1)(a)(b) medical Sharp Product Category of the Recycling Regulation.

¹ Pharmaceutical is used on site and does not originate from the residential sector - these must be managed through a commercial waste agreement (CWA).



Schedule 2

16 (1) *The medical sharps product category consists of the following:*

- (a) Needles, safety engineered needles, lancets and other similar instruments designed to puncture, for medical purposes, the skin of a person, pet, service dog or guide dog; and*
- (b) anything affixed or designed to be affixed to an instrument described in paragraph (a), including a syringe.*

BCSCP: Included Products

Medical sharps sold to consumers for residential use only. Medical sharps are sold through retail, online, and direct-to-consumer channels.

For the purposes of this Plan, a medical sharp is defined as (list not exhaustive):

- Infusion set/infusion pods
- Lancets
- Pen tips
- Needles
- Syringe
- Prefilled cartridges
- Pen injectors and auto injectors
- Continuous Glucose Monitoring (CGM) Device Applicator where the medical device applicator contains an attached medical sharp or canula that inserts a small sensor under the skin to monitor the blood glucose in real-time manner. This does not include the continuous glucose monitor sensor itself.
- Any other similar instrument designed to puncture the skin of a consumer for medical purposes.

All accepted products are limited to the consumer/residential waste stream.

BCSCP: Products Not Included

The products NOT covered by this Plan are medical sharps as defined under Schedule 2, Section 16 (2)(a)(b) medical sharp product category of the Recycling Regulation.

Schedule 2

16 (2) *The medical sharp product category does not include medical sharps administered to a person, pet, service dog or guide dog if the medical sharps are administered at premises other than residential premises*

- (a) by a person providing care to that person, pet, service dog or guide dog,*
or
- (b) by a person for remuneration.*

For the purposes of this Plan, medical sharps also do not include:

- Biomedical waste other than medical sharps

- Expired stock
- Vial/ampoules
- Medical sharps sold or distributed in industrial, commercial and institutional (“IC&I”) settings, including:
 - Products used in the provision of professional care, including practitioner-administered sharps;
 - Sharps generated through organized immunization campaigns (e.g., influenza/flu and COVID-19 vaccine clinics) are excluded and must be managed through a commercial waste agreement (CWA). Medical sharps used for remuneration particularly in public or private health establishments (e.g. hospitals, long-term diseases health centers); and,
 - Medical sharps used in private professional practice.
- IV bags and IV tubing (without an integral sharp component)
- Medical sharps used for non-medical purposes

Orphan and Free-Rider Products

Both the BCMRP and the BCSCP accept products that are attributable to member producers as well as orphan products. “Orphan” products refer to products produced by a manufacturer that either no longer exists or no longer produces the products. “Free rider” refers to products produced, imported or distributed by a manufacturer or a retailer that is not a registered member of HPSA. Both orphaned and “free rider” are accepted by both the BCMRP and the BCSCP.

Consultation with Interested Parties

In accordance with Section 5(1)(b) of the regulation, HPSA will undertake satisfactory consultation with interested parties prior to submitting this Plan for approval, providing meaningful opportunities for public comment and input into the implementation and operation of the BCMRP and BCSCP.

This draft Plan has been posted publicly on the HPSA website (www.healthsteward.ca) on June 1, 2026, and will remain available for review throughout the consultation period, from June 1, 2026 to July 17, 2026 (minimum 45 days). HPSA has notified interested parties of the consultation through emailed notices to members, local governments, First Nations communities, industry organizations like the Coast Waste Management Association, patient associations, and other interested parties.

The following consultation sessions are planned during the consultation period. Written feedback may also be submitted at any time to bcprogram@healthsteward.ca until July 17, 2026.

Consultation Sessions

#	Session	Audience	Format	Planned Date
1	Public	General public, local governments, members, service providers, not-for-profit organizations, health sector associations, and any interested party.	Virtual	June 11, 2026
2	Public	General public, local governments, members, service providers, not-for-profit organizations, health sector associations, and any interested party.	Virtual	June 18, 2026
3	Public	General public, local governments, members, service providers, not-for-profit organizations, health sector associations, and any interested party.	Virtual	June 23, 2026
4	First Nations Communities	Indigenous peoples, First Nations community members, and those who work directly with or for First Nations communities.	Virtual	June 16, 2026
5	Local Governments	BC Product Stewardship Council, BCPSC	Virtual	June 9, 2026

Interested parties who are unable to attend a scheduled session are encouraged to submit written comments to bcprogram@healthsteward.ca by July 17, 2026.

