

Drug residues in water: the pharmaceutical industry haggling over their removal

Among various European directives on water pollution, the revised Urban Wastewater Treatment Directive came into force in early 2025 (1). The pharmaceutical industry is seeking to dodge its obligations.

Directive 2024/3019 of 27 November 2024 introduces many obligations on local authorities and certain industries. A series of target dates have been set, between 2025 and 2045, for treatment plants to implement various levels of urban wastewater treatment: primary treatment, which reduces the quantity of suspended solids; secondary treatment, which reduces organic matter; tertiary treatment, which reduces the quantity of phosphorus and nitrogen (that disrupt the balance of aquatic ecosystems); and quaternary treatment, which reduces the quantity of micropollutants (1,2).

The European Commission considered that drugs account for 59% of the micropollutants found in wastewater (through their excretion in urine and faeces), and that cosmetic products account for 14% (3). Following the “polluter pays” principle, the directive provides for these two industrial sectors to fund 80% of activities aimed at removing micropollutants from water, the total cost of which was estimated at €1.2 billion per year; and for the remaining 20% to be funded by the public sector or water tariffs (1,3).

The treatment plants required to reduce the quantity of micropollutants are mainly those that treat wastewater from a population exceeding 150 000 inhabitants: they must be operational by 2045 (1). Fewer than 1% of wastewater treatment plants in France fall into this category (4).

In March 2025, representatives of the pharmaceutical industry announced their intention to challenge the directive before the European Union General Court (5,6). The industry considers that, by targeting only two industrial sectors, the directive runs counter to the European principles of the polluter pays, proportionality and non-discrimination, and that the Commission has considerably underestimated the cost of treatment to the pharmaceutical industry (6).

Perhaps the pharmaceutical industry saw an opening following the European Commission’s recent shift to favour European businesses when, in early 2025, it relaxed Green Deal obligations on companies (7). The directive’s future is now in the hands of the European courts.

In the meantime, if the directive has to be rewritten, wastewater treatment plants will continue to release drug residues into the environment.

Prescrire

References **1-** “Directive 2024/3019 of the European Parliament and of the Council of 27 November 2024 concerning urban wastewater treatment (...)”: 59 pages. **2-** Laperche D “Eaux résiduaires urbaines: le dernier acte de la révision de la directive est attendu cet automne” 9 September 2024. www.actu-environnement.com accessed 11 March 2025: 8 pages. **3-** European Commission “Commission staff working document impact assessment (...) concerning urban wastewater treatment (recast)” 26 October 2022: 160 pages. **4-** Commissariat Général au Développement Durable “L’assainissement collectif des eaux usées” 24 May 2019. www.notre-environnement.gouv.fr accessed 11 March 2025: 10 pages. **5-** “Efpia seeks clarity on Urban Wastewater Treatment Directive in the European Courts” 3 March 2025: 3 pages. **6-** “Medicines for Europe supports legal action against provisions in the Urban Wastewater Treatment Directive (UWWTD), which puts access to medicines at risk” 10 March 2025: 3 pages. **7-** “Stop the clock’: comment la révision omnibus du Green Deal pourrait s’accélérer au niveau européen” 13 March 2025. www.novethic.fr accessed 18 March 2025: 4 pages.
