

INDIANAPOLIS BUSINESS JOURNAL

CENTRAL INDIANA'S BUSINESS AUTHORITY

VOL. 29 NO. 19 • JULY 14-20, 2008

Indianapolis deserves safer water

A recent Associated Press study of 62 major water-providers across the country, including Indianapolis, found that nearly all their water had pharmaceutical product or indicators of pharmaceutical product in their water supply.



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Commentary

Pharmaceutical products included antibiotics, anti-convulsants, mood stabilizers and sex hormones. The same AP study investigated watersheds and aquifers, large numbers of which were found to contain pharmaceuticals and other contaminants. Another national study of 139 streams in 30 states found pharmaceutical product in over 80 percent of the samples taken.

How do pharmaceuticals get into our water? Drugs from households, nursing homes and hospitals reach waterways from excretion, flushing drugs down the toilet, and trash disposal, resulting in landfill leaks.

Many people don't know how to dispose of drugs and just throw them in the trash. With an estimated 3 percent of U.S. prescriptions going unused, a lot of pharmaceuticals are being disposed of in a way that threatens human and environmental health.

While the EPA is developing methods

to detect and quantify pharmaceutical products in wastewater, federal standards do not set limits. Current water and wastewater treatment processes cannot remove drugs from water, and some drugs are made more toxic when the water is treated with chlorine. The Indianapolis Water Co. uses chlorine to purify water.

The city of Indianapolis should work in concert with the pharmaceutical industry, law and drug enforcement, Indianapolis Water Co., environmental organizations, medical, health care, recycling and poison-center representatives to develop safeguards for our water supply.

First, the city should develop a pharmaceutical-product return program. Maine, Iowa and British Columbia already have drug-return programs that range from prepaid mail-in envelopes to drop boxes at pharmacies or law-enforcement agencies. The British Columbia program has been in operation since 1996. In 2005, the program collected 39,710 pounds of unwanted drugs. A return program would need to be fair, effective and economical, as well as cover controlled and non-controlled drugs, and include a long-term funding base. Such a program could be modeled after the recycling programs for used batteries and electronic equipment.

Second, Indianapolis should expand the testing and reporting requirements of Indianapolis Water Co. Federal law

requires water providers to reveal levels of regulated contaminants, but not those that are unregulated. Currently, Indianapolis Water Co. posts on its Web site a two-page report of testing results for about 40 potential contaminants. The city of Milwaukee's Water Works posts 12 pages worth of test results for 450 contaminants, including pharmaceutical products.

Third, Indianapolis should require that water be treated with an ozone and cryogenic oxygen process. As part of the privatization of Indianapolis Water Co. under former Mayor Stephen Goldsmith, Indianapolis Water was permitted to change its treatment and filtration process from ozone and cryogenic oxygen to chlorination. This change resulted in a meaningful reduction in expenses, but lower water quality.

In 1994, the Indiana Department of Environmental Management agreed and found that the Indianapolis chlorine-treatment process contributed to the death of over half a million fish. While chlorination may meet basic federal water quality standards, it does not meet the quality level to which our water supply should be measured. Surely we can all agree that a safe and secure water supply is in the best interest of the city and its residents. •

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