

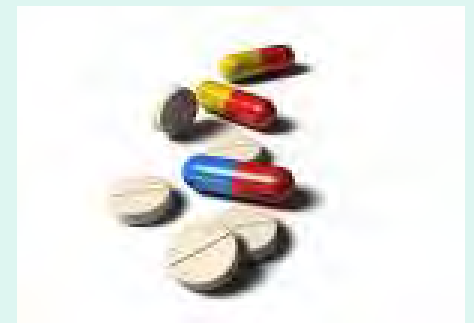
The Role of PharmEcovigilance in Reducing the Environmental Footprint of Pharmaceuticals

Ilene S Ruhoy, MD, PhD

*Touro University Nevada
Institute for Environmental Medicine
Henderson, NV*

Christian G Daughton, PhD

*US Environmental Protection Agency
Office of Research and Development
Las Vegas, NV*



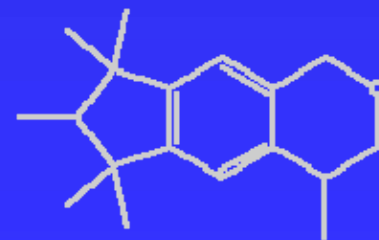
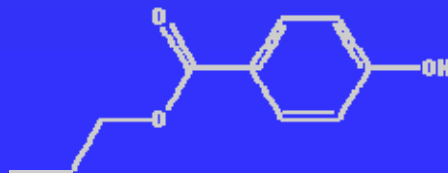
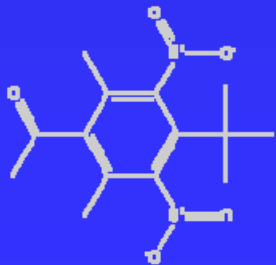


US EPA Notice

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 the new genre of “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 1st 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

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 grant
 - Various states
 - California, Pennsylvania, Indiana, Massachusetts, Oregon, Washington

National Guidance

- ONDCP guidelines, February 2007
 - Collaboration with FDA and EPA
 - Updated 2009, removed 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



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

SAVE
©2008 PHILADELPHIA
BUSINESS JOURNAL
jspricer@bizjournals.com

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** as being the contaminants themselves

