

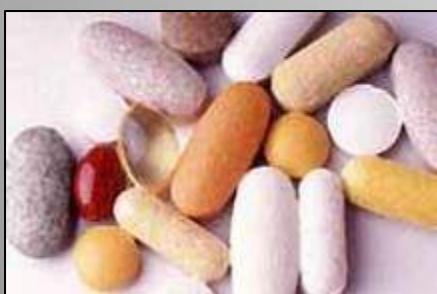
PharmEcovigilance and the Environmental Footprint of Pharmaceuticals

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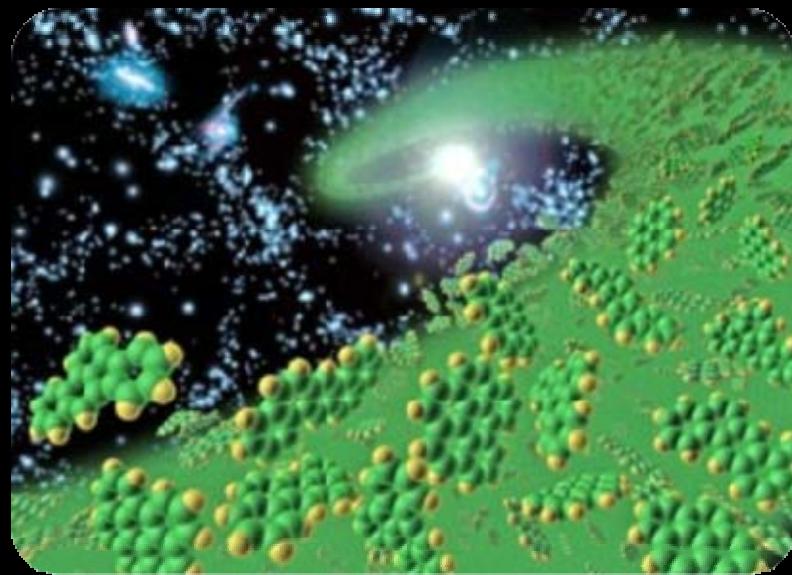
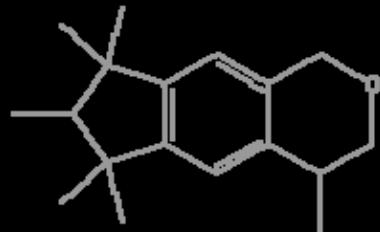
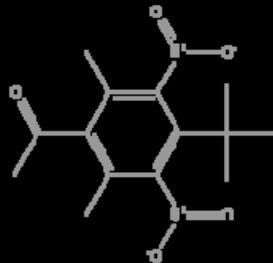
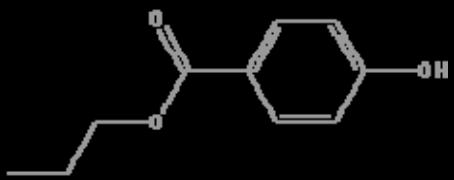


US EPA Notice

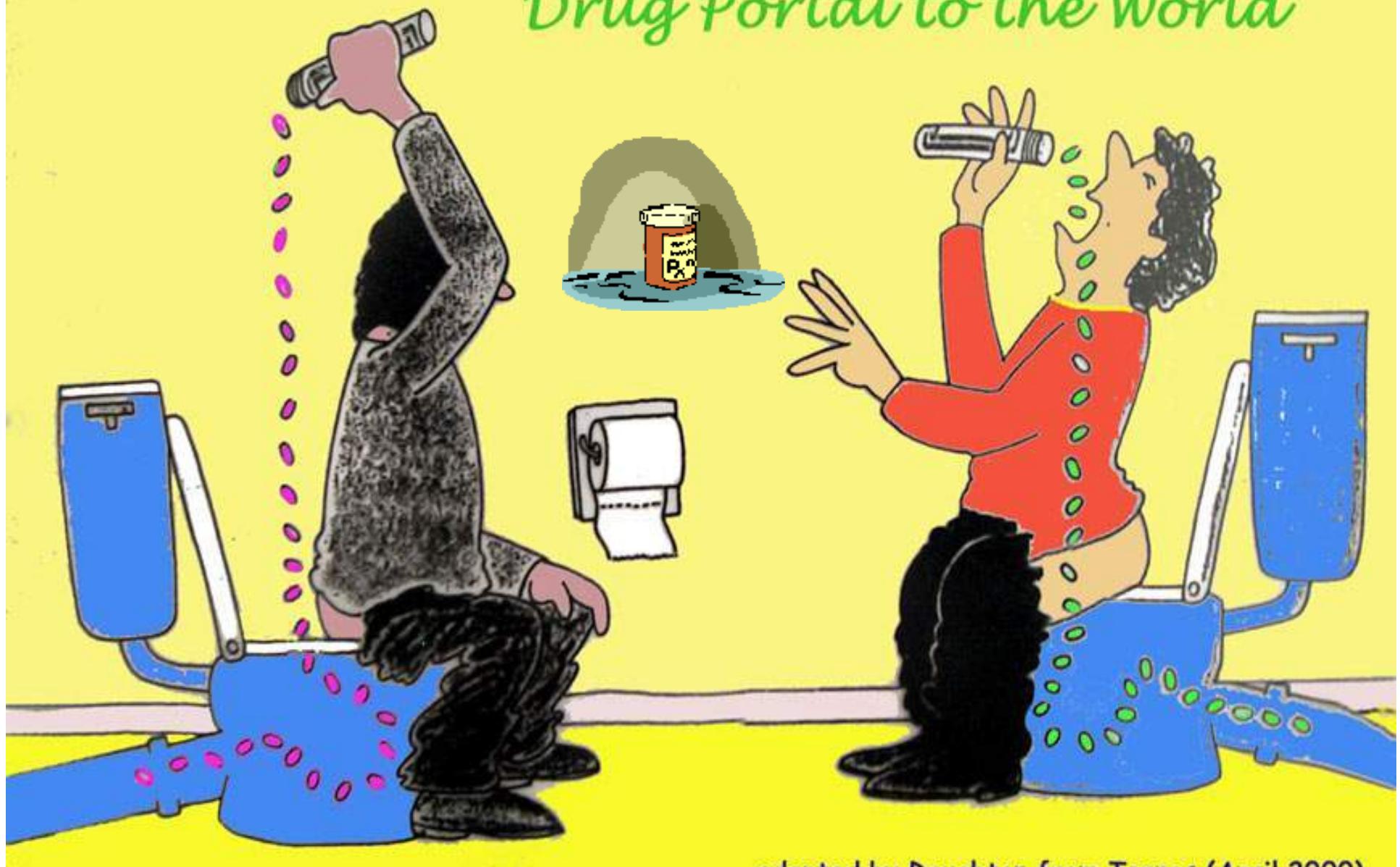
Although this work was reviewed by EPA and approved for publication, it may not necessarily reflect official Agency policy.

PPCPs as Environmental Pollutants?

PPCPs are a diverse group of chemicals comprising all human and veterinary drugs (available by prescription or over-the-counter, including “biologics”), diagnostic agents (e.g., X-ray contrast media), “nutraceuticals” (bioactive food supplements such as huperzine A), and other consumer chemicals, such as fragrances (e.g., musks) and sun-screen agents (e.g., 4-methylbenzylidene camphor; octocrylene); also included are “excipients” (so-called “inert” ingredients used in PPCP manufacturing and formulation; e.g., parabens).



