



Pharmaceuticals in the environment

Make ideas work!

# Study to inform the development of a strategic approach to PiE in the European Union

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**Deloitte.**

# Context and objectives of the study

## Context:

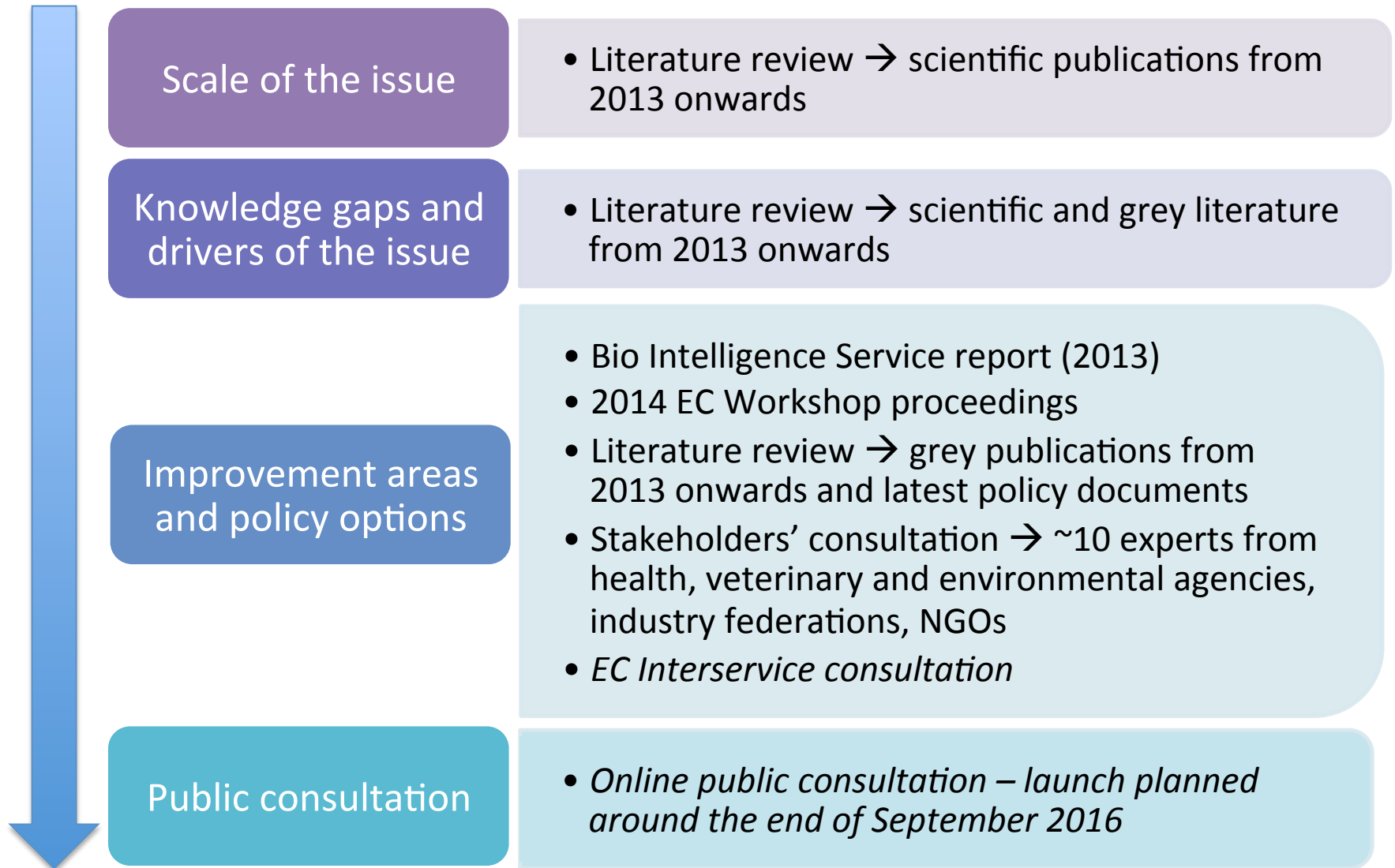
- Essential access to pharmaceuticals for public and animal health
- Body of evidence supporting the occurrence of Ps in the environment, at concentrations which may pose risks to the environment, and possibly to human health via the environment.
- Number of gaps and inefficiencies in the way pharmaceuticals are currently managed.

