## The Impact of Pharmaceuticals on the Ecology and Human Health

Nana Gorgaslidze <sup>1</sup> Nodar Sulashvili <sup>2</sup> Luiza Gabunia <sup>3</sup> Nino Pruidze-Liparteliani <sup>4</sup> Marina Giorgobiani <sup>5</sup>

## Abstract

Aim of the research was to study the impact of pharmaceuticals on the ecology and human health. Currently, increasing attention is being paid to the presence and fate of active pharmaceutical ingredients, solvents, intermediates and raw materials that may be present in water and wastewater, including pharmaceutical wastewater. Traditional wastewater treatment methods, such as activated sludge, are insufficient to completely remove active pharmaceutical ingredients and other wastewater components from these waters. Pharmaceutical wastewater has direct and indirect impacts on the environment and health, especially near pharmaceutical industrial sites. Although pharmaceutical factories produce untreated or partially treated wastewater, drinking water sources are contaminated. Various classes of pharmaceutical compounds such as analgesics. antidepressants, antihypertensives, contraceptives, antibiotics, steroids, hormones, etc. To protect the environment and lifestyles from health risks, the concentration of pharmaceutical compounds in medical wastewater entering drinking water sources should be regularly monitored. This article highlights the toxicity, health risks, and environmental risk assessments associated with pharmaceutical contaminants. To reduce contamination levels when consuming medicines should be: Creation of a system for collecting drug waste generated by the population; Conducting awareness-raising work with the population, employees of healthcare institutions and other target groups on the topic of environmental pollution by drug waste; Taking into account environmental factors when choosing and prescribing treatment. At the same time, there is no need to put environmental protection above the human need for treatment; Development and implementation of wastewater treatment systems. It should be taken into account that urban wastewater has an unstable composition in terms of names and concentrations of drugs. A higher priority is to prevent drug residues from entering the city sewer system.

Key words: Drug, pharmaceuticals, medicine, ecology, environment, human health.

<sup>1</sup> Tbilisi State Medical University, Head of The Department of Social and Clinical Pharmacy, Tbilisi, Georgia

- <sup>2</sup> Georgian National University SEU, Faculty of Medicine
- <sup>3</sup> Tbilisi State Medical University, Department of Medical Pharmacology
- <sup>4</sup> First University Clinic of Tbilisi State Medical University
- <sup>5</sup> Tbilisi State Medical University, Department of Hygiene and Medical Ecology

World of Medicine : Journal of Biomedical Sciences Vol .1 No.4 (2024) https://wom.semanticjournals.org/index.php/biomed

## Introduction

Aim of the research was to study the impact of pharmaceuticals on the ecology and human health. Currently, increasing attention is being paid to the presence and fate of active pharmaceutical ingredients, solvents, intermediates and raw materials that may be present in water and wastewater, including pharmaceutical wastewater. Traditional wastewater treatment methods, such as activated sludge, are insufficient to completely remove active pharmaceutical ingredients and other wastewater components from these waters. Pharmaceutical wastewater has direct and indirect impacts on the environment and health, especially near pharmaceutical industrial sites. Although pharmaceutical factories produce untreated or partially treated wastewater, drinking water sources are contaminated. Various classes of pharmaceutical compounds such as analgesics, antidepressants, antihypertensives, contraceptives, antibiotics, steroids, hormones, etc. To protect the environment and lifestyles from health risks, the concentration of pharmaceutical compounds in medical wastewater entering drinking water sources should be regularly monitored. This article highlights the toxicity, health risks, and environmental risk assessments associated with pharmaceutical contaminants. To reduce contamination levels when consuming medicines should be: Creation of a system for collecting drug waste generated by the population; Conducting awareness-raising work with the population, employees of healthcare institutions and other target groups on the topic of environmental pollution by drug waste; Taking into account environmental factors when choosing and prescribing treatment. At the same time, there is no need to put environmental protection above the human need for treatment; Development and implementation of wastewater treatment systems. It should be taken into account that urban wastewater has an unstable composition in terms of names and concentrations of drugs. A higher priority is to prevent drug residues from entering the city sewer system.

Keywords: Drug, pharmaceuticals, medicine, ecology, environment, human health.

**Introduction.** Ecology, which directly affects the health of society, is one of the most important factors in the modern era of civilization. Factors affecting population health are the biggest social problem. The health and illness of society are determined by the environment in which a living organism is located and develops. Man is a biosocial being. Environmental factors affect organisms in different ways. It can be irritating, limiting or determining the existence of the organism in specific conditions; the danger of

disturbing the natural balance is associated with pollution of the atmosphere, water, soil and food products with nitrates, pesticides, radionuclides and other harmful substances. The environment is saturated with psychotoxins, chemical waste, biological damaging agents (drug-resistant bacteria, fungi, viruses, parasites resulting from mutations). causing death of plants and animals and illness in humans. Therefore, it is clear what a great danger an environmental disaster poses [1-3]. An environmental disaster has a direct impact on public health. Society and the environment are in constant relationship. Therefore, the health and illness of society are determined by the environment in which a living organism is located and develops. Factors affecting population health are the biggest social problem.

There is a danger of disturbing the natural balance. Pollution of the atmosphere, water, soil and food products with nitrates, pesticides, radionuclides and other harmful substances leads to the death of plants and animals and diseases of people. Therefore, it is clear what a great danger ecological disaster causes [5-6].

The most serious consequence of biosphere pollution is the manifestation of genetic disorders. As a result of increased radioactive background and chemical pollution of the environment, the number of pathologies, malignant tumors, mental disorders, etc. increases. number. Mutagens in the form of chemical compounds, ionizing radiation penetrate the cell and cause disruption of the genetic program, causing mutations in somatic cells [7-8]. Human activity has the most negative impact by releasing pollutants. Pollutants are considered to be all those substances that enter the atmosphere, soil, natural waters and cause disruption of the biological, physical or chemical processes taking place there. Radiation and thermal radiation are also pollutants. As a result of human activities, carbon dioxide (CO<sub>2</sub>), carbon dioxide (CO), sulfur dioxide (SO<sub>2</sub>), methane (CH<sub>4</sub>), nitrogen oxides NO<sub>2</sub>, NO, N<sub>2</sub>O are released into the atmosphere. As a result of aerosol use, chlorofluorocarbon enters the atmosphere, and hydrocarbons from transport emissions. Water bodies are polluted not only by waste from industrial production, but also by organic and mineral fertilizers and pesticides used in agriculture. In the same way, sea water is being polluted. Rivers carry millions of tons of chemical waste into the sea every year. Millions of tons of oil spill into the oceans every year as a result of tanker and oil rig accidents, killing marine animals. Burial of nuclear waste at the bottom of the sea, sunken ships with nuclear reactors and weapons also pose a danger [9-11]. Radioactive contamination of the soil creates a great danger, since radioactive substances from the soil enter plants, and from there into the body of humans and animals, where they accumulate and cause various diseases. Chemicals pose a particular danger, specifically, organic compounds used in agriculture to control weeds, pests and diseases.

Currently, increasing attention is being paid to the presence and fate of active pharmaceutical ingredients, solvents, intermediates and raw materials that may be present in water and wastewater, including pharmaceutical wastewater. Traditional wastewater treatment methods, such as activated sludge, are insufficient to completely remove active pharmaceutical ingredients and other wastewater components from these waters. Pharmaceutical wastewater has direct and indirect impacts on the environment and health, especially near pharmaceutical industrial sites. Although pharmaceutical factories produce untreated or partially treated wastewater, drinking water sources are contaminated. Various classes of pharmaceutical compounds such as analgesics, antidepressants, antihypertensives, contraceptives, antibiotics, steroids, hormones, etc. were detected in water samples ranging from mg/L to  $\mu$ g/L. Although the quantities detected are very small, they are highly toxic to humans, animals and aquatic life. To protect the environment and lifestyles from health risks, the concentration of pharmaceutical compounds in medical wastewater entering drinking water sources should be regularly monitored. This article highlights the toxicity, health risks, and environmental risk assessments associated with pharmaceutical

in the environment and the provision of ecosystem services [16-18].

contaminants [12-15]. Residues of many pharmaceutical products can be found in drinking water, plants and fruits, as well as in the tissues of fish and shellfish. Thus, people are exposed to these residues when they drink contaminated water and eat contaminated food. Pharmaceuticals in the environment can also influence the provision of important ecosystem services and have indirect effects on human health and well-being. Found the evidence that drug residues in drinking water and food affect human health, as well as the indirect effects of drugs on human health. Available evidence suggests that the risks of direct toxicity are low, but there are scenarios in which indirect effects are possible. Much remains to be done regarding the wider range of drugs and exposure pathways, and the links between the presence of drugs

The uncontrolled release drugs into the environment may be wastewater and atmospheric emissions from enterprises producing finished drugs and pharmaceutical substances. the environmental safety of such production is usually regulated by law. However, accidental releases of drugs into the environment or those that violate existing norms and regulations that occur in industry, are nevertheless not systematic. Moreover, there is a general trend towards a reduction in the environmental load on the part of pharmaceutical production, primarily in developed countries of the world, due to a consistent increase in the technological effectiveness and organization of the production process, the introduction of increasing quality standards and environmental safety, and control by authorized government bodies. It is also necessary to take into account that pharmaceutical production is localized geographically, and if an accident occurs at the enterprise or there are violations of environmental legislation, then such emissions are exclusively local in nature and pose a danger only to specific regions. For all the reasons listed above, such sources are not the subject of analysis in this review, although they contribute to environmental pollution. Other sources of drugs that are practically uncontrollable and are formed mainly by people who use drugs for medical purposes, as well as in animals, pose a great danger to the environment [19-21]. For the most part, drugs are xenobiotics, and many of them are metabolized in the human body. The task of metabolism is generally to impart polarity to lipophilic substances in order to facilitate subsequent excretion. Metabolic parameters are individual for each substance and depend on gender, race, age and the physiological state of the human body. There are two phases of metabolism, the numbering of which does not necessarily reflect their actual sequence. In the first phase of metabolism, a redox or hydrolytic transformation of the molecule occurs, increasing its polarity. In the second phase of metabolism, the xenobiotic is conjugated with endogenous molecules that improve the transport properties of the metabolite [22-23].