Following the closing of the consultation period, HPSA will prepare a Consultation Summary ([Appendix 2](#)) documenting all feedback received and HPSA's responses. The Plan will be revised as appropriate based on consultation outcomes prior to formal submission to the BC Ministry of Environment and Parks.

Ongoing Consultation and Engagement

Throughout the plan period, HPSA engaged with interested parties to encourage ongoing program feedback. A variety of engagement activities conducted prior to consultation, including email communications, surveys, meetings, and more, are summarized in [Appendix 2](#).

Collection System and Consumer Access

HPSA will provide reasonable and free consumer access to collection facilities as per Section 5(1)(c)(iii) of the regulation. HPSA operates a comprehensive network of permanent collection facilities under the BCMRP, primarily through community pharmacies. The proposed BCSCP will build on this established infrastructure, with additional requirements to address safe medical sharps handling.

Collection facilities are generally where program products are dispensed and/or purchased, ensuring returns are as convenient as the original purchase. Pharmacies

provide a logical and safe system for the public to return unused or expired pharmaceuticals and used medical sharps, and many offer extended hours, providing a convenient year-round disposal option. Every collection facility must enter into an agreement with HPSA regarding the collection and storage of post-consumer program materials. There is no charge to the public to return products at any collection site. A publicly available drop-off locator tool containing the participating collection facilities is available here: <https://healthsteward.ca/find-a-collection-location/>.

Program-Specific Collection Instructions

BC Medication Return Program (BCMRP)

Collection facilities are provided with HPSA-supplied pharmaceutical return bins at no cost. These bins are placed behind the dispensary counter and are fitted with a reusable one-way entry lid that prevents item retrieval, reducing the risk of misuse and accidental poisoning. There is no limit on the quantity of pharmaceuticals a consumer may return. All returned products are placed directly into the collection bins in the dispensary area. Patients are advised to remove and recycle product packaging before disposal.² The only exceptions are liquid medications, gels, and powders, which may be submitted in their original sealed vials.

BC Medical Sharps Program (BCSCP)

BCSCP Start-up Operations

Many BC pharmacies provide on-site medical sharps collection by supplying safe sharps containers to patients at their own expense, accepting filled containers, and arranging for disposal through their commercial waste agreement (CWA). These services, including containers, storage, and pickup, have historically been fully borne by pharmacies, with no cost recovery mechanism.

Pharmacies already registered under the BCMRP will not require a new agreement; they will be notified through an intention form and may opt out if they choose not to participate. Collection facilities will transition to HPSA-supplied medical sharps containers at no cost, with HPSA managing container supply, transportation, and end-of-life disposal. Operational changes are minimal, while financial and administrative responsibilities shift to the program. Ongoing transition support will be available through the program's portal, where collection facilities and service providers have direct access to HPSA for information, assistance, and feedback.

Pharmacies not currently registered under the BCMRP must enter into an agreement with HPSA, meet collection standards, and obtain access to HPSA's program management portal, providing FAQs, resources, and direct program support, before participating.

² HPSA collaborates with other PRO to educate the safe and proper return or collection of the regulated pharmaceutical and container(s)/ medical sharps(s) under the BCMRP and BCMSRP. For more details review Consumer Awareness section of the Program Plan.

Collection and Handling Procedures for Medical Sharps

HPSA-labelled medical sharps containers are provided free of charge to any member of the public on request at collection facilities. Upon receiving returned containers, staff must confirm lids are securely locked before placing containers into an HPSA-labelled overpack box with liner for secondary containment. Full overpack boxes are collected at the pharmacy's next scheduled pickup by HPSA's contracted carrier or waste management provider.

Collection facilities must store HPSA-supplied program containers separately from CWA-managed waste, reserve them exclusively for consumer returns, and maintain separate records reported through HPSA's program management system. HPSA provides training materials and may conduct periodic spot audits to verify compliance.