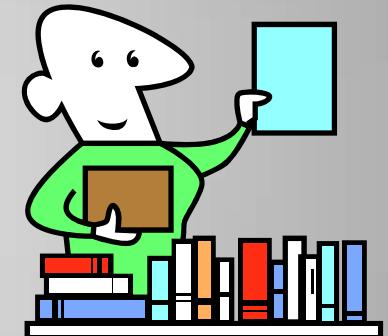
Drug Portal to the World



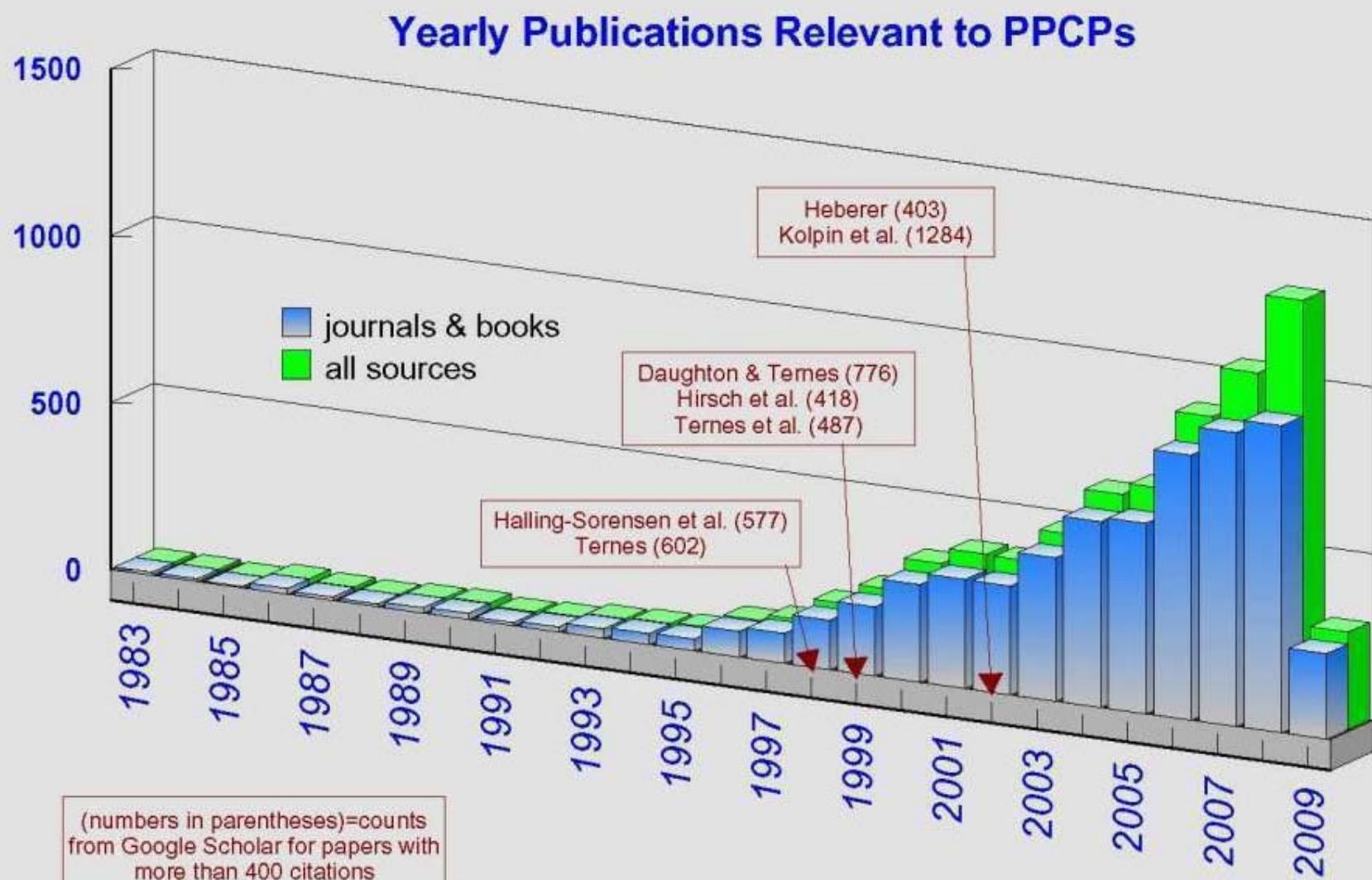
adapted by Daughton from Ternes (April 2000)

1st National Survey[†] Revealed Extent of PPCPs in Waterways

- **USGS “Reconnaissance” study in 1999-2000 was first nationwide investigation of pharmaceuticals, hormones, & other organic contaminants:**
 - 139 streams analyzed in 30 states
 - 82 contaminants identified (many were pharmaceuticals)
 - 80% streams had 1 or more contaminant
 - Average 7 contaminants identified per stream
- Since 1998, peer reviewed papers on PPCPs have increased from fewer than 200 per year to greater than 1,000 per year



[†] Kolpin DW, et al. "Pharmaceuticals, hormones, and other organic wastewater contaminants in U.S. streams, 1999-2000: a national reconnaissance." *Environmental Science & Technology* 2002, 36(6):1202-1211; doi:10.1021/es011055j



Source: DOI 10.1897/09-138.1

note: data for 2009 only through first 8 weeks

Prescription Drugs Found in Tap Water





Drug Disposal Overview

- Unused medications become pharmaceutical waste
 - Historically, consumers and other institutions have been advised to dispose of the drugs via the toilet or the trash
 - Ultimately can enter the environment
 - If not disposed, concern is availability for inappropriate usage of drugs
 - Diversion and poisonings
- Take-back events and programs
- Controlled Substances Act (CSA) 1970
- Stakeholders & Beneficiaries:
 - EPA, DEA, ONDCP, FDA, USFWS, state and local governments, municipal water districts, pharmacy & pharmaceutical industries, healthcare industry, insurance industry

PROBE FINDS PHARMACEUTICALS IN U.S. DRINKING WATER



Models of Change

- “Take-back” events
 - NERC
 - “No Drugs Down the Drain”
 - Great Lakes
 - US EPA grants
 - Various states
 - California, Pennsylvania, Indiana, Massachusetts, Oregon, Washington



National Guidance

- ONDCP original guidelines, February 2007
 - Collaboration with FDA and EPA
 - Updated October 2009; defers to FDA for list of drugs to be disposed via sewers
- DEA, Controlled Substances Act
 - Recent ANPRM
 - Encouraged to standardize process for what constitutes an exemption for law enforcement personnel
 - Encouraged to standardize recordkeeping requirements
 - Define what constitutes an appropriate destruction of controlled substances
 - Asked to consider many collection options for take back programs



State Legislation

- **Maine, Minnesota, Oregon, and Florida** have legislation pending that would require drug manufacturers to operate and pay for statewide systems to collect, transport, and dispose of leftover pharmaceuticals from the public and certain facilities



Federal Legislation

- HR 1191 Safe Drug Disposal Act of 2009
 - Provide for disposal of controlled substances by ultimate users and care takers through state take-back disposal programs
 - Prohibits pharmaceutical company recommendations on drug labels for disposal by flushing
- HR 1262 The Water Quality Investment Act
 - Includes provisions requiring federal agencies to study the presence of pharmaceuticals and personal care products in the waters of the US



Ask your doctor if drinking tap water is right for you.
Side effects may include abdominal pain, headache,
dry mouth, delayed backache...

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A Clarification

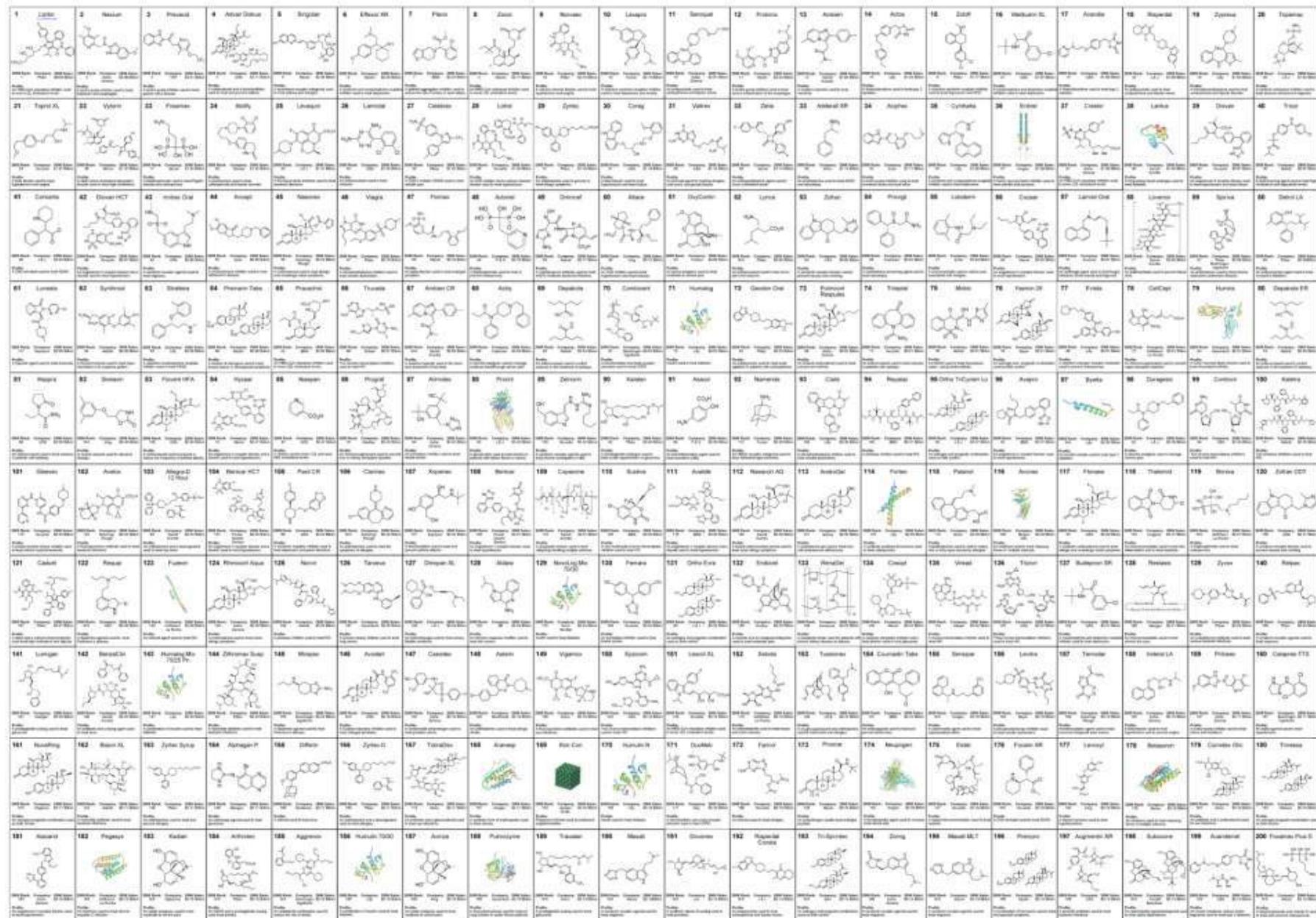


- In this presentation, the actual chemical substances with which we are concerned regarding contamination of the environment are the active ingredients in pharmaceuticals – known in the industry as **APIs**. But we sometimes loosely (but incorrectly) refer to **drugs** or **pharmaceuticals** themselves as being the contaminants
- *These terms are all often used interchangeably*

