

**Public consultation meetings Pharmaceutical category  
Issues Summary**

**Issues raised**

**PCPSA's responses**

Funding

How was the program funded?

The costs of operating the British Columbia *Medications Return Program* are shared between the brand name (45%) generic (35%) and self-care health products (20%) industries. Members will remit to the Association an amount based on prescriptions dispensed in British Columbia during the previous year and/or at a per unit rate on the sale of self-care health products. Retail stores with their own brand of products are covered under this regulation, and must join an organization with a program plan. Failure to belong to a recognized pharmaceutical stewardship program contravenes government regulations and could lead to fines being assessed.

Collection sites

Would the program expand its collection sites?

Number/percentage of participation from pharmacies?

The collection sites for the *Medications Return Program* are community pharmacies. Since the participation of a pharmacist is central to the success of this program, we work closely with the licensing authority, the *College of Pharmacists of British Columbia*. This ensures that all new locations are contacted and can receive information on this program in a timely fashion.

PCPSA has the most extensive network of the entire EPR program in B.C. This dedication from community pharmacies demonstrates an extensive commitment to providing a convenient collection system in both urban and rural communities.

In 2006, we had 856 pharmacies participating in the *Medications Return Program*. With 915 licensed community pharmacies and 70 hospital pharmacy locations, PCPSA had 87% of possible locations in the province. The remaining locations are mostly pharmacies in a hospital setting, offering this service to their patients, or a return program is offered through their retail chain stores. The turnover rate in pharmacies is approximately 15%, therefore we review our collection site list on a monthly basis. This involves contacting new pharmacy openings, those with changes in ownership and/or relocations of pharmacy stores ensuring that the program is maintained. PCPSA's goal is to have a 90% participation rate.

Unused or expired drugs from hospitals  
Are hospitals included in this program?

There are programs in place to dispose of biomedical waste and medications in all hospital setting. Medications provided to patients in a hospital setting is not part of household waste as defined under the regulation. The program does include pharmacies located in a hospital when pharmacists offer services to out-patients.

Office of a medical practitioner  
Why are they excluded from this program?

In the code of conduct from the Canada's Research-Based Pharmaceutical Companies (Rx&D), it is clearly stated that sales representatives leaving clinical evaluation packages (CEP) in a doctor's office, are responsible for ensuring that all excess and/or expired CEP are picked up and returned to the storehouse or head office.

Outer Container Recycling  
Concerns express with the outer containers not captured by the program!

Concerns were also expressed as to the personal information available on prescription drugs.

The current regulation under which we operate covers pharmaceutical products and not packaging. However, the program does address the recycling of containers. Pharmacy managers are instructed to recycle the outer containers (except for liquid medications) when a plastic bottles recycling program is available in their area. Municipalities should be contacted directly for specific information on individual programs or information on private recycling programs for businesses. Post-consumer packaging from the pharmaceutical industry represents a very small percentage of the total packaging waste generated across the province. MOE should investigate the benefits of regulating packaging similar to other provincial programs.

PCPSA directs pharmacy managers to remove personal information or cover it with a black marker when the original containers are inserted in the *Medications Return Program* containers making it impossible to identify the patient.

Pharmaceutical category

What products are accepted in this program?

Clarifications were provided for acceptable products and those products not covered under this program. The pharmaceutical products category consists of all prescription medications, nonprescription drugs and over-the-counter medications such as herbal products, vitamins and mineral supplements. Liquid medications are covered and instructions to pharmacists provided at time of registration clearly states that liquid medications must remain in their original consumer containers. When the original consumer container does not fit through the opening of the medications return container, it must be put into another properly sealed vial that will fit in the container. Unused medications do not have to be returned to the store where they were purchased. These points will be clarified with pharmacy managers.

Sharps, needles and syringes are not included in this program since they are not considered pharmaceutical products under the *Food and Drug Act (Canada)* and this regulation.

The program covers the collection and disposal of post-consumer medications. Pharmacy waste products such as stale dated medications and other unused pre-consumer medications are not covered under this program. These items must be disposed with commercial disposal companies or the manufacturer.

Program performance

How do you measure recovery rates in comparison to the other products captured in the regulation?