Transportation

As per HPSA's general service provider agreement, all applicable requirements of federal, provincial and/or local bylaws and all associated regulations shall be adhered to by any waste management service provider(s) for the handling, transportation and storage of pharmaceutical and/or medical sharps collected under both BCMRP and BCSCP.

Chain of Custody

HPSA maintains chain of custody documentation across both programs from the point of consumer return through to final disposition, including certificates of destruction for all waste streams. Internal audits are conducted to verify that tracking mechanisms are functioning correctly. Compliance is independently verified through a non-financial assurance process conducted by a licensed public accountant and published in the annual report.

Consumer Access

Since 1999, HPSA has increased the number of collection facilities from 575 to over 1000. HPSA uses the following methodology:

- 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 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.

To ensure the program provides reasonable consumer access to collection facilities, as required under Section 5(1)(c)(iii) of the regulation, HPSA conducted an accessibility study in British Columbia through a third party. The GIS analysis of coverage for the Province of British Columbia was completed in early 2026 to support the assessment of Consumer Access to Collection Location Sites.

At the time of the study, HPSA had a network of over 1,000 collection facilities, population coverage within the drive time distances was calculated.

	Population within Drive Time	Percent
Rural Coverage	1,111,314	93.0%
Urban Coverage	3,792,478	99.8%
Total Provincial Coverage	4,903,792	98.2%

To calculate the statistics, the locations and population coverage of the over 1,000 pharmacies were analyzed. This access study used 2021 population at the dissemination block (DB) level. As the table indicates, Provincial population coverage was 98.2%. The table also provides details regarding Rural and Urban Depots as classification groups. The Rural classification had 93.0% coverage. Urban results indicate full coverage at 99.8% of population. Both measures indicate a high level of accessibility.

BCSCP Program Start-up

HPSA will draw on its existing BCMRP pharmacy network as the primary network or prospective collection facilities for BCSCP. The BCMRP currently operates through over 1,000 pharmacies, representing approximately 68% of all licensed community pharmacies in British Columbia. This established network provides HPSA with existing relationships, signed agreements, and operational familiarity across urban, rural, and remote regions of the province, and represents a significant advantage in launching the BCSCP efficiently.

HPSA anticipates that the majority of current BCMRP pharmacies will be eligible and willing to participate in the BCSCP and commits to reporting the confirmed enrollment numbers in the 2027 Annual Report.

Reporting Commitments and Performance Measures

Pharmacy Participation	<p>BCMRP: Target: 90% by 2031</p> <ul style="list-style-type: none"> • Baseline metric: Number of community pharmacies registered under the College of Pharmacists of British Columbia, refer to Appendix 3 for Methodologies & Calculations • Baseline value: 68% of total licensed pharmacies in British Columbia <p>BCSCP: Target: To be disclosed in the 2028 Annual Report</p> <ul style="list-style-type: none"> • Baseline metric: Number of community pharmacies registered under the College of Pharmacists of British Columbia, refer to Appendix 3 for Methodologies & Calculations • Baseline value: To be reported after 18 months of the BCSCP has been implemented (to be disclosed in the 2028 Annual Report)
Accessibility	<p>BCMRP: Target: Maintain a 98% percent accessibility rate using current methodology, refer to Appendix 3 for Methodologies & Calculations</p> <p>BCSCP: Target: To be disclosed in the 2028 Annual Report</p> <ul style="list-style-type: none"> • Baseline year: 2028 • Baseline value: to be reported after 18 months of the BCSCP has been implemented (to be disclosed in the 2028 Annual Report)
Absolute collection	<ul style="list-style-type: none"> • To be monitored and reported annually by weight (in kilograms) for the BCMRP and BCSCP • The collection target will be proposed to the Director in 2029 and will be reported in the annual report in subsequent years
Reporting by Regional District	<ul style="list-style-type: none"> • Number of collection sites in the province by Regional Districts • 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 collection facilities that are active (signed up as a collection facility, received a pick-up or requested supplies) over the past 12 months by Regional District

Consumer Awareness

In accordance with Section 5(1)(c)(iv), HPSA's promotion and education initiatives are designed to inform consumers of the program, the location of collection facilities, how to manage products in a safe and responsible manner of participating in the program.