These terms are all often used interchangeably

200 Top-Selling Prescribed Drugs (2006)

1 Lipitor Pfizer 2006 Sales: \$2.1B 2005 Sales: \$1.8B 2004 Sales: \$1.5B 2003 Sales: \$1.2B 2002 Sales: \$1.0B 2001 Sales: \$0.8B 2000 Sales: \$0.6B 2006 Rank: 1 2005 Rank: 2 2004 Rank: 3 2003 Rank: 4 2002 Rank: 5 2001 Rank: 6 2000 Rank: 7 2006 Description: A statin used to lower cholesterol levels in patients with hypercholesterolemia.	2 Nexium AstraZeneca 2006 Sales: \$1.8B 2005 Sales: \$1.5B 2004 Sales: \$1.2B 2003 Sales: \$1.0B 2002 Sales: \$0.8B 2001 Sales: \$0.6B 2000 Sales: \$0.4B 2006 Rank: 2 2005 Rank: 3 2004 Rank: 4 2003 Rank: 5 2002 Rank: 6 2001 Rank: 7 2000 Rank: 8 2006 Description: A proton pump inhibitor used to treat gastroesophageal reflux disease (GERD).	3 Prevacid AstraZeneca 2006 Sales: \$1.5B 2005 Sales: \$1.2B 2004 Sales: \$1.0B 2003 Sales: \$0.8B 2002 Sales: \$0.6B 2001 Sales: \$0.4B 2000 Sales: \$0.3B 2006 Rank: 3 2005 Rank: 4 2004 Rank: 5 2003 Rank: 6 2002 Rank: 7 2001 Rank: 8 2000 Rank: 9 2006 Description: A proton pump inhibitor used to treat gastroesophageal reflux disease (GERD).	4 Advair Diskus GlaxoSmithKline 2006 Sales: \$1.2B 2005 Sales: \$1.0B 2004 Sales: \$0.8B 2003 Sales: \$0.6B 2002 Sales: \$0.4B 2001 Sales: \$0.3B 2000 Sales: \$0.2B 2006 Rank: 4 2005 Rank: 5 2004 Rank: 6 2003 Rank: 7 2002 Rank: 8 2001 Rank: 9 2000 Rank: 10 2006 Description: A combination inhaler used to treat asthma and chronic obstructive pulmonary disease (COPD).	5 Singular Pfizer 2006 Sales: \$1.0B 2005 Sales: \$0.8B 2004 Sales: \$0.6B 2003 Sales: \$0.4B 2002 Sales: \$0.3B 2001 Sales: \$0.2B 2000 Sales: \$0.1B 2006 Rank: 5 2005 Rank: 6 2004 Rank: 7 2003 Rank: 8 2002 Rank: 9 2001 Rank: 10 2000 Rank: 11 2006 Description: A leukotriene receptor antagonist used to treat asthma and allergic rhinitis.	6 Efeso XR Janssen-Cilag 2006 Sales: \$0.8B 2005 Sales: \$0.6B 2004 Sales: \$0.4B 2003 Sales: \$0.3B 2002 Sales: \$0.2B 2001 Sales: \$0.1B 2000 Sales: \$0.05B 2006 Rank: 6 2005 Rank: 7 2004 Rank: 8 2003 Rank: 9 2002 Rank: 10 2001 Rank: 11 2000 Rank: 12 2006 Description: A potent opioid analgesic used to treat severe pain.	7 Plavix Bristol-Myers Squibb 2006 Sales: \$0.7B 2005 Sales: \$0.6B 2004 Sales: \$0.5B 2003 Sales: \$0.4B 2002 Sales: \$0.3B 2001 Sales: \$0.2B 2000 Sales: \$0.1B 2006 Rank: 7 2005 Rank: 8 2004 Rank: 9 2003 Rank: 10 2002 Rank: 11 2001 Rank: 12 2000 Rank: 13 2006 Description: A platelet aggregation inhibitor used to prevent blood clots in patients with atherosclerosis.	8 Zocor Pfizer 2006 Sales: \$0.6B 2005 Sales: \$0.5B 2004 Sales: \$0.4B 2003 Sales: \$0.3B 2002 Sales: \$0.2B 2001 Sales: \$0.1B 2000 Sales: \$0.05B 2006 Rank: 8 2005 Rank: 9 2004 Rank: 10 2003 Rank: 11 2002 Rank: 12 2001 Rank: 13 2000 Rank: 14 2006 Description: A statin used to lower cholesterol levels in patients with hypercholesterolemia.	9 Norvasc Pfizer 2006 Sales: \$0.5B 2005 Sales: \$0.4B 2004 Sales: \$0.3B 2003 Sales: \$0.2B 2002 Sales: \$0.1B 2001 Sales: \$0.05B 2000 Sales: \$0.02B 2006 Rank: 9 2005 Rank: 10 2004 Rank: 11 2003 Rank: 12 2002 Rank: 13 2001 Rank: 14 2000 Rank: 15 2006 Description: A calcium channel blocker used to treat hypertension and angina.	10 Levapro Pfizer 2006 Sales: \$0.4B 2005 Sales: \$0.3B 2004 Sales: \$0.2B 2003 Sales: \$0.1B 2002 Sales: \$0.05B 2001 Sales: \$0.02B 2000 Sales: \$0.01B 2006 Rank: 10 2005 Rank: 11 2004 Rank: 12 2003 Rank: 13 2002 Rank: 14 2001 Rank: 15 2000 Rank: 16 2006 Description: A serotonin-norepinephrine reuptake inhibitor used to treat major depressive disorder.	