



March 9th, 2007

Mr. Hu Wallis
Director
Environmental Quality Branch
Ministry of Environment
PO Box 9339 Stn Prov Govt
Victoria, BC V8W 9M1

Dear Mr Wallis:

Further to the conference call on December 7th on PCPSA plan review, you will find PCPSA clarifications on issues raised by our staff on the *Medications Return Program* plan.

1. Educational Materials and Strategies

a) Community Pharmacies

- **Pharmacy managers:** We provide pharmacy managers with a pharmacy manual and promotional information such as posters and brochures upon registration. Starting in 2007, the program administrator will review on a quarterly basis, our list of participating pharmacies versus the BC College of Pharmacy list of licensed community pharmacies. We will then contact all recently opened pharmacies and pharmacies with a change in address and/or manager to discuss the program. PCPSA will communicate once or twice a year with pharmacy managers on program results and special initiatives taking place in the province. Whenever feasible, we will use the internet and e-mail addresses to exchange information with pharmacy managers. Information will also be provided with a change of container.
- **Pharmacy staff:** In 2007, PCPSA will send a promotional kit (poster, brochure and pharmacy manual on *Medications Return Program*) to all registered pharmacies for the staff.

* Note: community pharmacists were changed to pharmacy managers in the document.

b) Consumer Awareness Survey vs Public Survey

- o A research firm will conduct research on behalf of PCPSA. A questionnaire will be developed to obtain information on public behavior and awareness of recovery programs. This survey will be conducted at the beginning of 2007.

* Note: In the proposed plan, consumer awareness (page 10) is the same as consumer survey or public survey.

2. Containers - The ministry is reviewing the residual container requirement in the regulation and will follow up on this issue with PCPSA.

3. Recovery Rate, Performance Targets and Measures

a. **Composition studies:**

For the Regional Districts that conduct waste composition studies, the waste composition studies should be statistically significant to establish the presence of pharmaceuticals within the HHW category, as more is collected through the MRP significantly less should appear in waste collection.

Target until 2011:	Decrease the presence of pharmaceuticals in RD's that conduct waste composition studies.
Performance measure:	Report amounts of pharmaceuticals estimated in statistically significant RD's waste composition studies.
Strategies: 2008	Review information collected from composition study to investigate the benefits of participating in a composition study with selected regional districts.

b. **Number of collection points:** Community Pharmacies in the province

Target until 2011:	Maintain a pharmacy program participation rate of 90%.
Performance measure:	Report percentage of participating pharmacies yearly.
Strategies:	Contact new licensed community pharmacies from amended list purchased from the College of pharmacists in B.C. on a monthly basis. Contact existing pharmacies with ownership and/or manager changes on a quarterly basis. Contact pharmacies with a significant change in collection pattern.

c. Public awareness:

Target for 2011:	50% increase in public awareness of a Medications Return Program compared to 2007.
Performance measures:	Establish a public awareness level based on public survey in 2007. Measure changes in awareness, behaviour through survey in 2010.
Strategies: Year 1	Establish a level for public awareness of recovery programs. Set performance targets for awareness and behaviour. Work with RCBC to increase exposure through their website and other events. Promote program by advertising in two RD's recycling calendars, RD's website and 4 special events.
Year 2 - 3	Increase publicity in another 2 RD annual calendar and continue to support special events (4).
Year 4	Measure awareness and usage of program with public survey.
Year 5	To be developed based on results in year 4.

c. Quantity collected:

Weight of medications returned by the public in pharmacies.

Target until 2011	Maintain a minimum quantity collected of 14,000 kg.
Performance measure:	Report total quantity collected on a yearly basis with quarterly results by regional districts.
Strategies: Year 1	Promote program at special events (e.g. Pharmacy Awareness week, stakeholders initiatives).
Year 2	Continue to work with members and participating pharmacies to organize special collection events and publicize program. Promotion of program in different media.
Year 3 and 4	Continue to work with members and community pharmacies with special collection events and retailers publicity.
Year 5	To be developed based on public survey results in year 4.

d) Promotion:

Target until 2011	Publicity on the MRP in 14 regional districts or municipalities' websites with recycling sections. Indication of program with 13 annual recycling calendars.
Performance measure:	Increase in awareness of program to disposed to medications.
Strategies: Year 1	Contact all 28 regional districts with promotional material and key messages for their websites. Contact 10 municipalities and 28 RD's to advertise the program in the garbage and municipal calendars.
Year 2 and 3	Follow up on advertising on RD/municipalities websites and annual calendars and contact another 5 municipalities.
Year 4	Follow up on advertising on RD/municipalities websites and annual calendars. Evaluate the outcome of our promotional program through a public survey.
Year 5	TBD

4. Consultation

a) Issues summary Is included in a separate document

b) Posting details for public consultation

A letter of introduction, webinar and conference registration forms, draft program plan and consultation questionnaire were posted on August 15th on our website at www.medicationsreturn.ca. and removed on October 31st, 2006. In addition, separate cover letters were sent to PCPSA's members and participating community pharmacies inviting them to participate in the public consultation through the questionnaire.

5. Section 2 – Written notification requirement

- Membership forms signed by members were faxed to the MOE as records of appointment of agency.

6. Compliance process:

Program Revenues Program is funded through fees remitted by producers / brand owners of pharmaceuticals and self-care health products.

Methods for enrolling obligated brand-owners and ensuring a level playing field:
Compliance process and enforcement measures are central to ensure full compliance of all obligated parties. For the purposes of initiating actions with the British Columbia

MOE; non-compliance is defined as a lack of responsiveness from a brand-owner after more than two notices on producers' responsibilities have been sent from PCPSA. Exceptions can be made if the Board determines that the producer/brand-owner is not covered by the regulations (excluded products) or fees are paid by a third party.

In the event that PCPSA does not receive a financial contribution from stewards within the prescribed timeframe(s), PCPSA management may utilize the following notifications to underscore the importance of timely submission:

- 1st contact (60 days prior): Letter is sent to brand-owner obligated under the Recycling Regulation informing them of their responsibilities. PCPSA role is to advise any potential brand-owner and offer the approved *Medications Return Program* as a way to fulfill their regulatory requirements.
- 2nd contact (30 days): A second letter is sent to a brand-owner for lack of reply from the previous correspondence. At this point in time, PCPSA will point out that they are liable if their company contravenes the Act.
- 3rd contact (30 days): A final letter with a deadline for submitting membership documents and payments toward the plan is sent by PCPSA. At this point, the Board will consider each brand-owner on a case-by-case basis to approve final step.
- 4th contact: A request for non-compliance actions is sent to the MOE with a copy to the brand-owner.

I trust this information provided the require details to complete the review of the *Medications Return Program*.

Sincerely,

A handwritten signature in cursive script that reads "Yvonne Conasse".

Executive Director