## Objectives:

- Identification of policy options based on good practices and concrete proposals for improvement.
- Consultation on these policy options as part of the effort to develop an EU strategic approach to PiE.

*Study in collaboration with Milieu Ltd, Ineris and Pr. Kümmerer*

# Our approach



# Pharmaceutical industry in figures

	Human	Veterinary
<b>EU share of global market</b>	25% (2 <sup>nd</sup> after the United States of America)	31%
<b>EU market</b>	€48 billion (1990) - €220 billion (2014)	€5 billion (2014)
<b>EU expenditure on R&amp;D</b>	€27.5 billion/yr (2014)	€500 million/yr (2014)
<b>Number of companies</b>	~4,200 (mostly large companies, employing 250 persons or more)	
<b>Employment</b>	815,000 jobs full time jobs (incl. R&D)	50,000 full time jobs
<b>EU trade surplus</b>	€55 billion euros (2013)	

Sources: (IFAH-Europe, 2016; EFPIA, 2015a; EFPIA, 2015b; Eurostat, 2013)

# Pharmaceuticals production and use

- **3,000 active pharmaceutical substances** on the EU market
- **x 2 increase in the number of Ps** reaching consumers for the last decade (2004-2014)
- **> x 2 increase in the consumption per capita of human Ps** (antimicrobials, ageing and chronic diseases) (between 2000 and 2012) and
- **Significant decrease of antimicrobial consumption for veterinary Ps** (-8% sales in mg/PCU between 2011 and 2013) in the EU/EEA
- **... but 67% increase expected globally** between 2010 and 2030 in the agriculture sector alone
- Average amount of collected pharmaceutical waste reported by Member States **between 10 and 100 tonnes/million capita.**

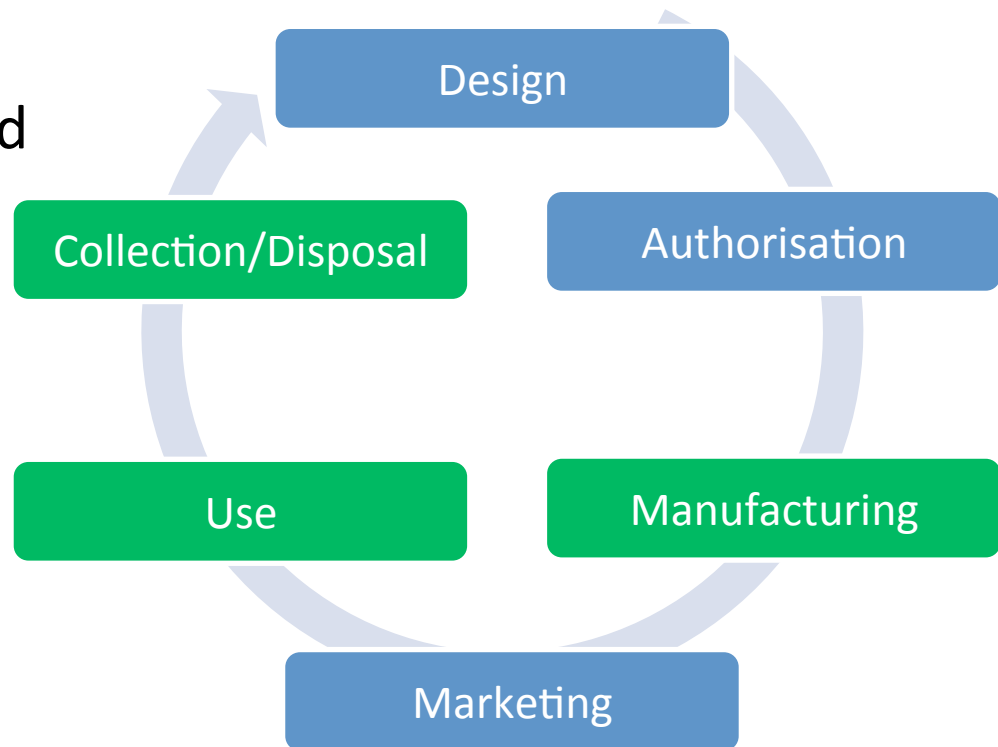
# Contamination pathways

## Key known pathways:

- Consumer and animal use and excretion
- Improper disposal of unused or expired medicines

## 2 pathways with recent focus:

- Wastewater discharged from API manufacturing sites
- Application in the field of manure, sludge or reclaimed wastewater?