Clomocycline	Fluconazole	Pipobroman	Aminoglutethimide	Ibuprofen	Anileridine	ANTI-PARKINSON DRUGS	Zaleplon	Bupropion	Lidocaine
Enoxacin	Anidulafungin	Cladribine	Progesterone	Dimethyl sulfoxide	Mepivacaine	ANTIPARASITIC PRODUCTS,	Acetophenazine	Bacitracin	Bacitracin
Amikacin	Caspofungin	Anagrelide	Flutamide	Levobupivacaine	Benztropine	INSECTICIDES AND REPELLENTS	Melatonin	Dyclonine	Dyclonine
Dicloxacillin	Voriconazole	Carmustine	Toremifene	MUSCLE RELAXANTS	Methoxyflurane	ANTIPROTOZOALS	Cabergoline	Chlorhexidine	Chlorhexidine
Pefloxacin	Amphotericin B	Amsacrine	Medroxyprogesterone	RELAXANTS	Benzocaine	REPELLENTS	Ropinirole	Cocaine	Cocaine
Cefotaxime	Ketoconazole	Bleomycin	Nilutamide	Baclofen	Halothane	ANTIPROTOZOALS	Morphine	Neomycin	Neomycin
Vancomycin	Flucytosine	Chlorambucil	Tamoxifen	Chloroxazone	Chlorprocaine	REPELLENTS	Tolcapone	Benzocaine	Benzocaine
Cefdinir	Miconazole	Raltitrexed	Estradiol	Carisoprodol	Desflurane	ANTI-PROTOZOALS	Estazolam		
Ciprofloxacin	Micafungin	Mitomycin	Fulvestrant	Metocurine Iodide	Metixene	REPELLENTS	Metixene		
Cephalexin	Itraconazole	Bexarotene	Exemestane	Methocarbamol	Ketamine	ANTI-PARKINSON DRUGS	Quetiapine	Pyrimethamine	
Sulfamethizole		Vindesine	Letrozole	Gallamine Triethiodide	Trihexyphenidyl	ANTI-PARKINSON DRUGS	Aripiprazole	Mefloquine	DRUGS FOR OBSTRUCTIVE AIRWAY DISEASES
Carbenicillin	ANTIMYCOBACTERI	Gefitinib	Bicalutamide	Cisatracurium Besylate	Sevoflurane	ANTI-PARKINSON DRUGS	Chlorprothixene	Quinine	OBSTRUCTIVE AIRWAY DISEASES
Oxytetracycline	ALS	Thioguanine	Anastrozole	Tizanidine	Procyclidine	ANTI-PARKINSON DRUGS		Chloroquine	
Linezolid	Aminosalicylic Acid	Vinorelbine		Rocuronium	Pramipexole	ANTI-PARKINSON DRUGS			
Demeclocycline	Dapsone	Valrubicin	IMMUNOSUPPRESSI	Atracurium	Tramadol	PSYCHOANALEPTIC S			
Cefixime	Cycloserine	Streptozocin	VE AGENTS	Cyclobenzaprine	Atropine	PSYCHOANALEPTIC S			
Tobramycin	Capreomycin sulfate	Gemcitabine	Methotrexate	Morphine	Apomorphine	PSYCHOANALEPTIC S			
Trovafloxacin	Ethambutol	Teniposide	Tacrolimus	Zolmitriptan	Selegiline	PSYCHOANALEPTIC S			
Nitrofurantoin	Pyrazinamide	Epirubicin	Sirolimus	Acetaminophen	Orphenadrine	PSYCHOANALEPTIC S			
Oxacilllin	Ethionamide	Celecoxib	Azathioprine	Codeine	Pergolide	PSYCHOANALEPTIC S			
Procaine	Rifabutin	Altretamine	Mycophenolic acid	Tubocurarine	Dihydroergotamine	PSYCHOANALEPTIC S			
Hetacillin	Clofazimine	Cisplatin	Dantrolene	Hydromorphone	Bromocriptine	PSYCHOANALEPTIC S			
Tetracycline	Isoniazid	Alitretinoin	Mivacurium	Levodopa	Atomoxetine	PSYCHOANALEPTIC S			
Meropenem	Rifapentine	Oxaliplatin	Leflunomide	Oxycodeone	Amitriptyline	PSYCHOANALEPTIC S			
Roxithromycin		Erlotinib	ANTIVIRALS FOR SYSTEMIC USE	ANTIGOUT PREPARATIONS	Protriptyline	PSYCHOANALEPTIC S			
Nalidixic Acid	Cyclophosphamide	Vincristine	MUSCULO-SKELETAL SYSTEM	ANTIINFLAMMATO RY AND	Mirtazapine	ANTHELMINTICS			
Polymyxin B Sulfate	SYSTEMIC USE	Vidarabine	Fluorouracil	ANTIINFLAMMATO RY AND	Lorazepam	ANTHELMINTICS			
Gentamicin		Pentostatin		ANTIINFLAMMATO RY AND	Atropine	Dyphylline			
Colistin	Oseltamivir			ANTIRHEUMATIC PRODUCTS	Ethchlorvynol	Epinephrine			
Cinoxacin	Nelfinavir	Methotrexate		DRUGS FOR TREATMENT OF	Temazepam	Nedocromil			
Fosfomycin	Indinavir	Vinblastine		BONE DISEASES	Ziprasidone	Ivermectin			
Cefaclor	Nevirapine	Imatinib			Pentazocine	Mometasone			
Sulfapyridine	Idoxuridine	Clofarabine			Talbutal	Mebendazole			
Tinidazole	Penciclovir	Pemetrexed			Duloxetine	Terbutaline			
Metronidazole		Celecoxib			Nortriptyline	Bitolterol Mesylate			
Spectinomycin	Tenofovir	Mitotane			Fluoxetine				
Ceforanide	Cidofovir	Daunorubicin			Imipramine				
Mezlocillin	Famiclovir	Porfimer			Levamisole				
Dirithromycin	Entecavir	Irinotecan			Modafinil				
Netilmicin	Rimantadine	Etoposide			Tramadol				
Telithromycin	Zidovudine	Dacarbazine			Terperazine				
Lomefloxacin	Ritonavir	Temozolomide			Terperazine				
Neomycin	Foscarnet	Aminolevulinic acid			Terperazine				
Sulfamethoxazole	Efavirenz	Dactinomycin			Terperazine				
Minocycline	Stavudine	Mefenamic acid			Terperazine				
Gatifloxacin	Amprenavir	Cytarabine			Terperazine				
Penicillin G	Delavirdine	Methyl aminolevulinate			Terperazine				
Norfloxacin	Lamivudine	Doxorubicin			Terperazine				
Amoxicillin	Adefovir Dipivoxil	Etiodolac			Terperazine				
Azlocillin	Ribavirin	Flurbiprofen			Terperazine				
Cefditoren Pivoxil	Emtricitabine	Meloxicam			Terperazine				
Streptomycin	Didanosine	Penicillamine			Terperazine				
Cefuroxime	Tipranavir	Suprofen			Terperazine				
Levofloxacin	Zalcitabine	Procarcbazine			Terperazine				
Cefadroxil	Ganciclovir	Arsenic trioxide			Terperazine				
Cloxacillin	Abacavir	Idarubicin	TOPICAL PRODUCTS	Thiopental	OTHER NERVOUS SYSTEM DRUGS				
Cefprozil	Atazanavir	Ifosfamide	FOR JOINT AND MUSCULAR PAIN	Dyclonine	Thiopental				
Gemifloxacin	Saquinavir	Estramustine	MUSCULAR PAIN	Sufentanil	Flurazepam				
Ofoxacin		Mitoxantrone		Prochlorperazine	Risperidone				
Kanamycin	ANTINEOPLASTIC AGENTS	Lomustine		Tolmetin	Tiagabine				
Clindamycin	AND	Piroxicam		Procaine	Icopolamine				
Sparfloxacin	IMMUNOMODULATI	Paclitaxel		Prilocaine	Zonisamide				
Clarithromycin	NG AGENTS	Flurbiprofen		Isoflurane	Propiomazine				
Ceftriaxone	ANTINEOPLASTIC AGENTS	THERAPY		Alfentanil	Felbamate				
ANTIMYCOTICS FOR SYSTEMIC USE	Masoprolol	Phenylbutazone		Gabapentin	Halazepam				
	Bortezmob	Diethylstilbestrol		Clonazepam	Clazepam				
		Megestrol		Levetiracetam	Cloperazine				
		Ketoprofen		Mefenemate	Ciazepam				
				Remifentanil	Vigabatrin				
				Cocaine	Verphenazine				
					Levetiracetam				
					Mesoridazine				

