IPAC

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Via Email: *defra.helpline@defra.gsi.gov.uk*

Thérèse Coffey, MP
Minister of Parliament for Suffolk Coastal
House of Commons
London SW1A 0AA

Re: House of Commons Environmental Audit Committee – *UK Progress on Reducing F-Gas Emissions Report* (18 April 2018 – Fifth Report of Session 2017-19)

Dear Dr. Coffey,

The International Pharmaceutical Aerosol Consortium (IPAC) writes to share our perspectives on the recommendations set forth in the above referenced Report by the Environmental Audit Committee (EAC). IPAC is a group of companies that manufacture medicines, including metered dose inhalers (MDIs) and dry powder inhalers (DPIs), for the treatment of respiratory illnesses, such as asthma and chronic obstructive pulmonary disease (COPD). All IPAC member companies undertake research work, manufacture and/or market these products in the UK. IPAC was formed in response to the mandates of the Montreal Protocol and fully supported a timely and effective transition from CFC-based to HFC-based MDIs that balanced public health and environmental concerns. IPAC worked closely with the UK government, including the Department for Environment, Food and Rural Affairs (Defra) and NHS, as well as UK clinicians and patient groups to accomplish a smooth transition.

The global CFC MDI transition spanned over two decades and we gained significant experience during that time on the unique and complex issues presented by the intersection of environmental objectives and patient care. IPAC understands the importance of acting in response to the threat of global climate change. We have

engaged in policy discussions on HFCs within the EU (for example, the F-Gases Regulation) and at the Montreal Protocol level. We hope that IPAC can be a resource as the UK considers policies relevant to HFCs as medical propellants for MDIs. In that spirit, we would like to share the following initial observations and points for consideration on the EAC Report and EAC's desire to reduce global warming:

- A strong consensus exists amongst UK physicians (and other clinical experts) that it is essential to preserve patient choice of therapeutic options for asthma, COPD and other serious respiratory illnesses. Promoting "low GWP inhalers" – as recommended by the EAC – could be a pragmatic approach to minimizing HFC emissions, but establishing any specific targets or other mechanisms to achieve this goal should be undertaken in close consultation with physicians and the patient community, as well as the pharmaceutical industry. It is recognized that choice of device is not only about patient preference but strongly linked to a patient's ability to use their device to optimize clinical benefits. In addition, certain active pharmaceutical ingredients, and combinations of ingredients, are only available in MDIs format currently. It is therefore important that any action taken relating to inhalers does not inadvertently jeopardise patient safety, choice or outcomes. Any action also needs to be proportionate to the effective contribution of MDIs to national HFC emissions and represent a cost-effective means of reducing greenhouse gas emissions relative to other sources. Promoting a vibrant UK market for MDIs and DPIs with diversity in manufacturers furthers the goal of patient therapeutic choice; any policies that could have unintended anticompetitive consequences (*e.g.*, supply chain disruptions) should be avoided.

- IPAC members are innovative and devote significant investment to research and development of new medicines and sustainable, efficient delivery systems, such as MDIs and DPIs. Sustainability considerations, including the carbon footprint of medical propellants, are an important factor in these R&D efforts. IPAC members are committed to exploring alternative lower-GWP propellants and devices. The development process for drugs and delivery systems is complex and resource-intensive. As you will have heard from stakeholders, newer propellants and innovative MDI platforms are in train, however timelines for development and regulatory approval can be lengthy. So, a reasonable and realistic timeframe to allow for evaluation (including toxicology and other testing to ensure patient safety) of newer, low GWP devices should be factored into policy planning.

- IPAC supports the principle of the EAC recommendation urging that efforts to recycle HFC MDIs be strengthened. IPAC members have already undertaken concrete efforts to recycle HFCs from MDIs at manufacturing sites, as well adopting pilot programs to collect HFC MDIs after patient use. We support the ambition to increase the volume of MDIs that are recycled, although we believe that the target of ensuring that at least 50% of MDIs are recycled by 2020 is ambitious. IPAC is committed to working to improve recycling programs, in coordination with pharmacies, health care providers and other important stakeholders. We would be pleased to keep the UK government informed of these efforts.

- HFC emissions from MDIs represent a quite modest percentage of overall HFC emissions and the sector has been flat or slightly declining in terms of growth. (*See page 7 of EAC Report, Box 2).* Estimated carbon footprints for HFC MDIs are significantly lower than other common activities, including the average daily commute of a UK citizen, consuming a single burger, and drinking a glass of orange juice. (*See 2014 MTOC Assessment Report, Figure 2-1*).

We would be very happy to provide more detailed background and information and look forward to engaging and collaborating on these important issues.

Kind regards,

Andy Rignall
Chair of IPAC Board of Directors
AstraZeneca