11 Seroquel Pfizer 2006 Sales: \$0.3B 2005 Sales: \$0.2B 2004 Sales: \$0.1B 2003 Sales: \$0.05B 2002 Sales: \$0.02B 2001 Sales: \$0.01B 2000 Sales: \$0.005B 2006 Rank: 11 2005 Rank: 12 2004 Rank: 13 2003 Rank: 14 2002 Rank: 15 2001 Rank: 16 2000 Rank: 17 2006 Description: An atypical antipsychotic used to treat schizophrenia and bipolar disorder.	12 Protonix AstraZeneca 2006 Sales: \$0.2B 2005 Sales: \$0.1B 2004 Sales: \$0.05B 2003 Sales: \$0.02B 2002 Sales: \$0.01B 2001 Sales: \$0.005B 2000 Sales: \$0.002B 2006 Rank: 12 2005 Rank: 13 2004 Rank: 14 2003 Rank: 15 2002 Rank: 16 2001 Rank: 17 2000 Rank: 18 2006 Description: A proton pump inhibitor used to treat gastroesophageal reflux disease (GERD).	13 Ambien Pfizer 2006 Sales: \$0.1B 2005 Sales: \$0.05B 2004 Sales: \$0.02B 2003 Sales: \$0.01B 2002 Sales: \$0.005B 2001 Sales: \$0.002B 2000 Sales: \$0.001B 2006 Rank: 13 2005 Rank: 14 2004 Rank: 15 2003 Rank: 16 2002 Rank: 17 2001 Rank: 18 2000 Rank: 19 2006 Description: A sedative-hypnotic used to treat insomnia.	14 Actos Pfizer 2006 Sales: \$0.05B 2005 Sales: \$0.02B 2004 Sales: \$0.01B 2003 Sales: \$0.005B 2002 Sales: \$0.002B 2001 Sales: \$0.001B 2000 Sales: \$0.0005B 2006 Rank: 14 2005 Rank: 15 2004 Rank: 16 2003 Rank: 17 2002 Rank: 18 2001 Rank: 19 2000 Rank: 20 2006 Description: A thiazolidinedione used to treat type 2 diabetes.	15 ZiLoft Pfizer 2006 Sales: \$0.02B 2005 Sales: \$0.01B 2004 Sales: \$0.005B 2003 Sales: \$0.002B 2002 Sales: \$0.001B 2001 Sales: \$0.0005B 2000 Sales: \$0.0002B 2006 Rank: 15 2005 Rank: 16 2004 Rank: 17 2003 Rank: 18 2002 Rank: 19 2001 Rank: 20 2000 Rank: 21 2006 Description: A tricyclic antidepressant used to treat major depressive disorder.	16 Wellbutrin XL Pfizer 2006 Sales: \$0.01B 2005 Sales: \$0.005B 2004 Sales: \$0.002B 2003 Sales: \$0.001B 2002 Sales: \$0.0005B 2001 Sales: \$0.0002B 2000 Sales: \$0.0001B 2006 Rank: 16 2005 Rank: 17 2004 Rank: 18 2003 Rank: 19 2002 Rank: 20 2001 Rank: 21 2000 Rank: 22 2006 Description: A norepinephrine-dopamine reuptake inhibitor used to treat major depressive disorder.	17 Avandia Pfizer 2006 Sales: \$0.005B 2005 Sales: \$0.002B 2004 Sales: \$0.001B 2003 Sales: \$0.0005B 2002 Sales: \$0.0002B 2001 Sales: \$0.0001B 2000 Sales: \$0.00005B 2006 Rank: 17 2005 Rank: 18 2004 Rank: 19 2003 Rank: 20 2002 Rank: 21 2001 Rank: 22 2000 Rank: 23 2006 Description: A thiazolidinedione used to treat type 2 diabetes.	18 Risperdal Pfizer 2006 Sales: \$0.002B 2005 Sales: \$0.001B 2004 Sales: \$0.0005B 2003 Sales: \$0.0002B 2002 Sales: \$0.0001B 2001 Sales: \$0.00005B 2000 Sales: \$0.00002B 2006 Rank: 18 2005 Rank: 19 2004 Rank: 20 2003 Rank: 21 2002 Rank: 22 2001 Rank: 23 2000 Rank: 24 2006 Description: An atypical antipsychotic used to treat schizophrenia and bipolar disorder.	19 Zyprexa Pfizer 2006 Sales: \$0.001B 2005 Sales: \$0.0005B 2004 Sales: \$0.0002B 2003 Sales: \$0.0001B 2002 Sales: \$0.00005B 2001 Sales: \$0.00002B 2000 Sales: \$0.00001B 2006 Rank: 19 2005 Rank: 20 2004 Rank: 21 2003 Rank: 22 2002 Rank: 23 2001 Rank: 24 2000 Rank: 25 2006 Description: An atypical antipsychotic used to treat schizophrenia and bipolar disorder.	20 Topamax Pfizer 2006 Sales: \$0.0005B 2005 Sales: \$0.0002B 2004 Sales: \$0.0001B 2003 Sales: \$0.00005B 2002 Sales: \$0.00002B 2001 Sales: \$0.00001B 2000 Sales: \$0.000005B 2006 Rank: 20 2005 Rank: 21 2004 Rank: 22 2003 Rank: 23 2002 Rank: 24 2001 Rank: 25 2000 Rank: 26 2006 Description: An antiepileptic drug used to treat epilepsy.
---	--	--	---	---	---	--	---	---	--	--	---	--	---	---	--	--	---	---	--