Medications are taken for specific conditions or symptoms and should be fully consumed unless otherwise indicated. Research shows that the majority of people take their medications as prescribed by a health professional. However, there are unused medications that require proper disposal. Public awareness surveys could be used to measure program performance, since quantity collected is not an accurate performance measure for a consumable product.

Quantity of medications dispensed by the pharmacist in hospitals was raised.

The questions of quantities of products sold and dispensed versus the dosage prescribed per treatment to a patient should be referred back to the pharmacist and health professional. PCPSA has no influence on the size of the vials and quantities of medications prescribed or sold. It was noted that the pharmaceutical industry has seen a decrease in the number of refills available with a prescription and the quantities of medications available as well.

State of the environment

Recent studies have shown the presence of pharmaceuticals in our water, how do you intend to address that problem?

Research has indicated that 50% to 90% of the active substances in drugs are not absorbed and are excreted. A number of pharmaceutical substances are present in our water, although it must be emphasized that concentrations found are very low, ranging from micrograms per litre down to nanograms per litre. A clear understanding of the relationship between the presence of certain substances in the environment and its effects on human health is far from having been established. Environment Canada and Health Canada already assess the environmental and human safety impact of pharmaceuticals entering the environment through the *New Substances Notification Regulations*. Health Canada is responsible for the assessment of potential risks to human health posed by existing substances in Canada. Substances Division of Environment Canada is responsible for assessing risk of existing substances to the environment.

Special Waste and Household Hazardous Waste events

How they dealt with pharmaceutical products returned by consumers.

PCPSA recommended that pharmaceuticals are returned to a pharmacy for proper handling and safe disposal.

Capital Regional District (CRD) has been collecting pharmaceuticals at their special waste site and would like to receive a *Medications Return Program* container for safe disposal. The request will be taken under consideration. A site visit will be scheduled in order to assess security and access to the *Medications Return Program* container.

Waste composition study

In the fall of 2005, CRD funded a waste composition survey in their region.

The results showed the presence of pharmaceuticals in the household garbage, but the level was deemed insignificant. Recommendations from the CRD representatives were to focus in promoting the program and changing behavior rather than using volumes as a performance measure. It was clearly stated that tonnage is not an appropriate measure to assess program performance.

Similar findings with the Greater Vancouver Regional District studies.

PCPSA had no prior information on these studies conducted in 2004 and 2005 and was unable to assess the validity of the quantity of medications detected in samples at GVRD solid waste facilities. One must take into account the standard deviation, margin of errors, collection of samples and methodology (empty container and packaging) used before making assumptions and conclusions. PCPSA would investigate the benefit of participating in composition waste studies with regional districts.

Household focus  
group study

Consumer awareness, attitude and behavior are separate indicators to measure success and influence changes.

CRD shared with the group some impressive statistics on current disposal methods of pharmaceuticals by residents in their district. PCPSA will continue to work with CRD in promoting safe disposal methods for pharmaceuticals with the *Medications Return Program*. PCPSA will develop resources to be used in educating the public.

Regional statistics

Is the data available?

PCPSA will be tracking containers information on a regional basis and will provide this information on request.

Education Material  
and Strategies

Will the program be expanding?

Although the *Medications Return Program* has an extensive network for collection sites, some feel the promotion of the program in pharmacies has had inadequate results. Several participants express their willingness to work with PCPSA in promoting this service to their members and clients. PCPSA has revised its plan to include a public survey and to identify and contact other associations in the health, municipal and regional districts to circulate information on the program. Other initiatives were mentioned and advertising will be carefully considered with professionals in this area.

Consumer awareness

The lack of public awareness in comparison to other stewardship programs is a key concern for many participants.

The draft plan outlines several mediums and strategies for enhancing public awareness of the program's existence. Recommendations are; "take back days" at community pharmacies; stickers on medication containers or tear-off sheets indicating that a program is available for unused or expired medications; distribution of brochures through a larger network such as hospitals, doctor's offices, clinics and pharmacies; involvement of local governments or regional health authorities; information on the *Medications Return Program* included with instructions that are given in many pharmacies to patients; multi-lingual promotions (Chinese and Punjabi); supply key messages for recycling calendars and recycling information distributed by municipalities or regional districts; continue to participate in the annual "*Pharmacy Awareness Week*" and newspaper advertising could include some ethnic groups.