Aim of the research was to study and analyzed the impact of pharmaceuticals on the ecology and human health in General.

**Methodology.** The material of the article was the data from scientific publications, which were processed, analyzed, overviewed and reviewed by generalization and systematization. Research studies are based on a review/overview assessment of the development of critical visibility and overlook of the modern scientific literature. use the following databases: (for extensive literature searches to identify key issue aspects of the impact of pharmaceuticals on the ecology and human health in General.). PubMed, Medline, Web of Science, Scopus, Web of Knowledge, Clinical Key, Tomson Reuters, Google Scholar, Cochrane library, and Elsevier foundations, national and international policies and guidelines were also reviewed and as well as grey literature.

**Results and Discussion.** The chemical pollutants such as pesticides, biocides or industrial chemicals, the release of pharmaceuticals into the environment must be regulated to ensure adequate information and

transparency about the environmental impacts of pharmaceuticals; adequate and reliable assessment of environmental risks of pharmaceutical products; prevent pharmaceutical products from entering the environment throughout their entire life cycle and control releases of pharmaceuticals into the environment when prevention is not possible [24-25].

Consumption of medicinal products for human and veterinary purposes has impacts on terrestrial and marine environments and ecosystems. Increased environmental awareness regarding pharmaceutical activities has led to the development of policies and measures aimed at mitigating negative environmental impacts. Various measures have been taken to promote environmentally friendly production and practices, leading to the development of alternative methods and processes benefiting both the environment and industry. Distributors and pharmacists can make a difference by effectively managing daily operations, including improving inventory and rotation, consolidating supplies and reducing unused medications [26-27]. Incorporating green practices into the pharmacy curriculum provides future pharmacists with the skills and competencies needed in the field to reduce the environmental impact of processes and medications. A more environmentally conscious workforce in the pharmaceutical industry is creating the necessary ripple effect for the adoption and implementation of green principles across various pharmaceutical environments. Patients should also learn to avoid accumulating medications and disposing of them safely and correctly. Adopting environmentally friendly practices leads to a reduction in the use of chemicals and waste generation, which in turn leads to a reduction in the pollutants that contribute to climate change [28-29]. The increasing production and use of pharmaceutical and veterinary products has had an impact on the environment over time. Drug production processes have a significant impact on the environment, which affects the value of chemistry to society. The pharmaceutical industry impacts the environment through the carbon footprint generated during the production of pharmaceutical products and throughout the supply chain, which can lead to climate change.Climate change may alter the incidence of vector-borne diseases by altering the population of species that act as disease vectors. Another consequence of climate change is the emergence of infectious diseases caused by pathogens that would otherwise be dormant [30-31]. Diseases and conditions caused by climate change will also impact demand in the healthcare system and pharmaceutical industry. The pharmaceutical industry may see a change or increase in demand for drugs. For example, an increase in temperature can trigger asthma due to increased pollen levels. This increase in asthma cases will, in turn, lead to an increase in demand for medications to control asthma. Changing demand for medicines could create opportunities for the pharmaceutical industry to make the most of climate change and incorporate green chemistry principles into the development of new medicines.

The production and consumption of pharmaceuticals results in the presence of active pharmaceutical ingredients (APIs) in the ecosystem. Active ingredients enter the marine and terrestrial environment through release from manufacturing facilities, into wastewater after consumption of the drug in question, or through improper disposal of expired or unused drugs. The use of medicinal products in veterinary medicine may also result in the release of active substances into the environment, for example through the use of wastewater for irrigation, agriculture, aquaculture or the disposal of animal carcasses treated with veterinary drugs. The presence of APIs in the ecosystem can have a number of side effects, such as: Bacterial resistance to antibiotics and changes in the activity of digestive glands in marine life, reproductive toxicity in amphibians and feminization of fish. Another striking example of the impact of APIs on the ecosystem is the sharp decline in vulture populations due to the presence of diclofenac residues in cattle carcasses [32-34].

Based on data from the World Health Organization, an analysis of the impact of environmental factors on

human health was published, which revealed large differences between countries and showed that human health can be improved by reducing exposure to environmental factors such as: pollution, ultraviolet radiation, noise, climate, ecosystem change and dangerous work environment. More than 10% of deaths in 23 countries of the world are related to the environment with two risk factors: 1) polluted air and water; 2) low sanitary and hygienic indicators.

Pharmaceutical products are essential to human health, but they become an environmental problem when they enter the environment, which occurs when residues are excreted from the body after consumption or when unused pharmaceutical products are improperly disposed of. Although no method has been developed to detect all drugs entering an ecosystem, certain groups have been shown to have negative impacts on ecosystems, including increased mortality of aquatic species and changes in physiology, behavior, or reproduction. Particular attention is paid to these groups of drugs and their impact on the environment. In this review, the authors propose measures to reduce the amount of unused pharmaceutical products in the environment, with a focus on prevention. Various policy measures are recommended throughout the life cycle, including source-oriented, user-oriented and waste management measures, to prevent the generation of household pharmaceutical waste and ensure environmentally sound disposal of household pharmaceutical waste. Preventive measures include rational drug consumption, prescribing more environmentally friendly drugs or developing safe and easily biodegradable drugs, better disease prevention, personalized medicines, better packaging sizes and markets for the redistribution of unsafe drugs. The next step is to prevent inevitable waste from entering the environment. Therefore, it is extremely important to collect and properly dispose of unused medicines. Finally, education of healthcare professionals and the public, as well as partnerships between environmental scientists and clinicians, are essential at all stages of the pharmaceutical life cycle. Reducing drug levels in the environment will benefit human life [35-38].

Demographic, epidemiological and lifestyle changes, such as the aging of the population, the increase in chronic diseases, the availability of cheap generic treatments and easy access to a large number of overthe-counter medications, have become key factors in the growth of the pharmaceutical industry. The global increase in drug consumption has led to greater international awareness of the problem of unused pharmaceuticals (UPs) in households and the harmful environmental and health consequences of their improper disposal. Drugs in the environment are challenging because they are designed to interact with a living system and produce a pharmacological response at low doses, making them dangerous to the environment even at low concentrations. Secondly, drugs are designed to be stable in reaching and interacting with their target molecules, meaning that they degrade very slowly or that their continued use results in a constant, slower release into the environment, that is, as quickly like decomposition. In addition, conventional wastewater treatment plants are not designed to completely remove pharmaceuticals from wastewater [39-41].

Pharmaceutical products enter the environment through two main routes: excretion and insufficient elimination. In both cases, pharmaceuticals end up in sewage treatment plants, which are generally not designed to remove these pollutants from wastewater. Drugs have been found mainly in surface water, but also in groundwater, soil, manure and even drinking water. The presence of drugs in freshwater and terrestrial ecosystems can lead to the release of drugs into wildlife with the possibility of bioaccumulation. People are then exposed to drugs through drinking water and their residues in crops, fish, dairy products and meat. The effects of pharmaceuticals entering aquatic environments are of increasing concern, with impacts ranging from molecular changes to population-level effects [42-44]. The environment is everything that surrounds us: the air we breathe, the water we drink, and the land on

which all living creatures live, the plants we use for food thrive. Development is what we do with these resources to improve lives. Our actions to make our lives more comfortable change the environment

One of the achievements of the United Nations in the field of environmental protection is the Kyoto Resolution on the Climate Change Convention (1997). In 2004, it passed into law, requiring countries to reduce emissions of dangerous greenhouse gases by 5.2% by 2012. The United Nations Convention on Biological Diversity (1992) obliges states to preserve the rich diversity of plants and animals necessary for human existence.

Environmental pollution leads to the increase of toxic substances in the human body and its environment - air, water, soil, animal and plant world - beyond the permissible norm, which is followed by a sharp increase in various chronic diseases.

The interaction between the organism and the environment takes place in two main directions. One of them refers to those biochemical changes in human organisms that are caused by the demands of environmental conditions or arise in the process of human impact on the environment. It is necessary to specify the impact processes of men, women, children and entire groups. The environment is that part of living and non-living nature that surrounds organisms and directly or indirectly affects their existence, development and reproduction [45-47].

Pharmaceutical and personal care products (PPCP) in the environment are a hot topic. Veterinary antibiotics, prescription drugs and cosmetic products are discarded from a variety of sources and regularly enter the environment, where they occur in small quantities in wastewater, surface and ground water, silt-laden agricultural soils, aquatic and terrestrial biota, and wet drinks Water. The public should become aware of this and is calling on the scientific and regulatory community to assess the potential risks to human health and the environment and take appropriate action if necessary [48-49].

Chemical pollutants are known to have specific effects on organisms, for example: Organotin compounds (used in anti-fouling paints on ships) affect marine life. However, there is another very diverse group of chemical compounds that can be harmful but have received relatively little attention as potential environmental pollutants. These include drugs, including drugs for humans and animals, as well as illegal (recreational) drugs.

Thousands of tons of pharmacologically active substances are used worldwide every year, but surprisingly little is known about the fate of most drugs after their intended use. Most of the administered dose is excreted unchanged from the body, and metabolites can be converted back into the active ingredient by bacteria. In addition, the public often throws unused medicines down the drain. Based on published prevalence data, it is likely that a significant portion of municipal wastewater is contaminated with narcotic compounds that vary only in the type and content of substances present [50-51]. Modern research has shown that many drugs are not completely eliminated from the body in wastewater treatment plants. The presence of drugs in surface systems, soil and even marine systems has been confirmed in concentrations ranging from high ng/liter to low mg/liter, which are similar to the concentrations of some pesticides. Pharmaceutical compounds discarded in household waste can end up in landfills and pose a risk to surface and ground water. Additionally, unlike more regulated contaminants, which often have a longer half-life in the environment, pharmaceuticals can become pseudopersistentdue to prolonged exposure to wastewater, with unknown consequences for aquatic organisms that may be continuously exposed [52-53].