Global Problem of Humanitarian Donations



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



Environmental Impact of Disposal

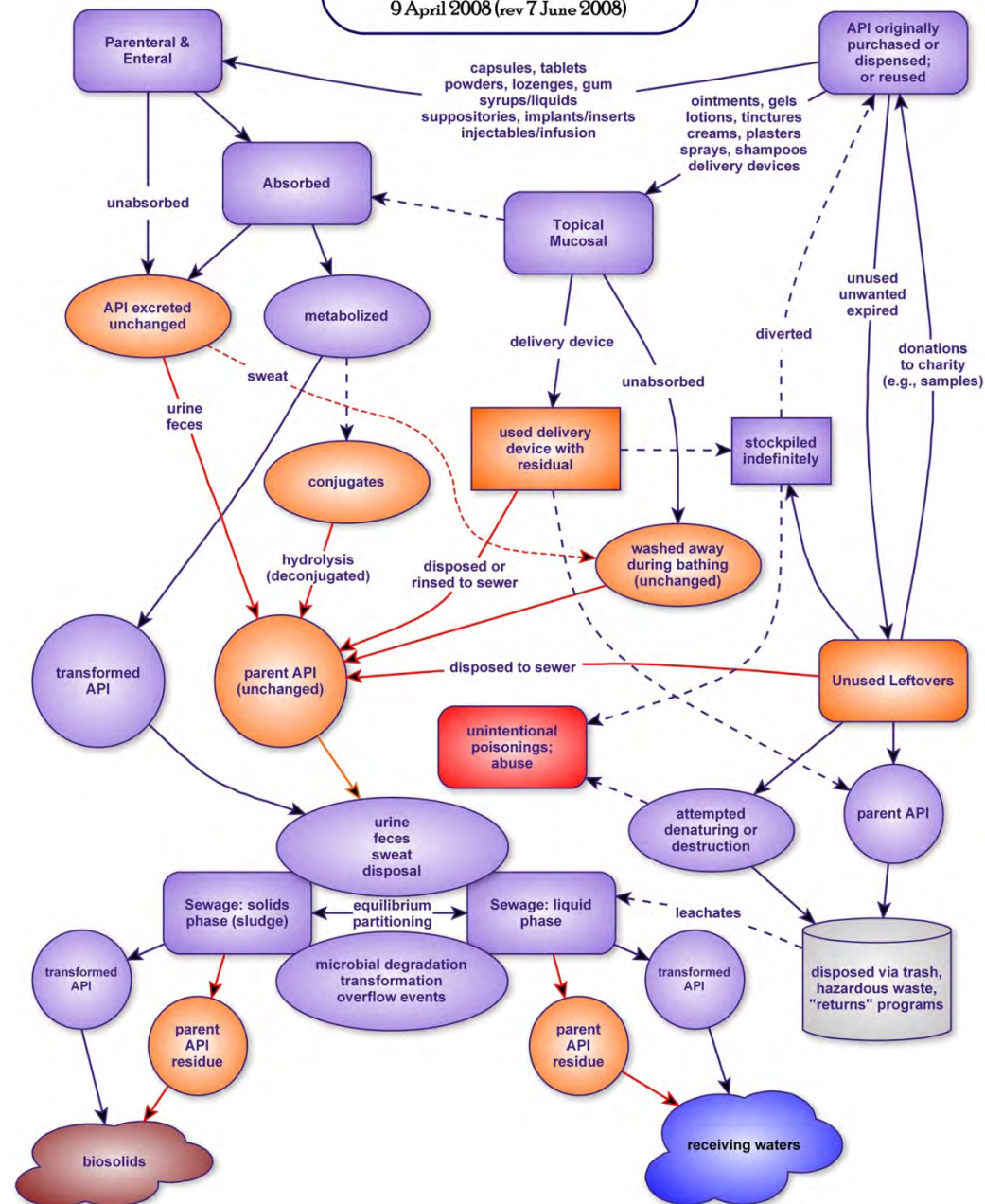
- APIs enter the environment by three primary routes: excretion, bathing, and disposal of leftover, unwanted medications
 - Excretion (primarily via urine and secondarily via feces) comprises continual low-level contributions from multitudes of people
 - Bathing releases APIs from medications applied directly to the skin and excreted via sweat †
 - 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 and the need to minimize aquatic (and terrestrial) exposure**