# Latest developments regarding occurrence and fate

## Occurrence:

- APIs at concentrations ranging ng/l–μg/l, in particular in rivers and lakes receiving treated WW
- Most documented compartment: fresh surface water
- Increasing attention to PPs in drinking water and seawater
- Still scarce evidence (in general or in the public domain) for:
  - PPs in groundwater
  - PPs in manure and soil, as well as biota.

## Fate:

- Increasing efforts to identify transformation products and determine transformation pathways (potentially high concentrations and persistence)
- Still little monitoring of transfers from an environmental compartment to another

# Assessment of the risks for the ecosystems

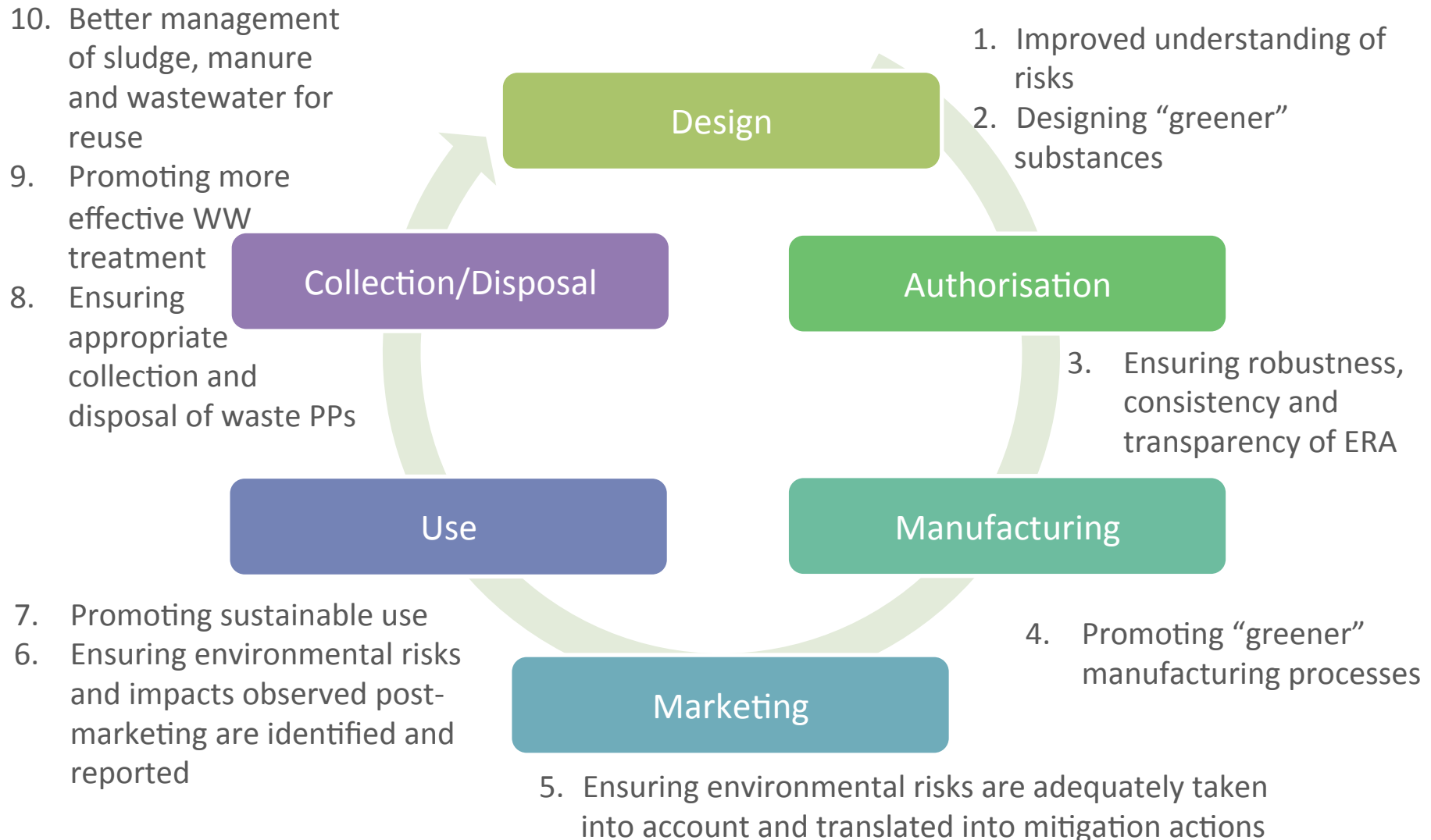
- Based on ERAs performed by Market holders, no environmental risks for a large majority of Ps at predicted environmental concentrations and normal conditions of use
- Yet, still insufficient information about environmental risk for many Ps (environmental occurrence and ecotoxicological data)
- Hot topics in the last 5 years: chronic exposure, mixture effects, non-threshold modes of action, transformation products, Environmental factors
- Recent focus on assessing the risks based on MEC -> Several molecules with a risk quotient  $> 1$
- Observed effects in the environment or at environmental concentrations: diclofenac, ethinylestradiol, benzodiazepine and oxazepam, Ivermectin