Consumer Awareness Approach

HPSA delivers a multi-channel, year-round education and initiatives approach to increase awareness and participation in the safe return of pharmaceuticals and medical sharps.

HPSA's approach includes both traditional and digital strategies, including:

- HPSA website (www.healthsteward.ca), including where to find participating collection locations using the drop-off locator tool
- Search engine optimization (SEO) and digital advertising
- Social media platforms
- Out-of-home advertising campaigns
- Public Service Announcements (PSAs)
- Printed brochures and point-of-purchase materials at collection facilities
- Promotional materials distributed to local governments and partner organizations
- Media outreach and stakeholder communications
- Collaboration with health authorities, the BC Pharmacy Association, industry associations, local governments, PROs including the Stewardship Association of British Columbia and other partners

HPSA will conduct a minimum of two (2) awareness campaigns annually to reinforce safe disposal behaviours and increase awareness of available return options.

Consumer Awareness Survey

A survey conducted by the third-party research firm will be administered every two (2) years to assess consumer behaviour related to the disposal of pharmaceuticals and medical sharps. The survey examines disposal practices in British Columbia. Details regarding the survey methodology can be found in the [Appendix 4](#).

Based on the 2025 results, 61% of respondents in British Columbia knew that unwanted pharmaceuticals should be returned and 44% knew where to return them. HPSA will continue to conduct third-party research every two (2) years to assess consumer behaviour and review insights and progress in public understanding related to the impact of HPSA's outreach and education efforts and increase program participation as appropriate.

Consumer awareness results are used to continuously refine program strategies based on survey findings, collected data, and ongoing consultation. Awareness and education initiatives are planned annually using the most recent insights. Measurement and evaluation activities are undertaken on an ongoing basis to ensure consistent tracking against established baselines, 2027 for pharmaceuticals and 2029 for medical sharps. Refer to the Performance Measures table below for more details.

Objectives of Consumer Awareness Initiatives

1. Educate and Inform

- Pharmaceuticals and medical sharps should not be disposed of improperly (e.g. in household garbage or recycling)
- Why safe disposal is important for environmental and public health protection
- How to safely store, handle, and prepare products for return
- Where to access convenient collection locations

2. Motivate Behavioural Change

- Increase consumer use of approved collection facilities
- Promote use of sharps containers for safe handling
- Reinforce convenience through accessible drop-off network

3. Support Program Accessibility

- Ensure consistent, clear, and plain-language messaging
- Provide tools such as drop-off locator and QR-enabled materials

Target Audiences

BC Residents	Collection Network	Stakeholders and Partners
<ul style="list-style-type: none"> • Consumers 	<ul style="list-style-type: none"> • Community pharmacies and participating collection facilities 	<ul style="list-style-type: none"> • Regional Health Authorities • BC Pharmacy Association • Not-for-profit organizations • Industry association groups such as the Recycling Council of British Columbia, Coast Waste Management Association • Local governments

Targeting Strategies

- Province-wide awareness campaigns
- Targeted outreach to high-use demographics
- Partner-based amplification through healthcare networks
- Distribution of materials at point-of-care and point-of-sale

Consumer Education for Safe Disposal of Program Products

Consumer education promotes the safe disposal of pharmaceuticals at designated collection facilities, rather than via household garbage, recycling systems, flushing, or sink disposal. In preparation for the BCSCP, HPSA is also developing consumer education to promote the safe disposal of medical sharps, including the use of approved sharps containers and return to designated collection facilities.

Consumer education strategies may include:

- Providing consumers with information on how to access safe and convenient disposal options through HPSA’s drop-off locator, dedicated Program webpages, and directly through the collection network
- Providing medical sharps containers at no cost, featuring a QR code linked to HPSA’s drop-off locator
- Maintaining consumer-facing resources, including FAQs and plain-language guidance, that outline accepted products, safe handling practices, and instructions for preparing pharmaceuticals and medical sharps for return
- Supplying educational and promotional materials to collection facilities and partner sites to support consistent consumer messaging across the Program
- Collaborating with health and community partners to amplify safe disposal and return messaging

These efforts are designed to be accessible, consistent, and easy for consumers to understand and act upon.