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



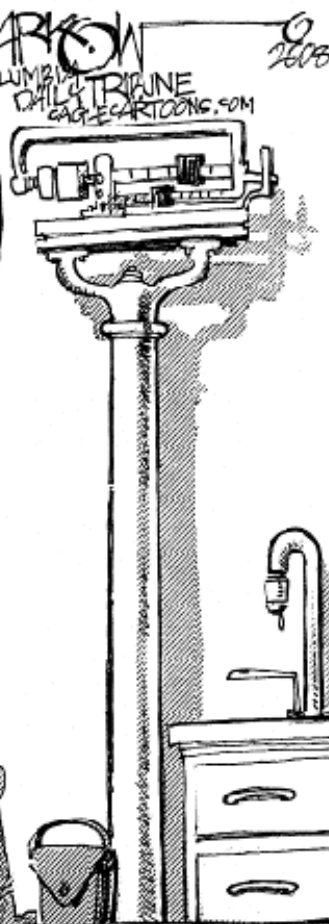
PharmEcokinetics of APIs
created by CG Daughton & IS Ruhoy
USEPA, Las Vegas
9 April 2008 (rev 7 June 2008)

PharmEcokinetics of APIs
created by CG Daughton & IS Ruhoy
USEPA, Las Vegas
9 April 2008 (rev 7 June 2008)





I'M GOING TO PRESCRIBE
A BIRTH CONTROL PILL AND AN
ANTIBIOTIC AND A TRANQUILIZER!
OR YOU CAN DRINK TWO QUARTS
OF TAP WATER, AND CALL ME IN
THE MORNING!



3/11 DARKMAN
COLUMBIA TRISTINE
DAILY GAG CARTOONS.COM
2008

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 synergistic effects with other medicines and/or other contaminants



Environmental Concerns

- Pharmaceutical Facility 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*)
 - “Health facilities flush estimated 250M pounds of drugs a year”
USA Today, 9/08



Environmental Pollution

- Water treatment
 - Situations where sewage receives minimal or no treatment
 - Septic systems, straight-piping, storm over-flow
 - Conventional
 - Flocculation, coagulation, filtration
 - Advanced
 - Chlorination
 - Ozonation, reverse osmosis, activated carbon, nanofiltration
- Some APIs are STILL refractory
 - For example, carbamazepine, ibuprofen, 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”
 - 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