The potential consequences of the presence of pharmaceuticals in aquatic systems are unknown and have therefore received increasing attention as potential pollutants in recent years. The fact that an industrial chemical can end up in the environment is not surprising in itself. What's interesting about drug contamination is that it does not primarily arise from manufacturing, but rather from the widespread and ongoing use, isolation, and improper disposal of drugs for human and veterinary use [54-55]. Pharmaceuticals are potentially ubiquitous pollutants as they are present in all human environments. There is currently little evidence that pharmaceuticals are present in the environment in sufficient quantities to cause significant harm, although their use is expected to increase as the Human Genome Project is completed and the population ages. Drugs and their metabolites are increasingly being found in water bodies in areas adjacent to anthropogenic activities [56-57]. The biggest concern at the moment is that antibiotics in wastewater treatment plants may lead to increased resistance of natural bacterial populations. There are many isolates of microorganisms resistant to antibiotics in the environment, and although the issue remains controversial, the significant increase in the number of bacterial strains resistant to multiple antibiotics is often attributed to the misuse of antibiotics and the increase in their discharge into wastewater. Three known mechanisms of gene transfer (conjugation, transduction, and transformation) are thought to occur in aquatic environments; As a result, streams and rivers can become a source and reservoir of resistant genes, as well as a means of their dissemination. In addition, some nontarget organisms (eg cyanobacteria) may be exposed to antibiotics, which may have indirect negative effects on the aquatic food [58-59].

The problem is further complicated by the fact that exposure to only one drug or toxic substance at a time is likely to be a rare event. Laboratory studies have shown that mixtures of just a few compounds have effects on ecosystems, but it is unknown what happens in the wider environment. Most organisms are constantly exposed to various substances, the concentrations of which vary little in time and space. Therefore, the limits of your tolerance depend on the duration of exposure to chemical and non-chemical stressors, many of which have the same mechanism of action and whose effects can result in additive effects. Thus, risk estimates that ignore possible cumulative drug effects will almost certainly lead to significant underestimation of risk [61-62].

Increasing demand for global water sources will likely lead to increased indirect and direct water reuse in the future. Drinking water is a direct route to the human body, including drugs and other contaminants that may be present there. Advanced water treatment technologies such as granular activated carbon (GAC) and reverse osmosis (RO) can remove drugs from drinking water until they are invisible, but these processes are not widely used. Due to the lack of appropriate technology and the need for significant economic investment, municipal wastewater is never treated in this way. In addition, large-scale monitoring programs to test these compounds would be extremely expensive and time-consuming due to the large number of different compounds and the diversity of their properties and effects.

Given that the extent and consequences of the presence of drugs in aquatic environments is largely unknown, more research is needed before a clear picture of the true nature and importance of the problem can be formed. Therefore, it would be unwise to claim that these compounds have significant environmental impacts until convincing evidence is available. To this end, future emphasis should be on adequate and sufficient scientific knowledge to determine occurrence, exposure, sensitivity and consequences in order to make informed decisions regarding human health and the environment [63-65]. When evaluating drugs, benefits to human health must take precedence over potential harm to the environment. Therefore, it may be beneficial to focus on reducing or eliminating problems at their source by developing clearer drug labeling and more effective guidelines for the disposal of pharmaceutical compounds by patients and healthcare professionals. The potential benefit of this approach would be improved consumer health (by minimizing the consumption of active substances) as well as reduced healthcare costs. Given the enormous importance of the pharmaceutical industry to both human health

and the economy, any increased control could have serious economic and social consequences. If pharmaceuticals turn out to be problematic contaminants, collaboration between health professionals and environmentalists will be mutually beneficial, as much research remains to be done before the problem can be fully understood [66-67]. The industrial agriculture, municipal wastewater treatment, and the introduction of municipal sewage sludge (biosolids) as major sources of pharmaceuticals and personal care products in the environment. To compensate for this, indicators of veterinary antibiotic use are provided by both the agricultural industry and interested scientists. Personal care products are divided into fragrances and musks, cleansers and disinfectants. Pharmaceutical products intended for human use are included in the UNESCO list of emerging pollutants. Their identification and elimination represent a decisive step towards achieving the goals of the Sustainable Development Program. Concentrations of drugs found in the environment are below therapeutic levels. In waters receiving treated wastewater, drugs are found at concentrations below 100 ng/L. These low concentrations make it difficult to assess their toxic effects on ecosystems and human health. The vast majority of pharmaceutical products have not been adequately studied regarding their long-term toxic effects, presence and fate in the environment. However, certain classes of drugs, such as beta blockers, antibiotics, anticancer drugs, and endocrine disruptors, have been shown to have devastating effects on the ecosystem, including increased mortality and disruption of the physiological and reproductive functions of aquatic species. Moreover, since it is impossible to separate humans from nature, this has devastating consequences for human health. However, the extent of the problem remains largely unknown due to the large number of drugs available and difficulties in assessing the risks associated with exposure to multiple compounds at low doses over long periods of time. The drugs on the market pose a potential risk to the environment. Although there is no established method for detecting all pharmaceuticals entering an ecosystem, some are widespread and have been shown to have negative impacts on ecosystems. These groups include hormones, antibiotics, antidepressants, anti-inflammatory and pain relievers, beta blockers and anti-cancer drugs [68-70].

Antibiotic resistance is a global public health problem, especially given the increased use of antibiotics during the COVID-19 pandemic, which has led to the exhaustion of the last line of antibiotics. It has been established that the use of antibiotics in medicine, veterinary medicine and agriculture is associated with pollution of various parts of the environment, which has contributed to increased antibiotic resistance and the occurrence of ecotoxicological effects. Failure to properly dispose of antibiotics through sewers by patients also poses a growing environmental threat to public health. Additionally, high levels of antibiotic contamination after long-term exposure can negatively impact human health, especially in patients with chronic diseases such as obesity, diabetes and asthma [71-72].

Antidepressant contamination has increased significantly worldwide during the COVID-19 pandemic. To this day, antidepressants can be found in urban and suburban water supplies. Many aquatic animal species bioaccumulate various antidepressants in their tissues, resulting in cytotoxicity, genotoxicity, impaired stress response, weight and length gain/loss, and liver and kidney damage. Because there is significant overlap between human and animal environments, exposure to antidepressants (sertraline, fluoxetine) in the environment also affects human neurological development and various mental illnesses. Although psychotropic drugs are usually present in wastewater at subtherapeutic levels, they can have biological effects at low doses, and combinations of multiple psychotropic drugs are often present, especially in the environment, increasing the risk of toxic effects [73-74].

Pharmaceutical compounds are used in modern society for various beneficial purposes, but at the same time, the pharmaceutical industry releases highly toxic pollutants into the environment either directly or after chemical modification. Additionally, pharmaceutical compounds can enter the environment through

various routes such as treated wastewater discharge, seepage into landfills, sewer pipes, animal waste, etc. Although a number of physical and biological processes occur in an aquatic ecosystem, they can lead to depletion of many lead to pharmaceutical compounds. Traces of human and veterinary drugs and their metabolites were found in several bodies of water. Objects such as surface water, groundwater and drinking water sources. Several industries, including pharmaceuticals, chemicals, paints, etc., are rapidly developing in India, with wastewater being discharged into water bodies either directly or after partial treatment. Pharmaceutical compounds have been found to be released into the environment and may be considered environmental pollutants. Several pharmaceutical plants have been found to be sources of much higher concentrations in the environment than those resulting from drug use. Typically, the pharmaceutical industry generates a large amount of waste during production and service. Drugs have been found in sewage treatment plant wastewater and drinking water. Trace amounts of drugs in drinking water can have serious adverse effects on human health and aquatic life over long periods of time, even when drug concentrations in drinking water (in the nanogram per liter range) are orders of magnitude below the minimum therapeutic dose [75-76].

Pathways through which drugs may be exposed to the environment include manufacturing plants and hospital wastewater, land use (eg, biosolids and water reuse), etc. Wastewater treatment services are not always successful in removing active chemicals from wastewater. Therefore, drugs enter the aquatic environment, where they have a direct effect on aquatic organisms and can be absorbed into the food chain.

Higher concentrations of antibiotics can lead to changes in microbial community structure and ultimately affect food chains. Nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, naproxen and diclofenac, are widely used and therefore often found in wastewater systems, both surface and groundwater. Ibuprofen, ketoprofen, naproxen, indomethacin, diclofenac, acetylsalicylic acid and phenazone were detected in the surface water system. However, after clofibric acid, the most common drugs found in aquatic environments are diclofenac, ibuprofen and propyphenazone. Diclofenac has also been shown to be highly toxic to vultures and livestock. NSAIDs such as ibuprofen, naproxen, and aspirin are the most commonly used medications and are often found in effective amounts in municipal wastewater [77-78].

Many pharmaceutical companies are responsible for the generation of toxic wastewater during their operations. The wastewater generated from these facilities contains solids, biodegradable and nondegradable organic compounds, etc. Pharmaceutical wastewater provides basic information about the reliability of the aquatic environment of the rivers and streams into which it is discharged. An important indicator of industrial wastewater contamination is the oxygen content of chemical oxygen demand (COD) and biological oxygen demand (BOD), with nutritional status measured by the amount of nitrogen and phosphorus in the wastewater. Long-term exposure of coastal biota to lower concentrations of complex drug mixtures can result in acute and chronic damage, behavioral changes, tissue accumulation, reproductive impairment, and inhibition of cell proliferation. Several studies have shown that fish exposed to sewage may experience reproductive problems. In addition, fish exposed to trace amounts of contraceptive drugs in the concentration range found in the environment show dramatic reductions in reproductive success, suggesting that population-level effects may be possible [79-82]. Around the world, the drug residues in the environment poses risks to humans, aquatic animals and wildlife and is becoming a major concern for both regulatory authorities and the pharmaceutical industry. Significant progress on this issue is simply not possible with the current limited knowledge about the transport, fate, and environmental impact of pharmaceuticals. It is necessary to take into account the possible potentiating

effects of different drugs acting on the same receptors. Risk assessment of pharmaceutical chemicals involves identifying the hazards associated with each step and assessing the risks associated with those hazards.

Currently, pharmaceutical compounds are regularly released into the environment in extremely large quantities, and the current emission control system is unable to control untreated or partially treated pharmaceutical wastewater. The effects of drugs permeate and impact ecosystems, biota and humans. Adverse health effects on humans, aquatic animals and livestock should be investigated through careful toxicological and safety studies. Serious efforts are needed to reduce this problem, and appropriate regulations are needed to monitor and control it. Water quality guidelines in India should include analysis of the most commonly used pharmaceutical compounds in drinking water sources. In addition, pharmaceutical industrial wastewater treatment plants need to implement new corrective measures to prevent long-term environmental and health risks [83-85].

