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This week, a subcommittee of the House Committee on Natural Resources held a [hearing](#) on the problem of waste pharmaceuticals ending up in the nation's waterways. The issue sounds trivial – does Congress really need to spend its time worrying about people with a few left-over prescription pills flushing them down the toilet? The answer is yes. The cumulative volume of pharmaceuticals flowing from America's bathrooms (and hospitals and landfills) to our rivers and lakes is significant, and even low levels can harm fish and wildlife. As a result, the environmental impacts of careless drug disposal are serious.

Some pharmaceuticals, known as endocrine disruptors, mimic female hormones in fish, “feminizing” male fish and interfering with reproduction. Even if only one species in a waterway is directly affected, the loss can propagate through the food chain – if the fish that feed predators disappear, the predators tend to follow. Birds, mammals, and reptiles living in and near waterways can also be affected. And the impacts may extend to human health as well; a variety of pharmaceuticals are now readily detectable [in drinking water](#). There is still much we don't know about the impacts of pharmaceuticals on the environment. But there is enough data to know there is reason for concern.

Of course, pharmaceuticals are hardly the only, or even the largest, threat to America's aquatic ecosystems. But they are a threat that is currently entirely unaddressed by national policy, and one that is preventable at low cost. Congress is right to ask what we could do better.

It turns out that the answers may be pretty simple. Of course no one is going to put sewage police in people's bathrooms. But intrusive regulation is not needed to solve this problem. People don't flush drugs because they want to hurt fish. They flush drugs because they have been told to do so (FDA guidelines suggest it), and they don't know what else to do with them – they don't want to put them in the household trash, where they might be found by children or later stolen for illegal sale and use. And people tend to assume that sewage treatment plants remove harmful wastes, although in fact wastewater treatment processes are not currently designed either to detect or to remove pharmaceutical compounds. Educating people on the effects of flushing and giving them an easy alternative for disposal can go a long way toward changing their behavior.

Maine has been experimenting with a [program](#) that does both, having pharmacies provide drug buyers with information and a mailer for sending unused drugs to a central state collection point. State lawmakers have introduced legislation that would apply a product stewardship approach, requiring drug manufacturers to build the cost of disposal into the

price of the drug, providing them with financial incentives to set up cost-effective collection and disposal programs. Marin County, California, has [effectively encouraged pharmacies](#) to voluntarily take back unused medication by providing the stores with locked containers and paying for the pick-up and disposal of returned drugs. Marin's program is funded through waste-disposal fees. Teleosis Institute, a Northern California non-profit, is promoting the spread of such "[green pharmacy](#)" programs.

Congress could mandate a national take-back program. Short of that, Congress could make local and private programs easier. Federal law controls drug labeling; Congress could direct that drug labels include a clear statement that used drugs should not be flushed down the toilet. (Getting the FDA to update its advise so that it's not actively telling people to flush medications would be even easier.) Federal law also currently complicates take-back programs with limits on the acceptance of narcotics. Those requirements could be simplified and clarified with an eye toward supporting communities who want to provide an environmentally-friendly disposal option.

Maine also learned from its program that up to half of the pills bought by consumers end up as waste. Working with doctors and insurers to reduce unneeded prescriptions, and persuading consumers that buying in bulk is not always wise, should therefore also be part of the solution.

Finally, hospitals need to be brought into the picture. Hospitals dispose of large quantities of pharmaceutical waste. To the extent the pharmaceuticals are identified as hazardous, hospitals must comply with the federal Resource Conservation and Recovery Act (RCRA) in disposing of them. But many pharmaceuticals have not yet been designated as hazardous (a cumbersome process), and hospitals often don't understand their RCRA obligations. EPA is trying to work with hospitals to educate them and identify disposal practices that are both practical and environmentally sound. Congress could help by mandating that hospitals treat all pharmaceutical waste as hazardous, while also providing some federal technical assistance to help hospitals understand and comply with that obligation.