# Assessment of human health risks via indirect exposure

- Challenge to establish a clear relationship between PiE and adverse health effects
  - According to latest studies: low risks for human health via drinking water but potential risks via other routes of exposure
  - Particular concerns regarding:
    - antimicrobials and contribution to AMR development (contribution to the 700 000 lives taken in 2014, 10 million by 2050?),
    - exposure to molecules with endocrine-disrupting properties,
    - mixtures.
  - Increasing attention but still limited knowledge
- Long-term effects on human health of chronic exposure to Ps and mixtures cannot be ruled out with current knowledge

# 10 improvement areas across the life-cycle



# Design

## 1. Improved understanding of the risks from pharmaceuticals to the environment

### Rationale

- Knowledge gaps: occurrence, chronic exposure at low doses, metabolites and transformation products, mixtures in environmentally realistic settings, link release of antimicrobials – spread of AMR – impacts on human & animal health, etc.



### Means?

- EU and public-private funding opportunities for research?

AMR: Antimicrobial resistance

## 2. Designing “greener” substances

### Rationale

- Potential benefits vs. consequences for quality, effects and side effects
- Little implementation and research in a competitive environment



### Means?

- EU and public-private funding opportunities?
- Share at EU level resources and concrete examples?

# Authorisation

## 3. Ensuring the scientific robustness, consistency and transparency of risk assessments

### Rationale

- ERA = key legislative instrument
- Representativeness of environmental expertise in scientific committees involved in risk-benefits analysis (for HMPs)?
- Limited access to environmental datasets to environmental authorities and general public
- Limited capacity of current ERA to capture all significant risks (PBT, endocrine, excipients and transformation products, etc.)
- Relevance of separate ERAs for each pharmaceutical using same API?



### Means?

- Strengthen environmental expertise in scientific committees at national and EU level?
- Standardise reporting and improve access to relevant environmental endpoints (e.g. PAR)?
- Expand the scope of ERA to better consider risks related to PBT, endocrine-properties, metabolites, excipients?
- Share information on fate and effect of each API, to be used in ERA Phase 2?

ERA: Environmental risk assessment  
PBT: Persistent, Bioaccumulative, Toxic  
PAR: Public assessment report

# Manufacturing

## 4. Promoting “greener” manufacturing processes

### Rationale

- Hotspots of contamination downstream of pharmaceutical manufacturing facilities
- No specific API limits set for effluent discharges and no transparency about releases
- Impact of EU consumption of pharmaceuticals at global scale
- Voluntary initiatives from the industry to reduce emissions in the EU and/or along the global supply chain
- Insufficient EU instruments to regulate emissions (e.g. IED, REACH, GMP)



### Means?

- Set emission levels for APIs and excipients for manufacturing facilities?
- Promote good environmental manufacturing practices relevant to pharmaceuticals?
- Promote consideration of environmental standards in supply chains?