Water sources contaminated with pharmaceutical contaminants are found in agricultural lands, surface water, groundwater, and drinking water. Water flows to plants, which affects the quality of soil and crops grown using this contaminated water. Pharmaceutical contaminants are considered external environmental factors that affect crop quality. Drugs enter plants as pollutants, either through the soil or the air. Pollutants enter the plant from the soil through the roots and are transported through the stem. Plants also absorb pollutants from the air, and leaves can absorb pollutants from the atmosphere. Pharmaceutical contaminants such as B-lactams, aminoglycosides, macrolides, tetracyclines, sulfonamides, herbicides including sulfonylureas, triazines, imidazolinone, phenylurea and bisphenol (BPA) have been found to cause toxicity in plants. Polychlorinated biphenyls (PCBs) affect plant growth, reproduction and productivity [86-88].

Most pharmaceuticals we use are excreted via urine and feces in unchanged form or as metabolites and eventually end up in the drain. The pharmaceutical residues can then reach lakes, the sea and groundwater, despite passage through wastewater treatment plants, as the wastewater treatment plants are not built to clear pharmaceuticals. Pharmaceuticals affect biological processes. They are also often designed to withstand biodegradation and can therefore remain in the environment for a long time. There are reports of effects on fish, as well as that measured concentrations of antibiotics in wastewater treatment plants can select for antibiotic resistance.

Chemicals play an important role in healthcare as they can be used as disinfectants, cleaning agents, laboratory reagents, sterilants, pesticides, pharmaceuticals, and in medical devices and equipment. They also offer great animal welfare benefits. However, there is growing awareness and concern about the consequences of mishandling drugs and chemicals on human health and the environment [89-90]. Pharmaceuticals are also biologically active substances specifically designed to provide pharmacological effects on living organisms. They affect the health of wildlife and ecosystems if not managed in an environmentally sound manner. Active pharmaceutical ingredients (APIs) are the biologically active components of a drug. These APIs are sold to pharmaceutical ingredients are used in prescription, over-the-counter and veterinary products worldwide.From a chemical and waste management perspective, environmental and health issues in this sector are mainly related to the release of pharmaceuticals into the environment: Waste ends up in rivers, lakes and underground aquifers. In addition, when used in livestock production and when manure is used as fertilizer, veterinary drugs end up in the soil and environment. This leads to soil contamination and biomagnification due to leaching of drugs into food crops [91-93].

Sources of drug release into the environment include direct emissions from drug manufacturing, patient and animal feces, aquatic agriculture, and disposal of unused or expired drugs.Medicines designed to degrade slowly, or even non-degradate to resist chemical breakdown as they pass through the human or animal body, pose a particular risk if ingested, stored, or distributed into the environment. When released into the environment, the biological activity of persistent pharmaceutical pollutants in the environment can have direct negative effects on non-target organisms such as wildlife and have long-term impacts on the health and sustainability of ecosystems. The latter occurs through population-level reproductive effects that persist into future generations of non-target organisms. Pharmaceutical contaminants that are persistent in the environment are frequently and increasingly used in consumer products. However, significant gaps remain in knowledge about the environmental and health impacts of these pollutants [94-95].

Some pharmaceuticals have been found in low concentrations in drinking water, which is a warning sign that the current handling of pharmaceuticals may lead to health and environmental problems in the future. Access to healthy water is a prerequisite for good health. Since society's use of chemicals, including pharmaceuticals, is continuously growing, the risk is also increasing that these chemicals will return to us in our food and water supply through nature's ecocycle.

There are little knowledge of the long term effects that continuously supplied trace quantities of pharmaceuticals and other chemicals could have on our development, our ability to resist disease and wellness in general. Therefore caution is advisable. The pharmaceuticals in nature can cause health problems. According to the precautionary principle, measures can be taken if there is reason to believe that a product or a method of production involves unacceptable risks to the health of human beings, animals, plants and the environment – even if there is no definitive scientific proof of such an effect [96-97].

Drug residues are found in various environmental components around the world, and there is growing concern about the harm they may cause to human health and the environment. In nature, drug residues were found in urban wastewater, rivers and lakes. Effective measures must be taken to prevent further contamination of the environment by drugs. First of all, it is necessary to create a system for collecting drug waste from the population. Undoubtedly, drugs enter the environment during the production process through wastewater from pharmaceutical plants, municipal wastewater through natural human excretion, wastewater and manure from the use of veterinary drugs and as a result of improper handling of drug waste [98-99].

The review defines each of these sources and steps that can be taken to reduce drugs' environmental impacts. In the European Union, since 2004, the obligation to organize a system for collecting drug waste from the population has been established. For the successful operation of such a system, information work with the population about how drugs affect the environment and how to properly dispose of them is important. Residents of all European countries can bring drug waste to a pharmacy or hazardous waste collection point. However, in some countries there is a lack of widespread awareness-raising, which leads to inefficient collection systems and most waste ends up in the trash or drained into sewers. In some countries, drug waste generated by medical and pharmaceutical organizations is neutralized in pharmacies, clinics, hospitals and manufacturers. At the same time, pharmacies and hospitals have the right to transfer expired medicines to the manufacturer [100-101].

In most countries where the system operates successfully, the costs of collecting and neutralizing drug waste are shared by pharmaceutical companies, drug manufacturers and local authorities. The main problem is the very existence of unused drugs. So, generally many patients buy more medicines than they

need. The best way to reduce their number is seen in optimizing the practice of prescribing drugs, so that only the necessary amount of drugs is prescribed, giving preference to more environmentally friendly ones, as well as improving information interaction between doctors and patients. The pharmaceutical industry must also provide for the production of drug packaging adapted to various treatment regimens [102-103]. Every participant in the drug supply chain, from the pharmaceutical industry to the patient, plays an important role in reducing the environmental impact of pharmaceutical activities. The International Pharmaceutical Federation has highlighted the different roles that each person plays in the pharmaceutical supply chain to minimize the environmental impact of pharmaceutical products. The pharmaceutical industry plays an important role in the environmental impact of pharmaceutical products. Educating pharmaceutical personnel and the public is an important aspect of helping to create a healthy environment and reduce activities that contribute to climate change. The implementation of green practices in the pharmaceutical sector is already included in the curricula of EU Countries countries universities. Pedagogical input helps to recognize the importance of such practice early in professional development. Consumer education is also important as it plays an important role in reducing the amount of drugs in the environment. Consumers should be discouraged from storing medications to avoid wasting them when not in use. They should also be taught how to properly store and dispose of unused and expired medications that may end up down the drain [104-105].

The world's population is aging, which will lead to an increase in drug use. Various measures need to be taken to minimize the release of active pharmaceutical ingredients into the environment and reduce the carbon footprint of the pharmaceutical sector. Small contributions from many people can synergistically have a positive impact on the environment [75,87,96].

There are several sources of release of active pharmaceutical ingredients (APIs) into the environment. The main ones are: wastewater from cities, hospitals, pharmaceutical plants and landfills. The vast majority of the active pharmaceutical ingredients (API) of drugs taken orally is excreted in the urine of animals and humans. Some pollution comes from the use of veterinary drugs in livestock and fish farming. However, it is not yet possible to evaluate this contribution, because there is no control and accessible reporting of the use of veterinary drugs. The most vulnerable to the effects of active pharmaceutical ingredients (APIs) are amphibians, fish, some animals and birds.

The main source of drugs entering the environment is wastewater from pharmaceutical enterprises (from product washing, waste acidic and alkaline wastewater, wastewater from cleaning equipment and production facilities, etc.) and liquid waste that is allowed to be discharged into the sewer system. Currently monitored parameters in pharmaceutical wastewater are biological oxygen demand (BOD), chemical oxygen demand (COD), total suspended solids, ammonia and ammonium ions, phosphates, chlorides, sulfates, petroleum products, iron, anionic surfactants and pH value. This list may include other chemical compounds, including active pharmaceutical ingredients (APIs), but their content is not regulated or controlled at this time. Currently, the countries of the European Union have prioritized the most environmentally stable active pharmaceutical ingredients (APIs) - diclofenac, hormonal drugs of the estrogen group (ethinyl estradiol), antibiotics of the macrolide class (erythromycin, clarithromycin, azithromycin) and etc [14, 29,57,68].

Assessment of environmental risks of both original and generic drugs. In European countries, for some drugs such an assessment is carried out, as well as an assessment of the level of resistance, bioaccumulation potential and toxicity. Currently, providing information about environmental hazards when registering drugs in the countries of the European Union is voluntary. In some countries has been created an online database of drugs, which describes their environmental risks and expanding the

responsibility of drug manufacturers throughout the entire cycle from production to neutralization [84,88,95].

After drugs enter the body, they are destroyed, neutralized, metabolized and converted into new compounds. However, some of them are excreted unchanged or in the form of metabolites, ending up in the sewer system. Municipal wastewater treatment does not involve removal of APIs. Some of them are concentrated in sewage sludge from treatment plants, which is stored in filtration fields, while the rest ends up in rivers. The Challenges in this matter are also hospitals, where there is a high level of drug consumption. In the absence of an established system for collecting drug waste generated by the population, it either ends up in the sewer or is thrown into the trash. From landfills, drugs can be carried by animals, birds, or migrate into the soil and groundwater.