Consumer Awareness Performance Measures and Commitments

Performance Measures

Consumer Survey Year	2027	-	2029	-	2031
Consumer awareness for pharmaceuticals	61%	-	63%	-	65%
Consumer awareness for medical sharps	N/A ³	-	Baseline year	-	Baseline year +2%

Reporting Commitments	<ul style="list-style-type: none"> • The type of consumer awareness activities within the calendar year on how campaigns are targeted demographically, how they address product risks and the efforts undertaken by HPSA to improve consumer education. • A minimum of two (2) awareness and education campaigns per year to reinforce correct behaviors and knowledge of return options will be completed. • Conduct a consumer awareness survey for pharmaceuticals and medical sharps and the resulting strategies every two (2) years. • Work with other PROs, local government, health authorities, and industry association to increase awareness.
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³ The BCSCP launches in July 2027 and will not be sufficiently established to include in the 2027 Consumer Awareness Survey.

Management of Environmental Impacts

HPSA is committed to managing collected products on behalf of members in accordance with the pollution prevention hierarchy (PPH), as required by Section 5(1)(c)(viii) of the regulation. Where pharmaceuticals and medical sharps are subject to practical or regulatory limitations on higher-order PPH options, HPSA applies the highest feasible level of the hierarchy while meeting all applicable health and safety requirements. Where a new service provider's processes enable HPSA to reach higher and lower levels of the PPH hierarchy, HPSA will document the change in its Annual Report.

Pollution Prevention Hierarchy

PPH Levels		Management Activities	
		BCMRP	BCSCP
a.	Reduce the environmental impact of producing the product by eliminating toxic components and increasing energy and resource efficiency;	Product design and manufacturing decisions are made at the industry and global level and sit outside HPSA's operational control.	
b.	Redesign the product to improve reusability or recyclability;	HPSA has no control or influence over the design of consumer pharmaceuticals or medical sharps products.	
c.	Eliminate or reduce the generation of unused portions of a product that is consumable;	Pharmaceuticals are intended for full consumption per prescriber or manufacturer in direction.	Medical sharps are single-use devices by regulatory and safety requirements, and reduction in generation is not feasible at the consumer level.
d.	Reuse the product;	Pharmaceuticals are intended for full consumption per prescriber or manufacturer in direction and not reused.	Medical sharps are single-use devices by regulatory and safety requirements, and reduction in generation is not feasible at the consumer level.
e.	Recycle the product;	Currently, recycling of pharmaceuticals is not part of HPSA's service offering, as improper handling can pose significant health risks and requires specialized regulatory	Currently, recycling used medical sharps is not part of HPSA's service offering. High-temperature incineration is currently the preferred treatment method for consumer pharmaceuticals under the PPH, as the chemical properties and

		compliance, secure processes, and dedicated infrastructure.	potential toxicity of pharmaceutical residues generally preclude material or energy recovery options at the upper levels of the hierarchy
f.	Recover material or energy from the product;	Currently, pharmaceuticals are incinerated at the waste-to-energy site.	Biomedical sharps preferred process will be processed at a waste-to-energy facility licensed to handle municipal solid waste, achieving energy recovery following safe treatment. If this is not feasible, then the sharps will be autoclaved or incinerated.
g.	Otherwise, dispose of the waste from the product in compliance with the Act.	Unused and expired pharmaceuticals are treated by high-temperature incineration and landfilled as bottom ash by providers holding the required BC and Health Canada approvals. HPSA obtains a Certificate of Destruction for all material processed.	Cytotoxic sharps (sharps used to administer drugs with chemotherapeutic properties) preferred treatment will be high-temperature incineration and landfilled as bottom ash.

Requirements for Final Disposition

All pharmaceuticals and used medical sharps collected under HPSA programs will be disposed of through licensed waste management providers operating in full compliance with applicable federal and provincial legislation. All providers must hold the approvals required under the Environmental Management Act for the specific waste streams they handle, and must demonstrate established, approved, and verifiable treatment procedures.