Azelastine	Olopatadine	Polymyxin B Sulfate	Aminohippurate	Pivalate	Lapatinib	Pivmecillinam
Promethazine	Polymyxin B Sulfate	Gentamicin	Aminophenazone	Dexmedetomidine	Lenalidomide	Podofilox
Mequitazine	Gentamicin	Prednisolone	Amobarbital	Dibucaine	Leucovorin	Posaconazole
Diphenhydramine	Tropicamide	Chlorhexidine	Amyl Nitrite	Dicumarol	Levallerphan	Practolol
Chlorpheniramine	Acetazolamide	Neomycin	Anisodioine	Dicyclomine	Levometadyl Acetate	Pranlukast
Diphenylpyraline	Natamycin	Oflloxacin	Anisotropine	Digitoxin	Levorphanol	Probucol
Cyclizine	Prednisolone	Dexamethasone	Methylbromide	Dimenhydrinate	Lincomycin	Procaterol
Bromodiphenhydramine	Dorzolamide		Ardeparin	Dimethylthiambutene	Lisdexamfetamine	Properciazine
Trimeprazine	Loteprednol Etabonate	VARIOUS ALL	Arformoterol	Diphenidol	Lopinavir	Quinacrine
OTHER	Chlorhexidine	OTHER	Azactidine	Divalproex sodium	Lubiprostone	Ramelteon
RESPIRATORY	Oxybuprocaine	THERAPEUTIC	Bacampicillin	Dromostanolone	Lumiracoxib	Rasagiline
SYSTEM PRODUCTS	Rimexolone	PRODUCTS	Bambuterol	Drosopirenone	Marimastat	Retapamulin
Nitric Oxide	Bimatoprost	Hydroxocobalamin	Bentoquatam	Echothiophate Iodide	Mechlorethamine	Ridogrel
Doxapram	Cocaine	Dexrazoxane	Benzphetamine	Edrophonium	Meclozine	Rifampin
Ketotifen Fumarate	Ketotifen Fumarate	Sevelamer	Benzquinamide	Enprofylline	Menthol	Rosoxacin
SENSORY ORGANS	Oxymetazoline	Pralidoxime	Benzthiazide	Ergonovine	Meperidine	Salbutamol
OPHTHALMOLOGIC	Demecarium bromide	Deferoxamine	Benzylpenicilloyl	Erythritol Tetranitrate	Mephentermine	Salicyclic acid
Netilmicin	Ethanol	Polylysine	Ethacrynic acid	Ethacrylate	Mesalamine	Salsalate
ALS	Apraclonidine	Edetic Acid	Bevantolol	Ethinamate	Metaxalone	Sitagliptin
Vidarabine	Azelastine	Physostigmine	Bezafibrate	Ethiodized oil	Methacycline	Sodium lauryl sulfate
Betaxolol	Lomefloxacin	Diazoxide	Bromfenac	Ethiopropazine	Methimazole	Sorafenib
Erythromycin	Cyclopentolate	Amifostine	Bufotenine	Ethoxzolamide	Methotriemazine	Succinylcholine
Alclometasone	Physostigmine	Naloxone	Butabarbital	Ethyndiol Diacetate	Methylergonovine	Sulfametopyrazine
Iodoxuridine	Nandrolone	Flumazenil	Butalbital	Etoricoxib	Methylphenobarbital	Sulfisoxazole
Medrysone	Neomycin	Fomepizole	Calcium Gluceptate	Fenoterol	Meticillin	Sulfoxone
Lidocaine	Ganciclovir		Candoxatril	Floxuridine	Metyrosine	Sunitinib
Travoprost	Gatifloxacin	DIAGNOSTIC	Carbidopa	Flunitrazepam	Mibepradil	Telbivudine
Morphine	Penicillin G	AGENTS	Carphenazine	Flupentixol	Mimosine	Temafoxacin
Dapiprazole	Norfloxacin	Pentagastrin	Carprofen	Flurandrenolide	Mitiglinide	Testolactone
Fluorometholone	Streptomycin	Betazole	Cefalonit	Forasartan	Molindone	Tetrahydrobiopterin
Timolol	Emedastine	Ceruletid	Cefazolin	Fosphenytoin	Moricizine	Thiabendazole
Phenylephrine	Pilocarpine	Bentrimide	Cefepime	Gamma Hydroxybutyric	Mycophenolate mofetil	Thiamyal
Carbachol	Levocabastine	Inulin	Cefotetan	Acid	Nafcillin	Thioproperazine
Ampicillin	Heparin	Gonadorelin	Cefpodoxime	Gentian Violet	Nelarabine	Thiotixene
Famiciclovir	Levofoxacin	Magnesium Sulfate	Cefibutene	Glibenclamide	Neostigmine	Tiaprofenic acid
Trifluridine	Dichlorphenamide	Histamine Phosphate	Cephaloglycin	Gliquidone	Nitazoxanide	Ticarcillin
Betamethasone	Ofoxacin	Metryrapone	Cephapirin	Glutethimide	Nitrazepam	Tigecycline
Chloramphenicol	Guanethidine	Tolbutamide	Cefazolin	Glycodiazine	Nitrofurazone	Trimethobenzamide
Dipivefrin	Kanamycin		Cefepime	Glycopyrrolate	Norepinephrine	Troleandomycin
Framycetin	Brinzolamide	CONTRAST MEDIA	Chlormerodrin	Guanabenz	Norethindrone	Uracil mustard
Verteporfin	Levobunolol	Gadodiamide	Gadotrizoate	Chloroxine	Guanadrel Sulfate	Novobiocin
Methylscopolamine	Metipranolol	Gadoversetamide	Gadotrizoate	Halobetasol Propionate	Olsalazine	Valganciclovir
Ketorolac	Dexamethasone	Gadoteridol	Gadoteridol	Hesperetin	Omapatrilat	Varenicline
Amikacin		Gadobenate	Cilostazol	Hexafluorenium	Orciprenaline	Yohimbine
Brimonidine	OTOGICALS	Lidocaine	Cinalukast	Hexobarbital	Oxprenolol	Zileuton
Carteolol		Dimeglumine	Cinolazepam	Hexylcaine	Oxybenzone	Zuclopentixol
Ciprofloxacin	Betamethasone	Gadopentetate	Clavulanate	Hydralazine	Oxymorphone	
Piroxicam	Chloramphenicol	dimeglumine	Clenbuterol	Hydroxyurea	Paliperidone	
Atropine	Hydrocortisone		Clidinium	Hydroxychloroquine	Palonosetron	
Clonidine	Tetracycline	DIAGNOSTIC	Colchicine	Hydroxypropyl	Pamidronate	
Sulfamethizole	Polymyxin B Sulfate	RADIOPHARMACEUTICALS	Colistimethate	cellulose	Paramethasone	
Diclofenac	Gentamicin	TICALS	Conivaptan	Hydroxystilbamidine	Pargyline	
Oxytetracycline	Prednisolone	Succimer	Cromoglicate	Isethionate	Paromomycin	
Triamcinolone	Chlorhexidine		Crotamiton	Hydroxyurea	Pemirolast	
Sulfacetamide	Cocaine	UNCLASSIFIED	Cryptenamine	Icodextrin	Perflutren	
Latanoprost	Neomycin	3-Methylthiوفentanyl	Cyclacillin	Imipenem	Peritoneum	
Epinephrine	Miconazole	5-Methoxy-N,N-	Cycrimine	Indecainide	Phenazopyridine	
Topiramycin	Dexamethasone	diisopropyltryptamine	Danazol	Indomethacin	Phenindamine	
Fluorescein			Acenocoumarol	Darunavir	Iodoxanol	
Methazolamide	OPHTHALMOLOGIC	Acipromazine	Dasatinib	Iohexol	Pheniramine	
Flurbiprofen	AL AND	Aciprometazine	Decamethonium	Iophendylate	Phenmetrazine	
Nedocromil	OTOLOGICAL	Aciclovir	Decitabine	Iron Dextran	Phenobarbital	
Procaine	PREPARATIONS	Afiskiren	Deferasirox	Isoetharine	Phytomedicine	
Hydrocortisone	Betamethasone	Almitriptine	Delta-1	Iosfurophate	Picrotoxin	
Scopolamine	Chloramphenicol	Alseroxylon	dihydrotestosterone	Isopropamide	Pipotiazine	
Epinastine	Ciprofloxacin	Alverine	Desonide	Isoproterenol	Pirbuterol	
Tetracycline	Tetracycline	Amdinocillin	Desoxycorticosterone	Josamycin	Pivampicillin	