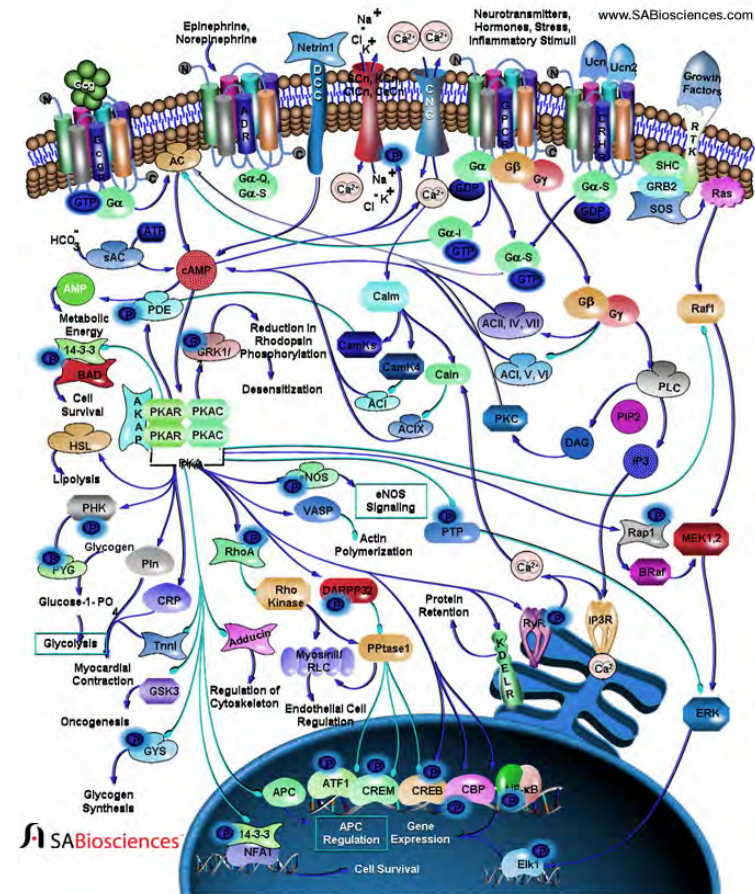


Effects

- 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

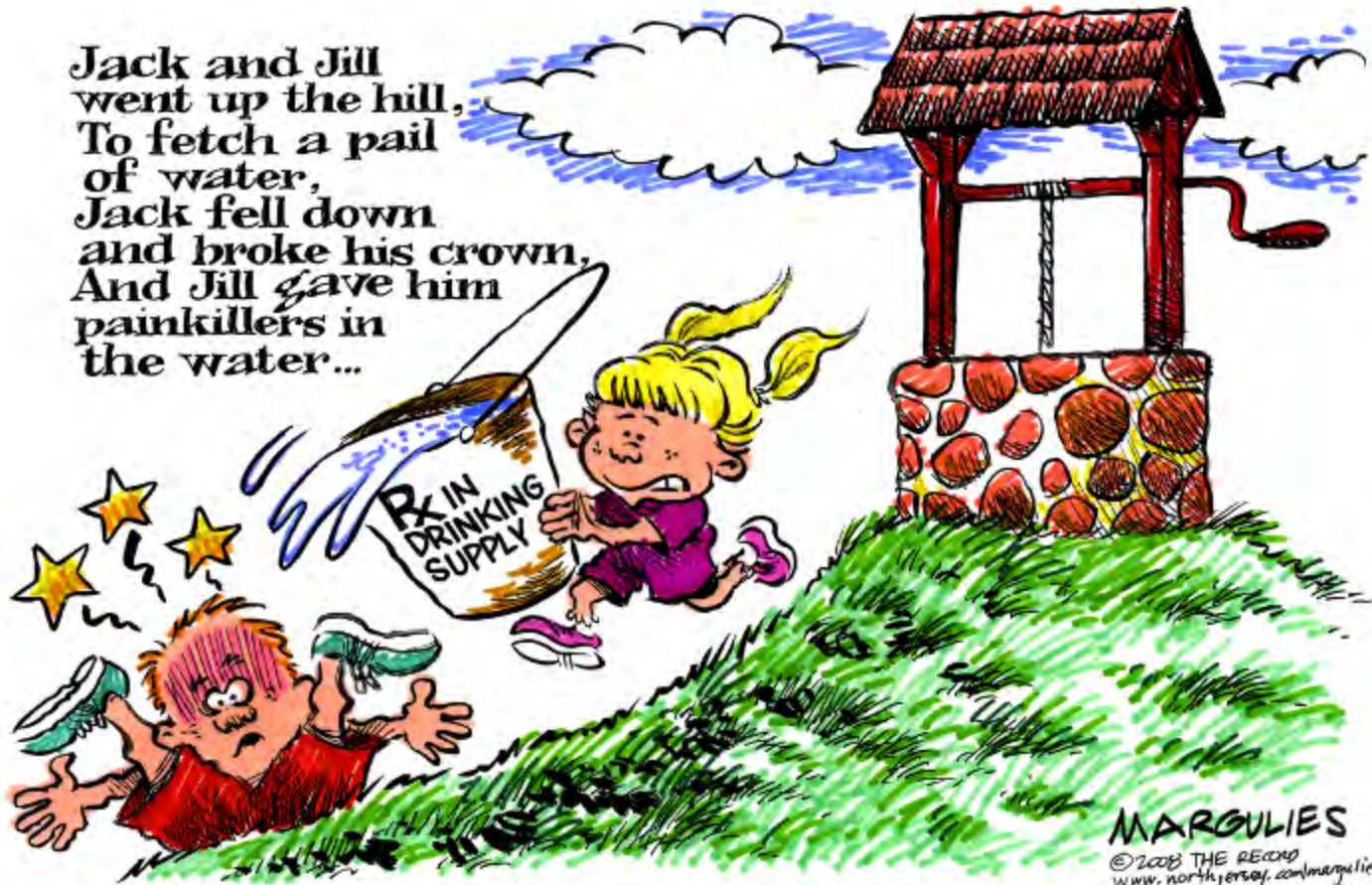
- Short term tests that measure how much of a compound is required to kill an organism outright or stunt its growth in a matter of days