The treatment methods described below reflect the technologies currently applied under HPSA's existing service provider agreements.

Pharmaceuticals (BCMRP)

Pharmaceuticals collected through the BCMRP are currently treated by high-temperature incineration, with residual ash disposed of at a waste-to-energy facility. This process ensures complete destruction of active pharmaceutical ingredients and prevents their release into the environment. A Certificate of Destruction is provided to HPSA for all material managed under the program.

High-temperature incineration is the preferred treatment method for pharmaceuticals under the PPH, as their chemical properties and potential toxicity generally preclude material or energy recovery options at the upper levels of the hierarchy. Where a service

provider's management practices result in a change to the program product's position within the PPH hierarchy, HPSA will document and report the change in its Annual Report.

Medical Sharps (BCSCP)

Medical sharps waste may be treated through one of two approved pathways, depending on the type and level of contamination:

Biomedical Sharps are treated by high-pressure steam sterilization (autoclaving) or high-temperature incineration, depending on the type and level of contamination. Where non-infectious medical sharps waste has been rendered safe through steam sterilization, the preferred post-treatment method is processing at a waste-to-energy facility licensed to handle municipal solid waste. This approach currently represents the highest feasible PPH application for this waste stream, achieving energy recovery following safe treatment.

Cytotoxic Biomedical Sharps used to administer drugs with chemotherapeutic properties require high-temperature incineration under applicable regulatory requirements. Any resulting bottom ash must be disposed of at a facility approved and permitted to receive such waste. Because of the genotoxic properties of these materials, regulatory constraints currently prevent application of higher PPH options for this waste stream.

As with the BCMRP, treatment methods for medical sharps are expected to evolve over the life of this Plan. Where a service provider's management activities shift the program product higher or lower on the PPH levels, HPSA will document the change in its Annual Report.

Reporting Challenges for Collection Target Setting and Performance Measures for Pharmaceuticals and Medical Sharps

Reporting challenges associated with establishing and measuring collection targets for pharmaceuticals and medical sharps arise from several key limitations. Pharmaceuticals and used medical sharps are generally consumption driven by medical need rather than consumer choice, making capture rates an unsuitable performance metric. The BCMRP and BCSCP programs also include a wide range of products with differing usage patterns, lifespans, and disposal behaviours (e.g., EpiPens), which limits the reliability and comparability of capture-based calculations.

Varying expiry dates, combined with the tendency for consumers to retain unused or expired products for extended periods, introduce multi-year lag effects that further complicate reporting and performance measurement. In addition, the generation of medical sharps is primarily driven by treatment needs, based on diagnosis and frequency of care, and does not correlate with product sales data.

As a result, collection targets may not be an appropriate measure of program performance for the BCMRP. Instead, performance will be assessed using Consumer Access and Consumer Awareness indicators. For the BCSCP, collection targets and related performance measures may be considered in future years once the program is more established and sufficient data is available to support methodology development.

HPSA commits to providing a proposed approach for medical sharps collection targets to the Director in 2029, with updates reflected in subsequent annual reports. This timeline supports initial program implementation and data accumulation to enable a more robust and practical methodology.

Reporting Commitments	<ul style="list-style-type: none"> • For medical sharps, HPSA will present a proposed approach for collection targets to the Director in 2029 • Percentage of program products managed according to the pollution prevention hierarchy
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Management of Program Costs

The BCMRP and BCSCP are fully funded by HPSA members. The fee calculation is based on a Board-approved methodology which takes into account the sales figures of pharmaceuticals sold in British Columbia and the proportion of each of the sub-categories' returns (i.e. 3 subcategories for BCMRP are prescription drugs, non-prescription drugs and natural health products and 9 subcategories BCSCP are infusion set/infusion pods, lancets, pen tips, needles, syringe, prefilled cartridges, pen injectors, auto injectors, CGM device applicators⁴ and other). Refer to [Appendix 3](#) for details.

As HPSA operates as a not-for-profit, the 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 pharmaceuticals 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 pharmaceuticals 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. HPSA collaborates with other PROs to educate the safe and proper return or collection of program products.