200 Top-Selling Prescribed Drugs (2006)



Global Problem of Humanitarian Donations



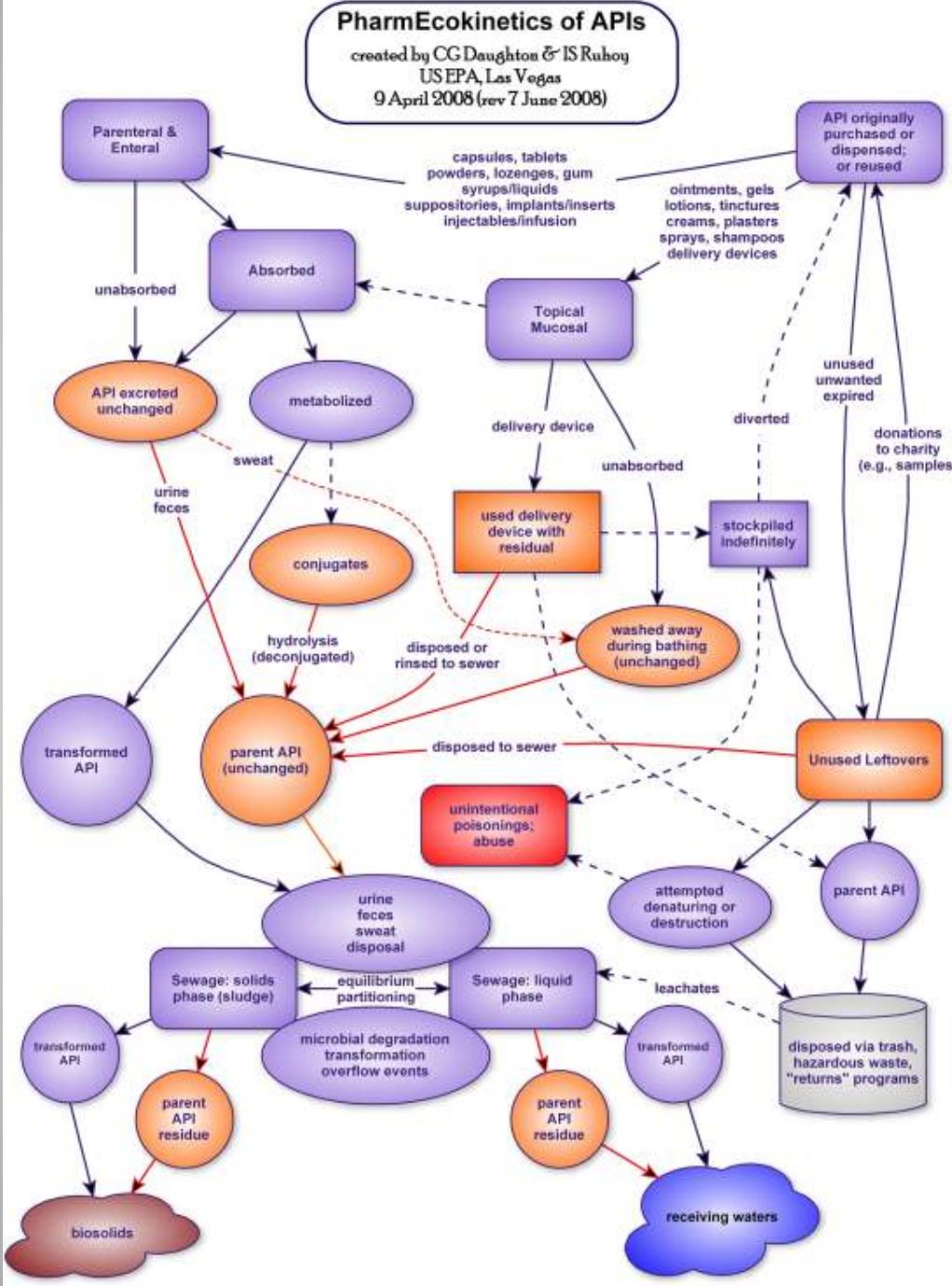
Hospital collection site for donated pharmaceuticals (Banda Aceh, Indonesia)

Environmental Impact of Disposal

- APIs enter the environment by three primary routes: excretion, bathing, and disposal of leftover, unwanted medications
 - Excretion (primarily via urine and secondarily via feces) comprises continual low-level contributions from multitudes of people
 - Bathing releases APIs from medications applied directly to the skin and excreted via sweat ¹
 - Disposal represents acute but transient and episodic contributions from fewer people
 - The only route that is most amenable to pollution prevention or source control measures is disposal
- Indirect entry can occur via disposal of unwanted drugs and used delivery devices to trash (e.g., in leachates from landfills)
- **Proper disposal is greatly complicated by the conflict between the need to protect public safety (e.g., from drug diversion) and the need to minimize aquatic (and terrestrial) exposure**

¹ Daughton CG and Ruhoy IS "Environmental Footprint of Pharmaceuticals - The Significance of Factors Beyond Direct Excretion to Sewers," *Environmental Toxicology & Chemistry*, in press.









Environmental Concerns

Treatment (palliative, symptomatic and sometimes curative) and prevention of disease, together with improved quality of life, are highly visible aspects of a global pharmaceutical industry with sales in 2007 exceeding US\$700BN

- Medicines are designed to have biological effects in small doses
 - Non-target organisms can be exposed
 - Possible subtle effects in aquatic organisms at very low concentrations (as low as ng/L or parts per trillion [ppt])
- There are thousands of chemically distinct APIs in medicines
 - Potential for additive or interactive effects with other medicines and/or other contaminants



Environmental Concerns

- Pharmaceutical Waste Streams
 - India; in one instance, the levels of the most abundant API [ciprofloxacin] reached 31 mg/L [31 ppm] at a waste treatment facility, orders of magnitude higher than had ever been reported (*Larsson et al. 2007*)
 - Unknown are the quantities of APIs flushed by health care facilities in the US



Environmental Pollution

- Water treatment
 - Situations where sewage receives minimal or no treatment
 - Septic systems, straight-piping, storm over-flow
 - Conventional
 - Coagulation, flocculation, depth filtration
 - Advanced
 - Chlorination
 - Ozonation, activated carbon, reverse osmosis, nanofiltration
- Some APIs are STILL refractory
 - For example, carbamazepine, ibuprofen, clofibric acid, 17 α -ethinylestradiol, meprobamate, dilantin, contrast agents, chemotherapeutics, some β -blockers
 - Not just parent APIs
 - Some metabolites, degradates, and transformation products can be more mobile, more persistent, and potentially as toxic

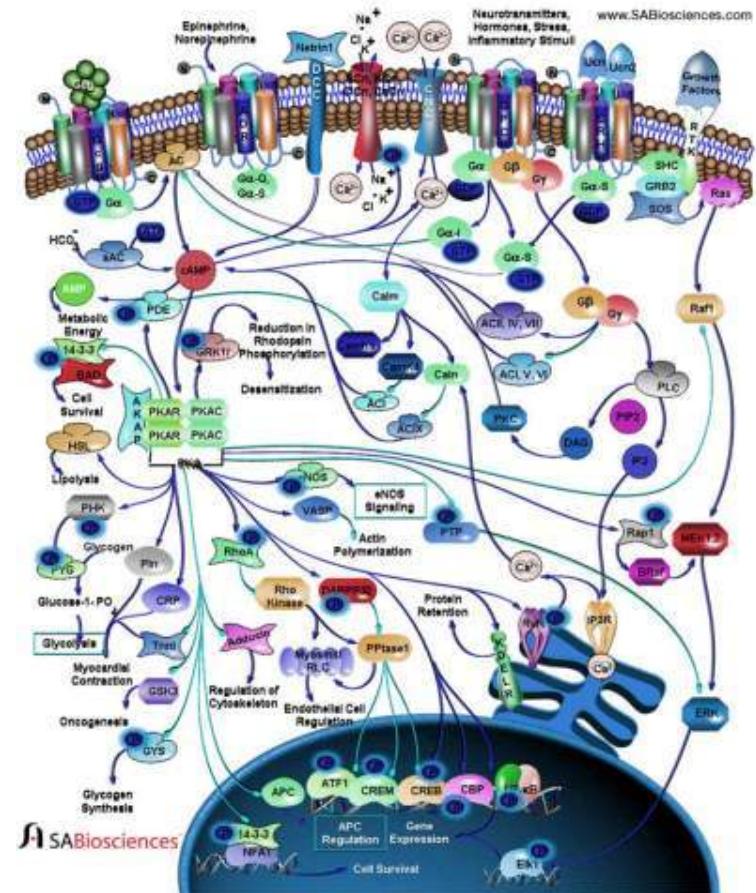
Effects on Aquatic Organisms: Cause for Concern

- “Pseudo-persistence” of APIs
 - Continuous, multigenerational exposure
- May be endocrine disruptors
 - alterations to sexual differentiation
 - Boulder Creek (feminization)
 - Potomac River (intersex)
 - reproduction and growth impairments
 - Antidepressants and frogs
 - subtle, behavioral effects
- More questions than answers about effects of APIs on aquatic species and the possibility of chronic effects in sensitive subpopulations of humans
- Little is known regarding bioconcentration