To raise animals and fish on an industrial scale, hormonal drugs, antibiotics and other drugs can be used, which can be excreted from the animal's body naturally. Hormones can be used in veterinary medicine and animal husbandry to stimulate the development and growth of animals, improve fertility, digestibility of feed, accelerate puberty, regulate the timing of pregnancy, etc. According to studies in some countries, antibiotic residues were found in manure, in plants grown in fields fertilized with manure, in soils, and in small quantities in groundwater. The use of veterinary drugs in should be regulated by veterinary and sanitary rules for the use, sale and storage of veterinary drugs. European experience in collecting hazardous waste from the population shows that waste collection is carried out effectively if such collection is organized by a company specializing in the collection of hazardous waste. The same practice works in our country. In the EU, pharmacies are considered only as an area for the installation of appropriate containers and containers for collecting hazardous waste from the population. The containers themselves are installed by specialized companies interested in collecting hazardous waste. It is inappropriate to oblige pharmacies, healthcare institutions or other trade organizations to organize the collection of drug waste from the population [3,47,59,76]. Pharmacies and medical institutions are places where consumers can obtain the most complete information about drug waste, since these organizations employ personnel with the relevant knowledge. In the country, many pharmacies themselves are located on the territory of various retail facilities, so there may not be places in pharmacies to install a special container for collecting drug waste. When determining places for collecting waste from the population, it is necessary to comply with the criterion of step-by-step accessibility of such places from the places of residence of citizens. In this regard, retail facilities should also be considered as places for installing special containers for collecting drug waste. The decision to organize collection points for drug waste from the population in pharmacies should be made by Health care institutions in every countries.

In the vast majority of countries, all drug waste collected from the population is sent for incineration. At the same time, pharmacies, for example, in Sweden and Lithuania, can only accept medications without packaging, because it belongs to secondary resources and must be sent for recycling. Low-temperature, medium-temperature (up to 850°C) and high-temperature (at least 1200°C) combustion is used for waste. Hazardous waste, which includes most drugs, cannot be burned at low temperatures. At medium temperatures it is possible in limited quantities and in the absence of high-temperature combustion technology. Cytostatic drugs for cancer treatment can only be burned at temperatures above 1200°C, but the generation of such waste in household use is unlikely. Currently, there is a steady trend towards a decrease in the number of thermal installations for the neutralization of pharmaceutical waste. Incineration of waste is contrary to three principles of international law: precaution, prevention and limitation of transboundary effects. In Europe, resistance to waste incineration manifests itself in the form of the introduction of alternative technologies. Any combustion method requires monitoring of pollutant

79

emissions and the resulting ash. An alternative to conventional methods of thermal treatment of pharmaceutical waste are technologies that provide for the preliminary decomposition of the organic component of the waste in an oxygen-free atmosphere (pyrolysis). When carrying out microwave pyrolysis with heating using microwave waves, toxic gaseous products are converted into less dangerous ones.

In countries where there are no incineration plants or their use is limited geographically, drug waste is disposed of. The main disadvantage of this method is the high probability of soil and groundwater contamination. According recommendations of the World Health Organization, only non-hazardous drug waste (vitamins, herbal-based drugs, biodegradable drugs) can be sent to the landfill. Hazardous waste, including cytotoxic drugs, must be pre-sealed, i.e. placed in a metal capsule and filled with plaster and cement [27,46,62,85]. Liquid waste of drugs classified as non-hazardous (syrups, herbal preparations, solutions based on salts, amino acids, lipids or glucose) can be poured into the sewer after diluting with water. It is necessary to prevent the discharge of large quantities of disinfectants into the sewer system, because they can affect the quality of biological wastewater treatment. Discharge of drugs that are persistent in the environment, capable of biological accumulation and have toxic properties into the sewer system leads to environmental pollution with active pharmaceutical ingredients. According to studies conducted in many countries, existing wastewater treatment systems do not eliminate such pollution and drug residues are found in wastewater cleaning sludge, and to a greater extent in water after cleaning, which is discharged into natural watercourses. Some drugs pass through the human body, exit unchanged or in the form of metabolites, while maintaining their stability in wastewater and the environment for a long time. In addition, improper disposal of medications and disposing of them down the drain increases the concentration of hazardous APIs in water. Wastewater from pharmaceutical plants is also discharged into the city sewer system after local treatment. The active pharmaceutical ingredients are present in municipal wastewater above detection limits. Traditional mechanical and biological wastewater cleaning methods are unable to neutralize the active pharmaceutical ingredients in water. The issue of purification efficiency, the formation of drug metabolites and their behavior, the interaction of some drugs with others is still under study. Among the methods being developed and implemented in the countries of the European Union one can highlight physicochemical methods, aerobic/anaerobic biological cleaning in membrane bioreactors. Effective technologies for purifying wastewater from medicinal components include oxidation with ozone or hydrogen peroxide and the use of carbon filters. However, such technologies are currently expensive to implement and use. At the same time, more and more attention is being paid to preventing the entry of drugs into wastewater, including during production. The main problem is the very existence of unused drugs [15,19,22,58].

One of the most obvious sources of uncontrolled release of drugs into the environment may be wastewater and atmospheric emissions from enterprises producing finished drugs and pharmaceutical substances. The environmental safety of such production should be usually regulated by law. However, accidental releases of drugs into the environment or those that violate existing norms and rules that occur in industry, are nevertheless not systematic. Moreover, there is a general trend towards a reduction in the environmental load on the part of pharmaceutical production, primarily in developed countries of the world, due to a consistent increase in the technological effectiveness and organization of the production process, the introduction of increasing standards of quality and environmental safety, and control by authorized government agencies. It is also necessary to take into account that pharmaceutical production is localized geographically and if an accident occurs at the enterprise or there are violations of environmental legislation, then such emissions are exclusively local in nature and pose a danger only to

specific regions. Other sources of drugs that are practically uncontrollable and are formed mainly by people who use drugs for medical purposes, as well as in animals, pose a great danger to the environment [49,55,62,84].

For the most part, drugs are xenobiotics, and many of them are metabolized in the human body. The task of metabolism, as a rule, is to impart polarity to lipophilic substances in order to facilitate subsequent excretion. Metabolic parameters are individual for each substance and depend on gender, race, age and physiological state of the human body. There are two phases of metabolism, the numbering of which does not necessarily reflect their actual sequence. In the first phase of metabolism, a redox or hydrolytic transformation of the molecule occurs, increasing its polarity. In the second phase of metabolism, the xenobiotic is conjugated with endogenous molecules that improve the transport properties of the metabolite. During metabolism, inactivation of the active substance often occurs, which can lead to its inability to further exert a biological effect. However, many drugs are either not subject to metabolism or are subject to it only to some extent. And this leads to the fact that the active molecule of the active substance is excreted unchanged either in the urine or in the feces and is capable of further exerting a biological effect. In addition, as research results show, glucuronide transport complexes of active molecules of some drugs, formed during the second phase of metabolism, are easily destroyed during sewage treatment processes and release unchanged active substance into the aqueous phase or sewer sludge. We can also mention the route of release of drugs into aquatic environments due to their transport through the skin or leaching of drugs for external use during swimming in open waters. But from the point of view of quantitative indicators, this path is of little significance [36,39,49,83].

During metabolism, inactivation of the active substance often occurs, which can lead to its inability to further exert a biological effect. However, many drugs are either not metabolized or only to some extent. And this leads to the fact that the active molecule of the active substance is excreted unchanged either in the urine or in the feces and is capable of further exerting a biological effect. In addition, as research results show, glucuronide transport complexes of active molecules of some drugs, formed during the second phase of metabolism, are easily destroyed during sewage treatment processes and release unchanged active substance into the aqueous phase or into sewage sludge. We can also mention the route of release of drugs into aquatic environments due to their transport through the skin or leaching of drugs for external use during swimming in open waters. But from the point of view of quantitative indicators, this path is of little significance.

The increasing the availability of drugs, for the general development of health care systems, the consumption of drugs for medical purposes increases and, as a result, their content in the environment increases. This process is poorly managed and poses a potential danger to human health and other biological organisms. Contamination of the environment with drug residues has a global character and is actively studied in the developed countries of the world. However, this problem remains insufficiently worldwide [26,39,57,72].

The best ways to reduce their number are to optimize the practice of prescribing drugs, so that only the required amount of drugs is prescribed, giving preference to the least environmentally hazardous ones, as well as improving information interaction between doctors and patients. The pharmaceutical industry must also consider producing drug package sizes tailored to different treatment regimens. One key measure is to encourage the pharmaceutical industry to develop harmless drugs that quickly break down into harmless compounds in the environment. For example, currently in European countries, when registering a new drug, environmental characteristics such as ecotoxicity, biodegradability are indicated. The comparing drugs that are equally safe and well suited for treating a patient, it is recommended to take

into account, in addition to their pharmaceutical properties, their environmental impact. To do this, recommend using environmental drug classifiers. Large quantities of nonsteroidal anti-inflammatory drugs, including acetaminophen, acetylsalicylic acid, ibuprofen, diclofenac, and naproxen, are significant contributors to environmental pollution, especially because they have been detected in nanogram and microgram quantities in soil, wastewater, surface water, and drinking water, groundwater. These drugs have chronic ecotoxic effects because their stable chemical structure makes them very resistant to biological changes in the environment. It is now known that they primarily damage the organs of invertebrate and vertebrate animals, cause oxidative stress and interfere with the activity of detoxification enzymes. These drugs may also cause cardiovascular effects, hepatotoxicity and affect oocyte maturation through unknown mechanisms [5,19,42,49]. Beta blockers are very long-acting drugs that are toxic to the environment. Although there is no data on their adsorption in the environment, these drugs are known to have moderately high water solubility and are present in surface waters at µg/L concentrations. These compounds are extremely resistant to hydrolysis, bioavailable and mobile in the environment. Therefore, its accumulation in the environment can have unexpected consequences for many living organisms. According to European Union Directive, metoprolol and propranolol are compounds harmful to aquatic organisms. This is evidenced by the results of tests with green algae.

Anticancer drugs interfere with cell growth and division, and when released into the environment, they disrupt the ecosystem, impair fertility and cause significant genetic changes in living organisms. Anticancer drugs are prescribed in smaller quantities, but their effects are destructive even at concentrations in the ng/L range and include mutagenic, carcinogenic and teratogenic effects on aquatic life. Cytostatics are frequently found in the pharmaceutical industry and hospital wastewater due to improper use and disposal. The detection rate of anti-cancer drugs in oncological hospitals wastewater is big amount and cisplatin is considered one of the most dangerous drugs. The presence of cisplatin in water, even at concentrations of ng/l, can have a toxic effect on aquatic flora and fauna [28,47,59,74].