⁴ Continuous Glucose Monitoring (CGM) Device Applicators where the medical device applicator contains an attached medical sharp or canula that inserts a small sensor under the skin to monitor the blood glucose in real-time manner. This does not include the continuous glucose monitor itself.

As outlined in the BCSCP Start-up Operations section, the end-to-end medical sharps collection process has historically been funded by pharmacies; under the BCSCP, HPSA will assume full responsibility for container supply, transportation, and end-of-life management. Program activities are funded through member fees (i.e., BCMRP and BCSCP revenue), including program administration, public education and communications, and the collection, transportation, and proper disposal of pharmaceuticals and medical sharps, with no cross-subsidization between programs.

HPSA has an operating reserve of up to 9-12 months of operating funds for the BCMRP. 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. The reserve fund is also intended to cover the cost of wind down the BCMRP. The BCSCP reserve fund will build up over time as the program matures.

HPSA’s fiscal year-end is the thirty-first day of December of each year. A public accountant (auditor) is appointed annually to conduct an audit.

There are no visible fees charged on pharmaceuticals or medical sharps in British Columbia.

Performance Monitoring and Reporting Commitments

Reporting Commitments	<ul style="list-style-type: none"> • HPSA’s audited Financial Statement of Operation for BC can be made available to the government upon request
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Dispute Resolution

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 bcprogram@healthsteward.ca

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.

Summary of Performance Measurement

Targets

Category	Program	Metric	Baseline	2027	2028	2029	2030	2031 ⁵
Consumer Accessibility	BCMRP	% of participating Registered Pharmacies	68%	70%	75%	80%	85%	90%
		Accessibility Standard ⁶	98%	98%		98%		98%
	BCSCP ⁷	% of participating Registered Pharmacies	TBD	TBD	TBD	TBD	TBD	TBD
		Accessibility Standard	TBD	N/A		TBD		TBD
Consumer Awareness	BCMRP ⁸	% Awareness	60%	61%	-	63%	-	65%
	BCSCP ⁸	% Awareness	Baseline in 2029 with a target of 2% increase every 2 years.	-	-	TBD	-	Baseline year +2%
Collection	BCMRP	<ul style="list-style-type: none"> To be monitored and reported annually by weight (in kilograms). 						
	BCSCP	<ul style="list-style-type: none"> To be monitored and reported annually by weight (in kilograms). The collection target will be proposed to the Director in 2029 and will be reported in the annual report in subsequent years. 						

⁵ The 2027 targets remain effective until the 2027-2031 BC Program Plan is superseded.

⁶ HPSA will conduct a study to assess accessibility every 2 years.

⁷ The BCSCP will be implemented in July 2027 therefore 2027 includes 6 months of the BCSR implemented. Targets to be set after 18 months and updated in the 2028 Annual Report.

⁸ Consumer Awareness surveys are completed every 2 years.

Commitments

Category	Program	Type	Metric
Agency Governance	BCMRP & BCSCP	Reporting	Changes in HPSA's structure and governance
Collection System	BCMRP & BCSCP	Reporting	<ul style="list-style-type: none"> • Number of collection sites in the province by Regional Districts • 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 collection facilities that are active (signed up as a collection facility, received a pick-up, or requested supplies) over the past 12 months by Regional District
Consumer Awareness	BCMRP & BCSCP	Reporting	<ul style="list-style-type: none"> • The type of consumer awareness activities within the calendar year on how campaigns are targeted demographically, how they address product risks and the efforts undertaken by HPSA to improve consumer education. • A minimum of two (2) awareness and education campaigns per year to reinforce correct behaviors and knowledge of return options will be completed. • Conduct a consumer awareness survey for pharmaceuticals and medical sharps and the resulting strategies every 2 years. • Work with other PROs, local government, health authorities, and industry association to increase awareness.
Management of Environmental Impact	BCMRP & BCSCP		<ul style="list-style-type: none"> • For medical sharps, HPSA will present a proposed approach for collection targets to the Director 2029 • Percentage of program products managed according to the pollution prevention hierarchy
Management of Program Costs	BCMRP & BCSCP		<ul style="list-style-type: none"> • HPSA's audited Financial Statement of Operation for BC can be made available to the government upon request.