Effects

- Ecological
 - Sex ratios
 - Feminization
 - Behavioral/Social
 - Neurological
 - Growth
- Human Effects
 - Largely unknown
 - Food chain
 - Antibiotic resistance
- Unintended Exposure in Vulnerable Populations
 - Faeroe Island Statement
- FDA – environmental risk assessment

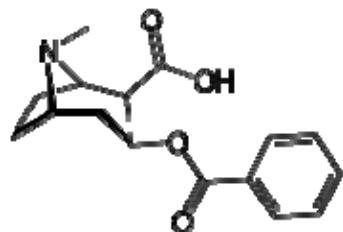
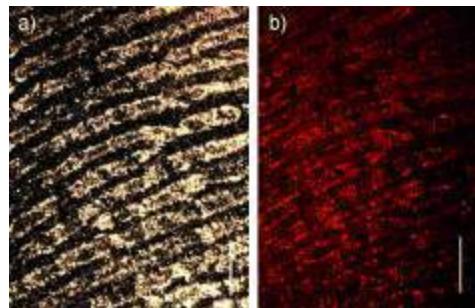


Human Exposure

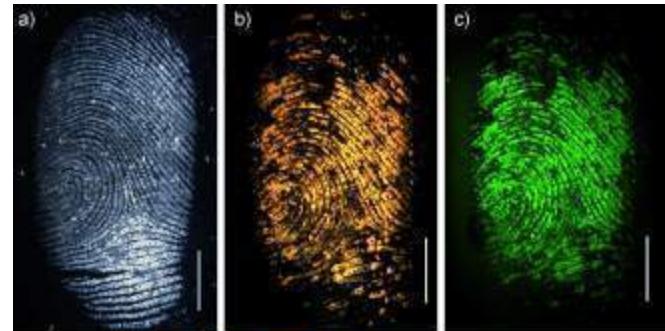
Function of:

- Identities, quantities, & geographic distribution of APIs
- ADME
- Environmental transport
- Environmental fate
- Exposure routes

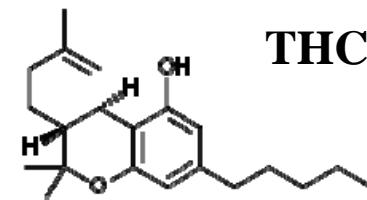
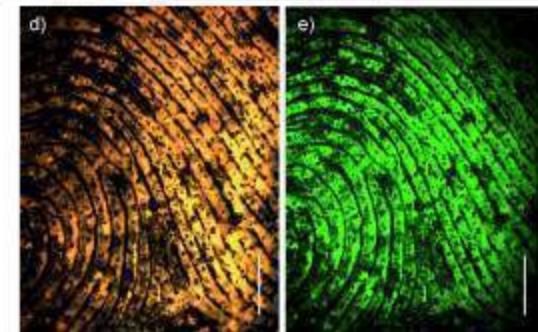
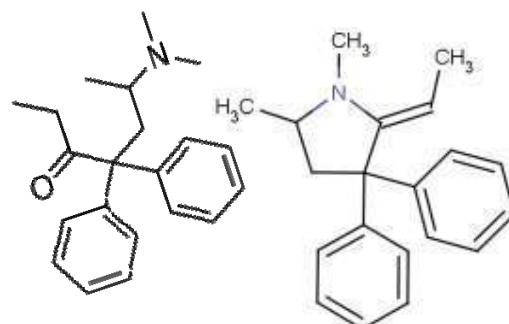
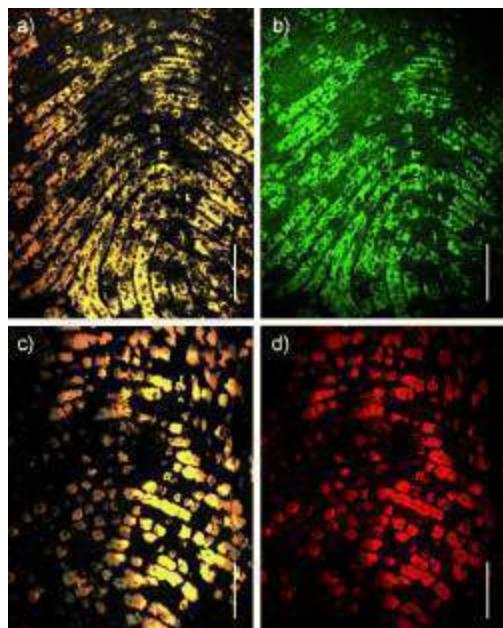
Fingerprints as contributors of environmental contaminants



benzoylecgonine



methadone & EDDP



THC

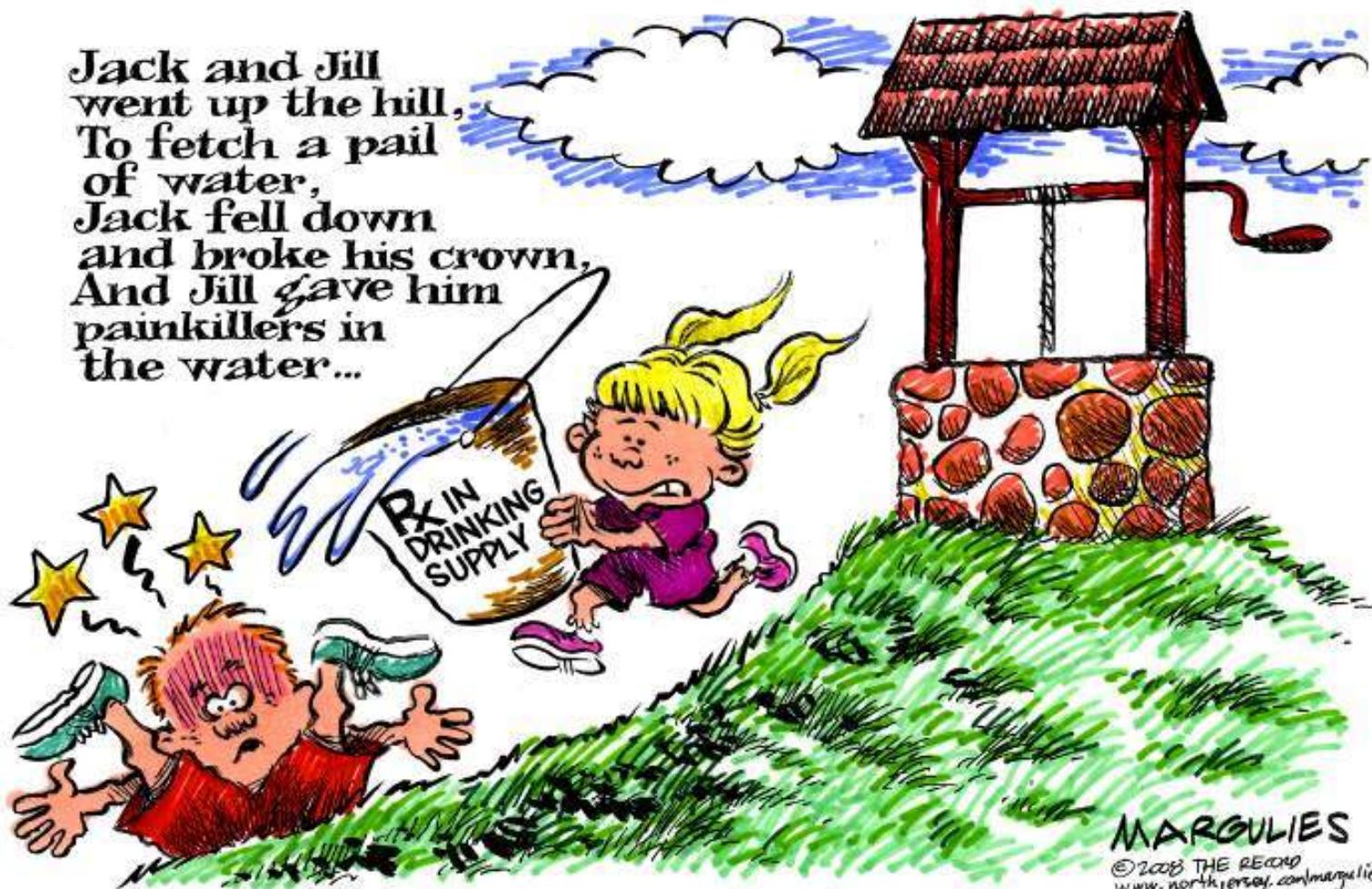
benzoylecgonine (major cocaine metabolite)

EDDP: 2-ethylidene-1,5-dimethyl-3,3-diphenylpyrrolidine (major methadone metabolite)

THC: Δ^9 -tetrahydrocannabinol (main psychoactive of marijuana)

Hazarika P, Jickells SM, Wolff K, Russell DA (2008) Imaging of Latent Fingerprints through the Detection of Drugs and Metabolites. *Angew Chem Int Ed* 47:10167-10170.