API: Active pharmaceutical ingredient  
IED: Industrial Emission Directive  
GMP: Good Manufacturing practice

# Marketing

## 5. Ensuring environmental risks are adequately taken into account and translated into mitigation actions

### Rationale

- Little influence of ERA outcomes for HMPs
- Little implementation and follow-up of Risk mitigation measures (RMM)?
- Several incomplete ERA dossiers (limited knowledge; “post-marketing commitments”)
- No update of ERA dossiers at post-marketing stage
- Access to OTC with significant risks
- Scarce reporting of adverse effects at environmental concentrations



### Means?

- Conduct a catching-up procedure for a selection of pharmaceuticals?
- Revise ERAs based on new information?
- Consider ERA results in risk-benefits analysis for HMPs?
- Link ERA outcomes to OTC status?
- Better identify responsibilities for the enforcement of RMM

ERA: Environmental risk assessment

OTC: Over the counter

RMM: Risk Mitigation Measure

## 6. Ensuring environmental risks and impacts observed post-marketing are identified and reported

### Rationale

- Informal surveillance of environmental issues compared to pharmacovigilance
  - For VMPs: Mandatory reporting but debated implementation
  - For HMPs: Environmental surveillance under Member States responsibility.
- No EU-wide targeted monitoring of PP in surface and ground water except for substances under the watch lists
- Limited collaboration between health/veterinary and environmental competent authorities



### Means?

- Strengthen surveillance of environmental issues at post-marketing stage?
- Further include PPs representing a risk in watch lists for surface and groundwater?
- Develop mechanisms for better collaboration and information exchange between competent authorities?

## 7. Promoting sustainable use of pharmaceuticals

### Rationale

- A number of unsustainable practices reported in the literature:
  - 'Over-use' through auto-medication or 'over-prescriptions',
  - Misuse,
  - Treatment's discontinuation,
  - Consumption of OTCs with significant environmental risks
- Key role of doctors, veterinarians and pharmacists, which are in direct contact with patients
- Lack of awareness of professionals and general public



### Possible Means?

- Increase consideration of environmental aspects during medical/veterinary education, training of professionals?
- Increase consideration in procurement decisions?
- Organise public campaigns?
- Tailor packaging size for delivery?
- Regulate further OTC status?
- Etc.



# Collection and disposal

## 8. Ensuring appropriate collection and disposal of waste pharmaceutical products

### **Rationale**

#### Case of unused PP:

- Requirement from all EU Member States to provide collection systems.
- Insufficient results (heterogeneous implementation, limited collection points, lack of awareness of general public on their contribution to PiE)

#### Case of waste contaminated by PP (e.g. effluents):

- No legislative requirement with regard to treatment and monitoring for most PPs
- Pilot initiatives, locally, for source segregation in hospitals



### **Means?**

- Sharing lessons learnt from current implementation: success stories and difficulties for better enforcement and incentive
- Reviewing classification of hazardous substances (CLP) or List of waste?
- Etc.

# Collection and disposal

## 9. Promoting more effective treatment of wastewater

### Rationale

- No EU-wide regulation for the monitoring and removal of PPs in WWTPs effluents
- Regular detection of significant PP concentrations in effluents from WWTPs
- Benefits of advanced water treatments compared to conventional treatments at removing PP
- Need for further optimisation and higher efficiency (recalcitrant pollutants, spread of AMR)
- Limited development despite EU funding opportunities (e.g. RTD H2020, JPI, EIP, CF, ESIF)



### Means?

- Monitor PPs and AMR microorganisms in hotspots' effluents (large WWTP)?
- Increase clarity and access to EU funds?
- Promote innovative mechanisms for investment at national level (water pricing, extended producers' responsibility)?
- Etc.

# Collection and disposal

## 10. Better management of sludge, manure and wastewater for reuse

### Rationale

- Presence of PPs including antimicrobials and AMR microorganisms in manure, sludge and reclaimed water
- Concerns with regard to possible bioaccumulation in the trophic chain and development and spread of AMR
- Not tackled currently in EU policy instruments of potential relevance (IED, Sludge Directive, Fertilizer Regulation, etc.)
- Reuse forbidden in some Member States because of precautionary principles



### Means?

- Set concentration limits of Ps (and AMR microorganisms?) in sludge, manure, and WW for reuse?
- Revise Good agricultural practices and best available techniques for handling of manure in order to mitigate possible contaminations?
- Better links with Circular Economy package?
- Etc.



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Health Care Without Harm Europe