Environmental pollution caused by pharmaceuticals is a complex public health problem that is scientifically controversial and affects multiple stakeholders with different interests and at different organizational levels: governments, non-governmental organizations, academic institutions, manufacturers, industries and families.

In keeping with the idea of protecting the environment, the pharmaceutical industry must develop promising concepts to minimize secretions while still ensuring sufficient pharmacologically effective concentrations in the patient. The potential of developing new pharmaceutical products that are more biodegradable and less harmful to the environment. There are already some examples of the development of greener pharmaceuticals, such as glufosfamide and green drug delivery systems. Scientists are currently developing an effective and environmentally friendly version of the antibiotic ciprofloxacin, a very stable drug. Using computer modeling, an existing active ingredient is analyzed and theoretically modified to improve biodegradability and reduce toxicological effects. The most promising candidates have been synthesized and tested in vitro [37,46,81,89].

Limited consumer awareness of best recycling practices weakens their influence on recycling practices in many countries. Information campaigns can increase awareness and use of environmentally friendly pharmaceutical waste disposal methods in households. A good example is the Medsdisposal campaign, a European initiative jointly coordinated by several European health and supply chain organizations and supported by media campaigns in different languages. The aim of the initiative was to combat the negative impact of mishandling of pharmaceutical products on the environment, raising consumer awareness of correct disposal routes and collection systems in a number of European countries.

In addition, greater awareness and behavior change can be achieved through specific recycling instructions on the product's outer packaging or information leaflet, which are mandatory in EU countries. In addition, eco-labels that reflect the environmental impact of various pharmaceutical products can influence consumer choice and awareness, as well as help physicians make prescribing decisions. Instructions on how to properly dispose of medications should also accompany medication dispensing at regular intervals. Pharmacists can play a key role in educating their patients about proper medication disposal.

Human drugs, hormones, antibiotics, analgesics, antidepressants and anticancer drugs indicate environmental risks. When it comes to veterinary products, hormones, antibiotics and parasiticides are often considered environmentally sensitive. These results are consistent with findings from the open scientific literature on approaches to environmental drug prioritization. Promising approaches such as environmental risk assessment of pharmaceuticals play an important role in minimizing the problems caused by pharmaceuticals in the environment. However, the regulatory framework for environmental risk assessment can be improved by (i) integrating the environment into the risk-benefit analysis of drugs for human use, (ii) improving risk management capabilities, (iii) collecting data on existing drugs, and (iv) improving the availability of data for environmental risk assessment. In addition, more general and integrative stages of regulation, legislation and research have been developed and presented in this article. To minimize the amount of pharmaceuticals in the environment, they should strive to (i) improve existing pharmaceutical legislation, (ii) prioritize pharmaceuticals present in the environment, and (iii) improve the availability and collection of pharmaceutical data. Over the past three decades, the presence of pharmaceuticals in the environment has received increasing attention. Medicines are released into the environment and can have harmful effects [36,48,67].

It is clear that priority must be given to environmentally relevant pharmaceutical substances. Existing pharmaceutical substances for which environmental data are lacking, as well as substances being considered for monitoring campaigns, need to be given priority attention to identify and minimize their environmental risk. According to the World Health Organization, concentrations of pharmaceuticals in water systems are expected to increase as the use of pharmaceuticals is expected to increase as they become more accessible to a growing world population. To be proactive, it is necessary to identify and prioritize the most important substances for the environment, which has become a challenge in recent years. Depending on the chemical properties of the substances, different approaches have been proposed. Most often, a combination of exposure and exposure data is used to prioritize environmentally significant chemicals. Several approaches have proposed using toxicological data to predict adverse effects on aquatic organisms (comparisons of several, but not all, approaches are included). Most published approaches to prioritization indicate the high environmental potential of various drug classes. Human medicines are often a priority, with all attention paid to hormones, antibiotics, psychotropic, anti-inflammatory and cytostatic substances, as well as beta blockers. In addition to hormones, antibiotics and parasiticides have proven to be environmentally important in veterinary medicines [12,17,33].

The origin and possible effects of human and veterinary drugs on aquatic and terrestrial organisms are relatively new topics. However, in recent decades, a large number of studies have been published indicating the varied effects of drugs on organisms and the occurrence of drugs in different environmental areas on a global scale. It is now recognized that the environmental impact of pharmaceuticals is a global issue and not just a problem in developed countries. The general public, industry, research or regulatory authorities, do not want bioactive drugs to end up in the environment and therefore potentially in their drinking water. Therefore, the amount of pharmaceuticals in the environment needs to be minimized

using all available strategies. Promising approaches such as ERA play an important role in minimizing problems before drugs enter the environment. These strategies need to be strengthened and adapted to minimize the amount of pharmaceuticals entering the environment.

Regarding environmental risk assessment, (i) include the environment in the risk-benefit analysis of pharmaceutical products for human use, (ii) improve risk management capabilities, (iii) collect data on existing pharmaceutical products, and (iv) improve environmental availability risk These assessments represent some important next steps. The biological effects to environmental exposures promise interesting results, although very few studies have been conducted on wild animals or caged organisms, such as in the wild or in ecologically significant environments. This may be due to the lack of analytical method protocols as well as the variety of pharmaceutical structural features that are not easy to handle but need to be taken into account [61,67,94].

Conclusion. Various policies need to be implemented throughout the life cycle of pharmaceutical products, including source-oriented, consumer-oriented and waste management-oriented activities. The most effective solutions must be implemented at the source, before drugs enter the environment. These measures include rational drug consumption, prescribing more environmentally friendly drugs and developing harmless and easily biodegradable drugs. Improved disease prevention, personalized medicine, improved package sizes, and PC redistribution markets may go some way to avoiding drug waste. The next step is to prevent unavoidable waste from entering the environment. Therefore, correct collection and disposal of is critical and must be adapted to national and local conditions. Finally, education of health care professionals and the public, as well as partnerships between environmental scientists and clinicians, paharmacists are important at all stages of the pharmaceutical product life cycle. All joint efforts must be guided by a One Health approach to combat pharmaceutical waste and improve the health of people, animals and the environment, which are closely linked. To reduce contamination levels when consuming medicines should be:Creation of a system for collecting drug waste generated by the population; Conducting awareness-raising work with the population, employees of healthcare institutions and other target groups on the topic of environmental pollution by drug waste; Taking into account environmental factors when choosing and prescribing treatment. At the same time, there is no need to put environmental protection above the human need for treatment; Development and implementation of wastewater treatment systems. It should be taken into account that urban wastewater has an unstable composition in terms of names and concentrations of drugs. A higher priority is to prevent drug residues from entering the city sewer system.

## **References:**

- 1. Loos R, et al. 2013. EU-wide monitoring survey on emerging polar organic contaminants in wastewater treatment plant effluents. Water Res. 47, 6475-6487.
- 2. Kostich MS, Batt AL, Lazorchak JM. 2014. Concentrations of prioritized pharmaceuticals in effluents from 50 large wastewater treatment plants in the US and implications for risk estimation. Environ. Pollut. 184, 354-359.
- 3. Liu JL, Wong MH. 2013. Pharmaceuticals and personal care products (PPCPs): a review on environmental contamination in China. Environ. Int. 59, 208-224.
- 4. Jobling S, Nolan M, Tyler CR, Brighty G, Sumpter JP. 1998. Widespread sexual disruption in wild fish. Environ. Sci. Technol. 32, 2498-2506.
- 5. Brausch JM, Connors KA, Brooks BW, Rand GM. 2012. Human pharmaceuticals in the aquatic environment: a review of recent toxicological studies and considerations for

toxicity testing. Rev. Environ. Contam. Toxicol. 218, 1-99.

- 6. Bergmann A, Fohrmann R, Weber FA. 2011. Zusammenstellung von Monitoringdaten zu Umweltkonzentrationen von Arzneimitteln. Texte Umweltbundesamt, p. 66 See http://www.umweltbundesamt.de/sites/default/files/medien/461/publikationen/4188.p df.
- 7. Huerta B, Rodriguez-Mazaz S, Barcelo D. 2012. Pharmaceuticals in biota in the aquatic environment: analytical methods and environmental implications. Anal. Bioanal. Chem. 404, 2611-2624.
- 8. Metcalfe CD. 2013. Pharmaceutical contaminants of emerging concern in the environment. Environ. Toxicol. Chem. 32, 1683-1684.
- 9. Brodin T, Fick J, Johnsson M, Klaminder J. 2013. Dilute concentrations of a psychiatric drug alter behaviour of fish from natural populations. Science 339, 814-815.
- 10. Metcalfe CD, Chu S, Judt C, Li H, Oakes KD, Servos MR, Andres DM. 2010. Antidepressants and their metabolites in municipal wastewater, and downstream exposure in an urban watershed. Environ. Toxicol. Chem. 29, 79-89.
- 11. European Environment Agency 2010. Pharmaceuticals in the environment—results of an EEA workshop. EEA technical report no 1/2010. Luxembourg: Office for Official Publications of the European Communities.
- 12. European Commission 2010. Directive 2010/84/EU of the European Parliament and of the Council amending, as regards pharmacovigilance, Directive 2001/83/EC on the community code relating to medicinal products for human use.
- 13. European Commission 2004. Directive 2004/27/EC of the European Parliament and of the Council amending Directive 2001/83/EC on the community code relating to medicinal products for human use.
- 14. European Commission 2004. Directive 2004/28/EC of the European Parliament and of the Council amending Directive 2001/82/EC on the community code relating to veterinary medicinal products.
- 15. European Medicines Agency 2000. Committee for Medicinal Products for Veterinary use (CVMP): guideline on environmental impact assessment (EIAS) for veterinary medicinal products phase I. CVMP/VICH/592/98.
- 16. European Medicines Agency 2003. Committee for Medicinal Products for Veterinary use (CVMP): guideline on environmental impact assessment for veterinary medicinal products phase II. CVMP/VICH/790/03.
- 17. European Medicines Agency 2008. Committee for Medicinal Products for Veterinary use (CVMP): revised guideline on environmental impact assessment for veterinary medicinal products in support of the VICH guidelines GL6 and GL38. EMEA/CVMP/ERA/418282/2005-Rev.1.
- 18. European Medicines Agency 2006. Committee for Medicinal Products for Human Use (CHMP): guideline on the environmental risk assessment of medicinal products for human use. EMEA/CHMP/SWP/4447/00.
- 19. Moermond CTA, Janssen MPM, de Knecht JA, Montforts MHMM, Peijnenburg WJGM, Zweers PGPC, Sijmy DTHM. 2011. PBT Assessment using the revised Annex XIII of REACH: a comparison with other regulatory frameworks. Integr. Environ. Assess. Manag. 8, 359-371.
- 20. European Medicines Agency 2010. Reflection paper on risk mitigation measures related to the environmental risk assessment of veterinary medicinal products. EMA/CVMP/ERAWP/409328/2010.
- 21. European Commission 2006. Directive 2006/118/EC of the European Parliament and of the Council on the protection of groundwater against pollution and deterioration. 2006/118/EC.
- 22. Sumpter JP. 2010. Pharmaceuticals in the environment: moving from a problem to a

solution. In Green and sustainable pharmacy (eds Kümmerer K, Hempel M.), pp. 11-22. Berlin, Germany: Springer.