**Jack and Jill
went up the hill,
To fetch a pail
of water,
Jack fell down
and broke his crown,
And Jill gave him
painkillers in
the water...**

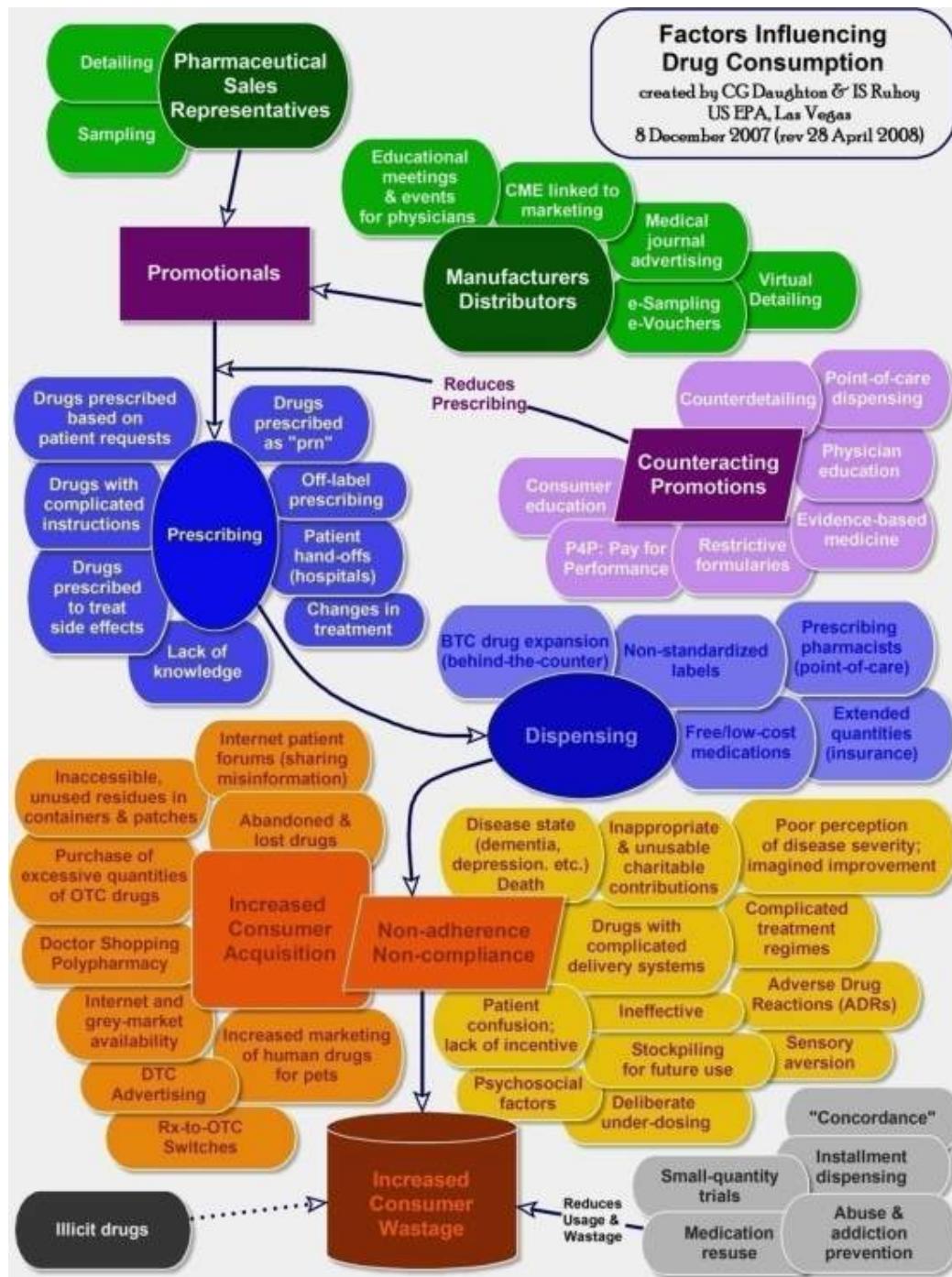


LASVEGASSUN 2008 KING FEATURES
SYNDICATE

MICHAEL SMITH

I'M NOT FEELING
WELL. I'M GOING
TO RUN OVER TO
THE PHARMACY.

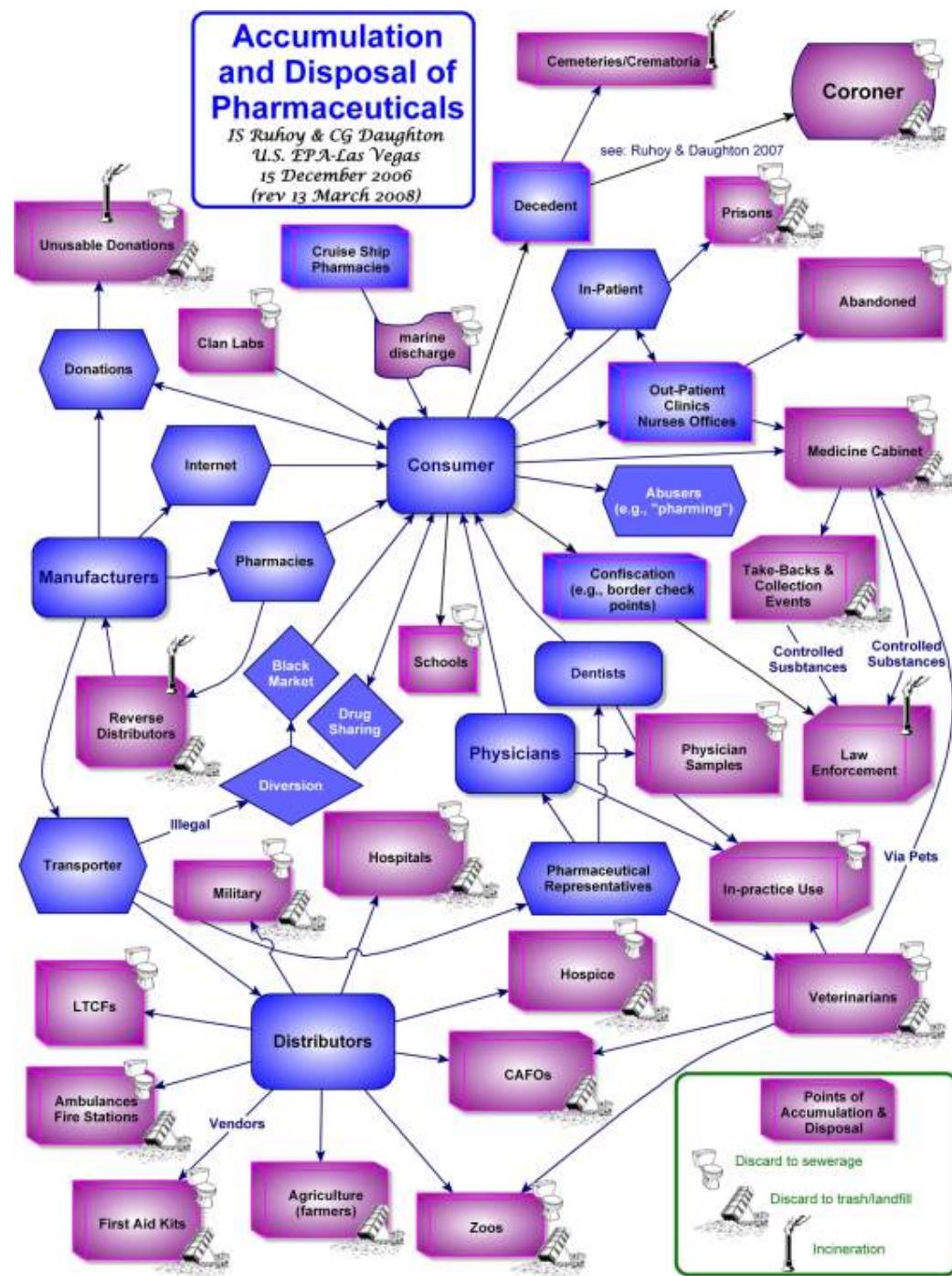




Ruhoy IS and Daughton CG "Beyond the Medicine Cabinet: An Analysis of Where and Why Medications Accumulate," *Environ. Internat.*, 2008, 34(8):1157-1169; doi:10.1016/j.envint.2008.05.002; available: <http://www.epa.gov/herlesd1/bios/daughton/EnvInt2008.pdf>

Pharmaceutical Accumulation

- Consumer Homes
 - Both human and animal medicine
- Physician Offices and Clinics
 - Samples and in-office procedure use
- Veterinarian Offices
- Animal Shelters
- Dental Offices
- Hospitals
- Long-Term and Chronic Care Facilities
- Decedent Homes
- Donations
- Schools (confiscation and health care offices)
- Military Bases
- Shelters
- Dialysis Centers
- Transfusion Centers
- First Responder Services
- First-Aid Kits
- Border Check Points
- Customs (airline and freight)
- Confined Animal Feeding Operations (CAFOs)
- Agriculture
- Aquaculture
- Zoos
- Clan Labs
- Cemeteries
- Cruise Ships
- Prisons and Jails
- Humanitarian Organizations



Ruhoy IS and Daughton CG "Beyond the Medicine Cabinet: An Analysis of Where and Why Medications Accumulate," *Environ. Internat.*, 2008, 34(8):1157-1169; doi:10.1016/j.envint.2008.05.002; available: <http://www.epa.gov/nerlesd1/bios/daughton/EnvInt2008.pdf>

Major Unknown

- **What fractions of drug residues occurring in the ambient environment result from discarding leftover drugs?**
 - No studies provided objective data from well-defined populations to support any type of conclusion
 - Data are needed on the types, quantities, and frequencies with which drugs accumulate as household waste

Mining Data for Types and Quantities of Disposed Drugs

- Understanding the categories and quantities of drugs disposed facilitates assessing potential impacts on both the environment and human health by helping:
 - health care practitioners to address inefficient prescribing and dispensing practices and patient non-compliance
 - environmental scientists to better target APIs for monitoring purposes
 - assessment of risk to human health from chronic and/or acute exposures
 - policymakers (including those in the insurance industry) to begin to understand and confront the growing issue of wasted and discarded medications.