Human Exposure

- Function of:
 - Identities, quantities, & geographic distribution of APIs
 - ADME
 - Major source of unchanged APIs: unwanted, leftover drugs
 - Environmental transport
 - Environmental fate
 - Exposure routes

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...



MARGULIES

©2008 THE RECORD
www.northjersey.com/margulies

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



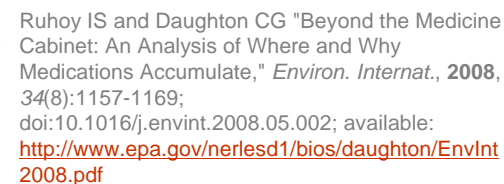


Ruhoy IS and Daughton CG "Beyond the Medicine Cabinet: An Analysis of Where and Why Medications Accumulate," *Environ. Internat.*, 2008, 34(8):1157-1169; doi:10.1016/j.envint.2008.05.002; available: <http://www.epa.gov/nerlesd1/bios/daughton/EnvInt2008.pdf>

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

IS Ruhoy & CG Daughton
U.S. EPA-Las Vegas
15 December 2006
(rev 10 May 2008)



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/Envlnt2008.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

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

- Unit dosing
- Trial scripts
- Low-quantity packaging of OTC medications
 - Increased monitoring of patient
 - Implement practice of concordance
 - Samples and donations
- Reduce incentives for excessive purchasing
- Personalized medicine (e.g., lower doses)
 - Reduce polypharmacy
 - Lower doses via non-racemic APIs
- Prescribers to account for possible environmental impact
- Widespread implementation of sustainable take-back programs

Key questions

- Pharmaceutical occurrence in point-of-use drinking water and in foods
- Toxicological significance of long-term human exposure to multiple pharmaceuticals
- 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 3/09)
 - US Fish & Wildlife/APhA/PhRMA SMARxT program



Mike Kaefer THE DENVER POST 05/13/08





Pharm*Ecovigilance*

Conventional pharmacovigilance expanded beyond conventional focus on ADRs to encompass environmental concerns

Unify the parallel but interconnected needs for protecting both human and ecological health

Models of Change

- European Union
 - “Green” drugs – requires pharmaceutical companies to analyze environmental risks of new drugs
 - Database available to physicians
- KNAPPE
 - K**nowledge and **N**eed **A**ssessment on **P**harmaceutical **P**roducts in **E**nvironmental **W**aters
- In Sweden systems for classification of drug environmental risk and hazard have been used for 5 years
- 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

Contact

- Ilene S. Ruhoy, MD, PhD
ruhoy.ilene@epa.gov
ilene.ruhoy@tun.touro.edu
(702) 798-2621 (EPA-Las Vegas office)
(702) 777-4743 (Touro faculty office)

The Role of Pharm*Ec*ovigilance in Reducing the Environmental Footprint of Pharmaceuticals

GreenPharma Summit Webinar
Institute for International Research
April 14, 2009