- 23. European Commission 2000. Directive 2000/60/EC of the European Parliament and of the Council establishing a framework for community action in the field of water policy.
- 24. Roos V, Gunnarsson L, Fick J, Larsson DGJ, Ruden C. 2012. Prioritising pharmaceuticals for environmental risk assessment: towards adequate and feasibile first-tier selection. Sci. Total Environ. 421-422, 102-110.
- 25. Kools SAE, Boxall ABA, Moltmann JF, Bryning G, Koschorreck J, Knacker T. 2008. A ranking of European veterinary medicines based on environmental risks. Integr. Environ. Assess. Manag. 4, 399-408.
- 26. Christen V, Hickmann S, Rechenberg B, Fent K. 2010. Highly active human pharmaceuticals in aquatic systems: a concept for their identification based on their mode of action. Aquat. Toxicol. 96, 167-181.
- 27. Schreiber R, Gündel U, Franz S, et al. 2011. Using the fish plasma model for comparative hazard identification for pharmaceuticals in the environment by extrapolation from human therapeutic data. Regul. Toxicol. Pharmacol. 61, 261-275.
- 28. Nakamura Y, Yamamoto H, Sekizawa J, Kondo T, Hirai N, Tatrazako N. 2008. The effects of pH on fluoxetine in Japanese medaka (Oryzias latipes): acute toxicity in fish larvae and bioaccumulation in juvenile fish. Chemosphere 70, 865-873.
- 29. Valenti TW, Perez-Hurtado P, Chambliss CK, Brooks BW. 2009. Aquatic toxicity of sertraline to Pimephales promelas at environmentally relevant surface water pH. Environ. Toxicol. Chem. 28, 2685-2694.
- 30. Babic S, Horvat AJM, Mutavdzic Pavlovic M, Katelan-Macan M. 2007. Determination of pKa values of active pharmaceutical ingredients. Trends Anal. Chem. 26-32.
- 31. Berninger JP, Du B, Connors KA, Eycheson SA, Kolkmeier MA, Prosser KN, Valenti TW, Chambliss K, Brooks BW. 2011. Effects of the antihistamine diphenhydramine on selected aquatic organisms. Environ. Toxicol. Chem. 30, 2065-2072.
- 32. Daughton CG (2003a) Cradle-to-cradle stewardship of drugs for minimizing the deposition whilst promoting human health. I. Rationale for and avenues toward a green pharmacy. *Environ Health Perspect* 111: 757-774
- 33. Daughton CG (2003b) Cradle-to-cradle stewardship of drugs for minimizing the deposition whilst promoting human health. II. Drug disposal, waste reduction and future directions. *Environ Health Perspect* 111: 775-785
- 34. Daughton CG, Ternes TA (1999) Pharmaceuticals and personal care products in the environment: agents of subtle change? *Environ Health Perspect* 107: 907-937
- 35. Floate KD, Wardhaugh KG, Boxall ABA, Sherratt TN (2005) Fecal residues of veterinary parasiticides: nontarget effects in the pasture environment. *Annu Rev Entomol* 50: 153-179
- 36. Halley BA, VanHeuval WJA, Wislocki PG (1993) Environmental effects of the usage of avermectins in livestock. *Vet Parasitol* 49: 109-125
- 37. Hallingsörensen B, Sengelöv G, Tjörnelund J (2002) Toxicity of tetracycline and tetracycline degradation products to environmentally-relevant bacteria, including, selected tetracycline-resistant bacteria. *Arch Environ ContamToxicol* 42: 263-271
- 38. Hilton MJ, Thomas KV, Ashton D (2003) Targeted monitoring programme for pharmaceuticals in the aquatic environment. R&D Technical Report P6-012/06/TR, UK Environment Agency, Bristol, UK
- 39. Hirsch R, Ternes T, Haberer K, Kratz KL (1999) Occurrence of antibiotics in the aquatic environment. *Sci Total Environ* 225: 109-118
- 40. Huggett DB, Ericson JF, Cook JC, Williams RT (2004) Plasma concentrations of human pharmaceuticals as predictors of pharmacological responses in fish. In *Pharmaceuticals in*

the Environment Kummerer K (ed), pp 373-386. Heidelberg, Germany: Springer

- 41. Kolpin DW, Furlong ET, Meyer MT, Thurman EM, Zaugg SD, Barber LB, Buxton HT (2002) Pharmaceuticals, hormones and other organic wastewater contaminants in US streams, 1999-2000: a national reconnaissance. *Environ Sci Technol* 36: 1202-1211
- 42. Laville N, Ait-Aissa S, Gomez E, Casellas C, Porcher JM (2004) Effects of human pharmaceuticals on cytotoxicity, EROD activity and ROS production in fish hepatocytes. *Toxicology* 196: 41-55
- 43. Mellon M, Benbrook C, Benbrook KL (2001) *Hogging It: Estimates of Antimicrobial Abuse in Livestock*. Union of Concerned Scientists, Cambridge, MA, USA. www.ucsusa.org/publications
- 44. Metcalfe C, Miao Xs, Hua W, Letcher R, Servos M (2004) Pharmaceuticals in the Canadian Environment. In *Pharmaceuticals in the Environment* Kummerer K (ed), pp 67-90. Heidelberg, Germany: Springer
- 45. Nawaz MS, Erickson BD, Khan AA, Khan SA, Pothuluri JV, Rafii F, Sutherland JB, Wagner D, Cerniglia CE (2001) Human health impact and regulatory issues involving antimicrobial resistance in the food animal production environment. *Regul Res Perspect* 1: 1-10
- 46. Nentwig G, Oetken M, Oehlmann J (2004) Effects of pharmaceuticals on aquatic invertebrates—the example of carbamazepine and clofibric acid. In *Pharmaceuticals in the Environment* Kummerer K (ed), pp 195-208. Heidelberg, Germany: Springer
- 47. Pascoe D, Karntanut W, Muller CT (2003) Do pharmaceuticals affect freshwater invertebrates? A study with the cnidarian *Hydra vulgaris*. *Chemosphere* 51: 521-528
- 48. Pomati F, Netting AG, Calamari D, Neilan BA (2004) Effects of erythromycin and ibuprofen on the growth of *Synechocystis* sp. and *Lemna minor*. *AquatToxicol* 67: 387-396
- 49. Schulte-Oehlmann U, Oetken M, Bachmann J, Oehlmann J (2004) Effects of ethinylestradiol and methyltestosterone in prosobranch snails. In *Pharmaceuticals in the Environment* Kummerer K (ed), pp 233-246. Heidelberg, Germany: Springer
- 50. Sengelov G, Agerso Y, Hallingsorensen B, Baloda SB, Andersen JS, Jensen LB (2003) Bacterial antibiotic resistance levels in Danish farmland as a result of treatment with pig manure slurry. *Environ Int* 28: 587-595
- 51. Sommer C, Bibby BM (2002) The influence of veterinary medicines on the decomposition of dung organic matter in soil. *Eur J Soil Biol* 38: 155-159
- 52. Ternes TA, Meisenheimer M, McDowell D, Sacher F, Brauch HJ, Gulde BH, Preuss G, Wilme U, Seibert NZ (2002) Removal of pharmaceuticals during drinking water treatment. *Environ Sci Technol* 36: 3855-3863
- 53. Ternes TA, Stuber J, Herrmann N, McDowall D, Ried A, Kampmann M, Teiser B (2003) Ozonation: a tool for removal of pharmaceuticals, contrast media and musk fragrances from wastewater? *Water Res* 37: 1976-1982
- 54. Ternes TA, Joss A, Siegrist H (2004) Scrutinizing pharmaceuticals and personal care products in wastewater treatment. *Environ Sci Technol* 38: 393-398
- 55. Tolls J (2001) Sorption of veterinary pharmaceuticals—a review. *Environ Sci Technol* 35: 3397-3406
- 56. Webb SF (2001) A databased perspective on the environmental risk assessment of human pharmaceuticals. III. Indirect human exposure. In *Pharmaceuticals in the Environment* Kummerer K (ed), pp 221-230. Heidelberg, Germany: Springer
- 57. Westergaard K, Muller AK, Christensen S, Bloem J, Sorensen SJ (2001) Effects of tylosin on the soil microbial community. J Soil Biol Biochem 33: 2061-2071
- 58. Young WF, Whitehouse P, Johnson I, Sorokin N (2002) Proposed predicted no-effect concentrations (PNECs) for natural and synthetic steroid oestrogens in surface waters. Environment Agency R&D Technical Report P2-T04/1, UK Environment Agency, Bristol,
- 59. Kar, S., Roy, K., & Leszczynski, J. (2018). Impact of Pharmaceuticals on the Environment:

Risk Assessment Using QSAR Modeling Approach. *Methods in molecular biology (Clifton, N.J.), 1800, 395-443.* 