***Summary of API Masses Disposed to Sewerage by a Coroner Office
during a 12-Month Period: Categorized by Therapeutic Class***

ATC Code	ATC Main Group	Quantity (mg) disposed	#of APIs	% of Total
A	Alimentary Tract	18,685,271	56	34.6
N	Nervous System	16,510,963	95	30.6
C	Cardiovascular System	6,331,976	71	11.7
J	Anti-infectives	5,608,735	45	10.4
M	Musculoskeletal System	3,851,949	21	7.1
R	Respiratory System	984,780	16	1.8
B	Blood	721,450	9	1.3
V	Various	622,800	1	1.2
P	Antiparasitics	236,269	2	0.44
L	Antineoplastics	186,013	14	0.34
G	GU System & Sex Hormones	146,440	23	0.27
H	Hormonal Preparations	50,601	10	0.09
S	Sensory Organs	4,375	1	0.008
D	Dermatologicals	3,420	3	0.006
TOTAL		53,945,042	367	

Ruhoy IS and Daughton CG "Beyond the Medicine Cabinet: An Analysis of Where and Why Medications Accumulate," *Environ. Internat.*, 2008, 34(8):1157-1169; doi:10.1016/j.envint.2008.05.002; available:
<http://www.epa.gov/nerlesd1/bios/daughton/EnvInt2008.pdf>

Ultimate Objective: No Leftover Drugs

long-term focus should not be on how to properly dispose of drugs, but rather how to minimize the creation of drug waste



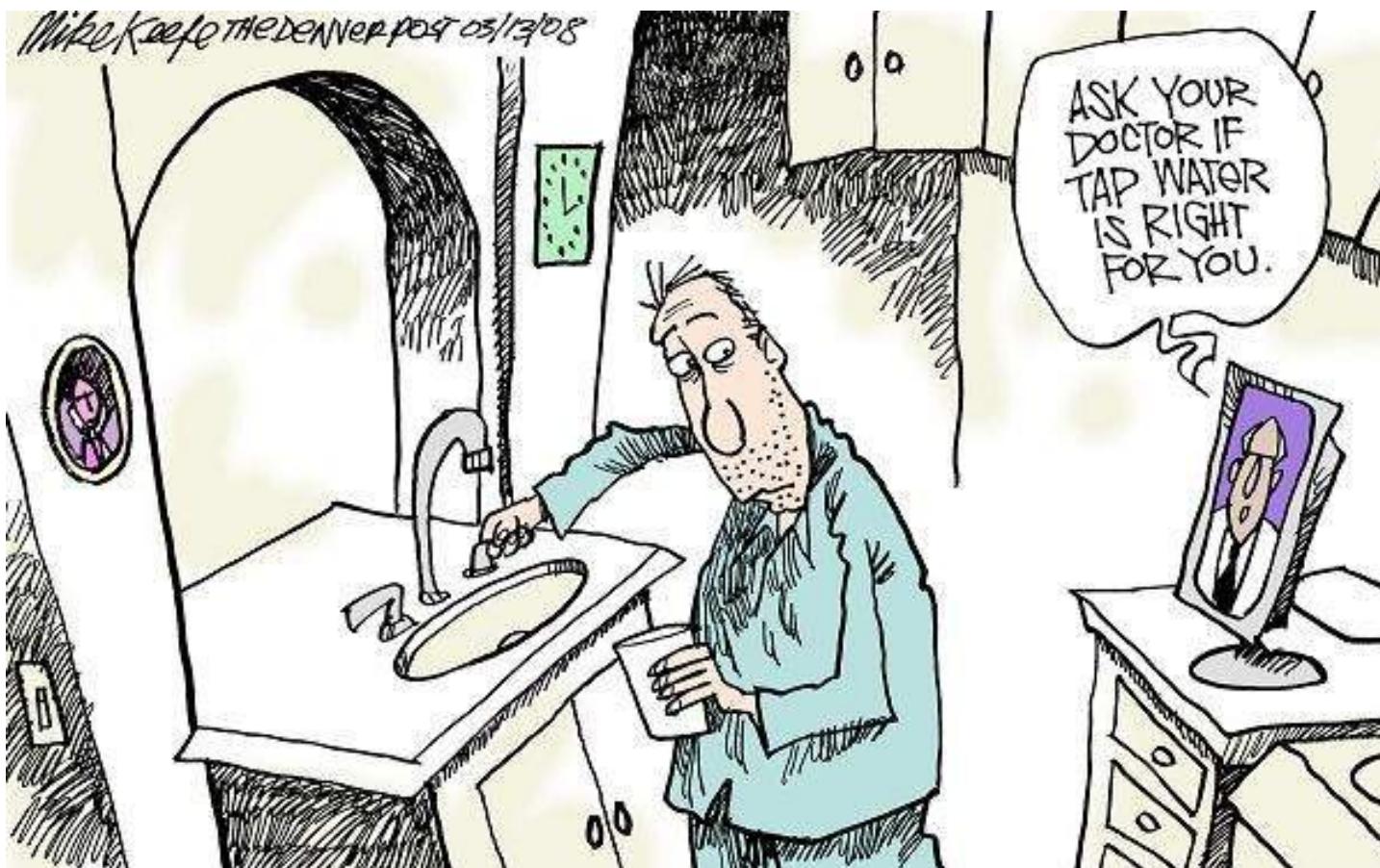
Key questions

- Released API occurrence in point-of-use drinking water and in foods
- Toxicological significance of long-term human exposure to multiple APIs at extremely low levels
- Vulnerable sub-populations
- Prioritization of individual drug entities with respect to human hazard
- Portion of residues that originates from disposal of unwanted medications versus excretion
- Portion of human poisonings resulting from accidental ingestion and abuse of diverted drugs that are stored
- Significance of antibiotic residues in environment with respect to evolution of pathogen resistance

Current Federal Activities

- Research—USEPA, USGS, FDA, CDC, NOAA, FWS, ARS, and others are evaluating environmental occurrence, effects, and treatment & stewardship options; coordination through Interagency PiE working group (under CENR).
- Policy
 - USEPA – UWR & Health Services Industry Study
 - DEA – CSA & impact on drug “take backs”
- Disposal guidelines
 - Office of National Drug Control Policy (revised 10/09)
 - US Fish & Wildlife/APhA/PhRMA SMARxT program







PharmEcovigilance

- Conventional pharmacovigilance expanded beyond conventional focus on adverse drug reactions (ADRs) to encompass environmental concerns
- Unify the parallel but interconnected needs for protecting both human and ecological health

Daughton CG and Ruhoy IS "The Afterlife of Drugs and the Role of PharmEcovigilance," *Drug Safety*, 2008, 31(12):1069-1082; doi: 10.2165/0002018-200831120-00004.

Actions to reduce APIs in the environment and protect human health & safety

- Unit dosing and trial scripts
- Low-quantity packaging of OTC medications
 - Increased monitoring of patient
- Reduce incentives for excessive purchasing
 - Personalized medicine (e.g., lower doses)
 - Reduce polypharmacy
- Environmental assessments of newly designed drugs
- Prescribers to factor in possible environmental impact
- Widespread implementation of sustainable take-back programs
- Improved record keeping of disposed pharmaceuticals by institutions



Models of Change

- European Union
 - “Green” drugs – requires pharmaceutical companies to analyze environmental risks of new drugs
 - Database available to physicians
- KNAPPE
 - Knowledge and Need Assessment on Pharmaceutical Products in Environmental Waters
- In Sweden, systems for classification of drug environmental risk and hazard have been used for 5 years
- START: Management strategies for pharmaceutical residues in drinking water - Pharmaceuticals for Human Use: Options of Action for Reducing the Contamination of Water Bodies
- High Performance Pharmacy Framework

Stewardship

- Stewardship involves much more than prudent disposal of leftover drugs
 - Actions taken to reduce PPCPs in the environment will have collateral benefits in also capturing chemicals we are currently not aware of and may lessen human morbidity and mortality

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