			<ul style="list-style-type: none"> • HPSA’s audited Financial Statements are not province specific. However, a broken out provincial budget for BC shall be made available to the government upon request.
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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 pharmaceuticals and medical sharps
- Performance target

Appendix 1: Board of Directors

As of December 31, 2025, the Board was comprised of the following representatives:

Name and Position	Sector
Kristin Willemsen - Chair	Rx
Erik Botines - Director	OTC/NHP
John Ly - Director	OTC/NHP
Lauren Carde - Director	RX/OTC/NHP (Animal Health)
Michelle Saunders - Director	OTC/NHP
Cindy Giby - Director	OTC/NHP
Emily Roome - Director	Medical sharps
Mike Andraous - Director	Rx
Jennifer Buckley - Director	Rx
Mikael Ouimet - Director	Medical sharps

Appendix 2: Consultation Summary

BC Plan Outreach and Engagement prior to Consultation

Engagement Party	Date
First Nations Health Authority (FNHA)	March 24, 2026 March 28, 2026 April 8, 2026 May 11, 2026
Indigenous Zero Waste Advisory Group (IZWTAG)	March 24, 2026 April 8, 2026
Fraser Health Authority	March 23, 2026
Interior Health Authority	March 23, 2026
Vancouver Coastal Health Authority	March 23, 2026
Island Health Authority	March 23, 2026
Northern Health Authority	March 23, 2026
BC Pharmacy Association	April 1, 2026 April 11, 2026
E360, Service Provider	March 11, 2026
Diabetes Canada	March 25, 2026
Substance (formerly known as Drug Free Kids Canada)	April 16, 2026
Member meetings	February 25, 2026 March 4, 2026

HPSA regularly offers interested parties the following ways of providing ongoing feedback about the operations of both BCMRP and BCSCP:

Interested Party	Engagement type
Pharmacy banners ⁹	Periodic banner reports and surveys
Service Providers and collection facilities site updates, notices, and visits	HPSA's portal, which includes a direct channel for submitting feedback
HPSA's member update and notices	Members
Annual General meeting	Members
Stewardship Agencies of British Columbia (SABC) coordinated events including roundtables with key stakeholders such as regional districts	PROs
Public outreach events	Public
Stakeholder feedback by email (bcprogram@healthsteward.ca)	Public
Public Call Centre - 1-844-535-8889	Public
Emerging advisory committees	Further engage interested parties and incorporate feedback

⁹ A pharmacy banner is a group of independent pharmacies operating under a shared brand, logo, and marketing strategy while maintaining individual ownership and operational control.

Appendix 3: Methodologies & Calculations

Participation

Participation is calculated by dividing the number of participating community pharmacies that are registered under the College of Pharmacists of British Columbia (CPBC) by the total number of CPBC registered community pharmacies in BC (see equation below).

$$\frac{\text{\# of participating pharmacies}}{\text{\# of registered pharmacies in BC}} \times 100 = \% \text{ Participation}$$

Accessibility

Accessibility is calculated by a third-party using population coverage within defined drive time distances (urban/rural) using ESRI ArcGIS and HPSA's collection network spreadsheet containing addresses where the addresses were geocoded.

$$\frac{\text{Population within drive time areas}}{\text{Population}} \times 100 = \text{Coverage \%}$$

Consumer Awareness

Consumer awareness is calculated by a third-party every two years to assess consumer behaviour, aiming to delve into the disposal methods adopted by Canadians for their surplus pharmaceuticals and medical sharps in six Canadian provinces (Quebec, New Brunswick, British Columbia, Manitoba, Ontario, and Prince Edward Island). Survey results are weighted using Canadian Census data to ensure representativeness by age, gender, province, and pharmaceuticals or medical sharps usage incidence. As the survey used a non-probability sample, a formal margin of error cannot be calculated. However, for comparison purposes, a probability sample of similar size would yield an approximate margin of error of $\pm 1.5\%$.

$$\frac{\text{Population who knew where to return pharmaceuticals or medical sharps}}{\text{Population}} \times 100 = \text{Consumer awareness \%}$$