- 60. IWW (2014) Pharmaceuticals in the environment: occurence, effects and options for action. Research project funded by German Federal Environment Agency (UBA) within the Environmental Research Plan No.371265408.
- 61. Roy K, Kar S. In silico models for ecotoxicity of pharmaceuticals. In: Benfenati E, editor. In silico methods for predicting drug toxicity. New York, NY: Springer; 2016.
- 62. Taylor D, Senac T. Human pharmaceutical products in the environment the "problem" in perspective. Chemosphere. 2014; 115:95-99.
- 63. Kümmerer K. Pharmaceuticals in the environment: sources, fate, effects and risks. Berlin: Springer Science & Business Media; 2013.
- 64. Hughes SR, Kay P, Brown LE. Global synthesis and critical evaluation of pharmaceutical datasets collected from river systems. Environ Sci Technol. 2013; 47:661-677.
- 65. Han GH, Hur HG, Kim SD. Ecotoxicological risk of pharmaceuticals from wastewater treatment plants in Korea: occurrence and toxicity to Daphnia magna. Environ Toxicol Chem. 2006; 25:265-271.
- 66. Fernandez C, Gonzalez-Doncel M, Pro J, et al. Occurrence of pharmaceutically active compounds in surface waters of the henares-jarama-tajo river system (Madrid, Spain) and a potential risk characterization. Sci Total Environ. 2010; 408:543-551.
- 67. Papageorgiou M, Kosma C, Lambropoulou D. Seasonal occurrence, removal, mass loading and environmental risk assessment of 55 pharmaceuticals and personal care products in a municipal wastewater treatment plant in Central Greece. Sci Total Environ. 2016; 543:547
- 68. Oliveira TS, Murphy M, Mendola N, et al. Characterization of pharmaceuticals and personal care products in hospital effluent and waste water influent/effluent by direct-injection LC-MS-MS. Sci Total Environ. 2015; 518:459-478.
- 69. Rivas J, Encinas A, Beltran F, Grahan N. Application of advanced oxidation processes to doxycycline and norfloxacin removal from water. J Environ Sci Health A Tox Hazard Subst Environ Eng A. 2011; 46:944-951. doi: 10.1080/10934529.2011.586249.
- 70. Kolpin DW, Furlong ET, Meyer MT, et al. Pharmaceuticals, hormones, and other organic wastewater contaminants in U.S. streams, 1999-2000: a national reconnaissance. Environ Sci Technol. 2002; 36:1202-1211.
- 71. Halling-Sørensen B, Nors Nielsen S, Lanzky PF, et al. Occurrence, fate and effects of pharmaceutical substances in the environment-a review. Chemosphere. 1998;36(2):357-393
- 72. Daughton CG, Ternes TA. Pharmaceuticals and personal care products in the environment: agents of subtle change? Environ Health Perspect. 2009; 107:907-937.
- 73. Adler P, Steger-Hartmann T, Kalbfus W. Distribution of natural and synthetic estrogenic steroid hormones in water samples from southern and middle Germany. Acta HydrochimHydrobiol. 2011; 29:227-241.
- 74. Ternes T. Occurence of drugs in German sewage treatment plants and rivers. Water Res. 2008; 32:3245-3260.
- 75. Ahrer W, Scherwenk E, Buchberger W. Occurence and fate of fluoroquinolone, macrolide, and sulphonamide antibiotics during wastewater treatment and in ambient waters in Switzerland. In: Daughton CG, Jones-Lepp T, editors. Pharmaceuticals and personal care products in the environment: scientific and regulatory issues. Symposium Series 791. Washington, DC: American Chemical Society; 2001. pp. 56-69.
- 76. Tauber R. Quantitative analysis of pharmaceuticals in drinking water from ten Canadian cities. Winnipeg, MB: Enviro-Test Laboratories; 2003.
- 77. Seiler JP. Pharmacodynamic activity of drugs and ecotoxicology can the two be

connected? Toxicol Lett. 2002; 131:105-115.

- 78. EMEA. Guideline on the environmental impact assessment of medicinal products for human use (Report no. CPMP/SWP/4447/00) London: European Agency for the Evaluation of Medicinal Products; 2006.
- 79. FDA-CDER. Guidance for industry-environmental assessment of human drugs and biologics applications, Revision 1. Rockville, VA: FDACenter for Drug Evaluation and Research; 2004.
- 80.FDA: U.S. Department of Health and Human Services, Food and Drug Administration, Center for Drug Evaluation and Research (CDER), Center for Biologics Evaluation and Research (CBER) (1998) CMC 6 - Revision 1.
- 81. European Commission, Directive 2006/121/EC of the European Parliament and of the Council of 18 December 2006 amending Council Directive 67/548/EEC on the approximation of laws, regulations and administrative provisions relating to the classification, packaging and labelling of dangerous substances in order to adapt it to Regulation (EC) No. 1907/2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH) and establishing a European Chemicals Agency. Off. J. Eur. Union, L 396/850 of 30.12.2006, Office for Official Publications of the European Communities (OPOCE), Luxembourg
- 82. Directive 2004/27/EC of the European Parliament and of the Council of 31 March 2004 amending Directive 2001/83/EC on the Community code relating to medicinal products for human use. Official Journal L 136, 30/04/2004 pp. 34-57. 2004
- 83. COMMISSION IMPLEMENTING DECISION (EU) 2015/495 of 20 March 2015 establishing a watch list of substances for Union-wide monitoring in the field of water policy pursuant to Directive 2008/105/EC of the European Parliament and of the Council. 2015
- 84. Barbosa MO, Moreira NFF, Ribeiro AR, et al. Occurrence and removal of organic micropollutants: an overview of the watch list of EU Decision 2015/495. Water Res. 2016; 94:257-279.
- 85. Cassani S, Gramatica P. Identification of potential PBT behavior of personal care products by structural approaches. Sustain Chem Pharm. 2015; 1:19-27.
- 86. Roy K, Kar S, Das RN. Understanding the Basics of QSAR for Applications in Pharmaceutical Sciences and Risk Assessment. San Diego, CA: Academic Press; 2015.
- 87. Roy K, Kar S, Das RN. A primer on QSAR/QSPR modeling: fundamental concepts (SpringerBriefs in Molecular Science) New York, NY: Springer; 2015.
- 88. Howard PH, Muir DCG. Identifying new persistent and bioaccumulative organics among chemicals in commerce II: pharmaceuticals. Environ Sci Technol. 2011; 45:6938-6946.
- 89. Sangion A, Gramatica P. PBT assessment and prioritization of contaminants of emerging concern: pharmaceuticals. Environ Res. 2016;147:297-306.
- 90. European Commission (2001) CSTEE. Discussion paper on environmental risk assessment of medical products for human use (non-geneticallymodified organisms (non-GMO) containing). CPMPpaperRAssessHumPharm12062001/D (01)
- 91. Mendoza A, Acena J, Perez S, et al. Pharmaceuticals and iodinated contrast media in a hospital wastewater: a case study to analyse their presence and characterise their environmental risk and hazard. Environ Res. 2015; 140:225-241.
- 92. Ortiz de García S, Pinto GP, García-Encina PA, et al. Ranking of concern, based on environmental indexes, for pharmaceutical and personal care products: an application to the Spanish case. J Environ Manage. 2013; 129:384-397.
- 93. Sanderson H, Thomsen M. Comparative analysis of pharmaceuticals versus industrial chemicals acute aquatic toxicity classification according to the United Nations classification system for chemicals. Assessment of the (Q)SAR predictability of pharmaceuticals acute aquatic toxicity and their predominant acute toxicmode-of-action. Toxicol Lett. 2009; 187:84-93.

- 94. Singh KP, Gupta S, Basant N. QSTR modeling for predicting aquatic toxicity of pharmacological active compounds in multiple test species for regulatory purpose. Chemosphere. 2015; 120:680-689. Persson M, Sabelström E, Gunnarsson B. Handling of unused prescription drugs-knowledge, behaviour and attitude among Swedish people. Environ Int. 2009; 35:771-774.
- 95.Li D, Yang M, Hu J, et al. Determination and fate of oxytetracycline and related compounds in oxytetracycline production wastewater and the receiving river. Environ Toxicol Chem. 2008; 27:80-86.
- 96. José Gómez M, Petrovic M, Fernández-Alba AR, et al. Determination of pharmaceuticals of various therapeutic classes by solid-phase extraction and liquid chromatographye-tandem mass spectrometry analysis in hospital effluent wastewaters. J Chromatogr. 2006; 1114:224-233.
- 97. Ternes TA, Hirsch R. Occurrence and behavior of X-ray contrast media in sewage facilities and the aquatic environment. Environ Sci Technol. 2000; 34:2741-2748.
- 98. Serrano PH. Responsible use of antibiotics in aquaculture. fisheries technical paper 469. Rome: Food and Agriculture Organization of the United Nations (FAO); 2005.
- 99.Ye Z, Weinberg HS, Meyer MT. Trace analysis of trimethoprim and sulfonamide, macrolide, quinolone, and tetracycline antibiotics in chlorinated drinking water using liquid chromatography electrospray tandem mass spectrometry. Anal Chem. 2007; 79:1135-1144.
- 100. Hamscher G, Sczesny S, Höper H, et al. Determination of persistent tetracycline residues in soil fertilized with liquid manure by high-performance liquid chromatography with electrospray ionization tandem mass spectrometry. Anal Chem. 2002; 74:1509-1518.
- 101. Kümmerer K, Alexy R, Hüttig J. Standardized tests fail to assess the effects of antibiotics on environmental bacteria. Water Res. 2004; 38:2111-2116.
- 102. Carucci A, Cappai G, Piredda M. Biodegradability and toxicity of pharmaceuticals in biological wastewater treatment plants. Environ Sci Health A Tox Hazard Subst Environ Eng. 2006; 41:1831-1842.
- 103. Hernando MD, DeVettori S, Martínez-Bueno MJ, et al. Toxicity evaluation with Vibrio fisheri test of organic chemicals used in aquaculture. Chemosphere. 2007; 68:724-730.
- 104. Brain RA, Johnson DJ, Richards SM. Microcosm evaluation of the effects of an eight pharmaceutical mixture to the aquatic macrophytes Lemnagibba and Myriophyllumsibiricum. AquatToxicol. 2004; 70:23-40.
- 105. Grujić S, Vasiljević T, Lauŝević M. Determination of multiple pharmaceutical classes in surface and ground waters by liquid chromatography-ion trap-tandem mass spectrometry. J Chromatogr A. 2009; 1216:4989-5000.