

# Technical and statistical issues in wastewater-based drug epidemiology

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In which a social scientist walks into a wastewater treatment plant.

- 1 Wastewater-based drug epidemiology
  - WBE: Looking upstream to find hidden behaviors
- 2 From testing results to estimates
  - Assembling the pieces
  - Multiple pieces, multiple uncertainties
  - Estimation in the presence of censored data
  - Apply tools from other fields to generate a sample estimate
- 3 Visualization and results
  - Examples
- 4 Summary
  - Your take-aways

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# Wastewater-based Drug Epidemiology

Looking upstream



# Wastewater-based Drug Epidemiology

## Looking upstream

- Wastewater treatment plants typically sample
  - Outflows
  - Inflows—to see how much of a pollutant is being removed

# Wastewater-based Drug Epidemiology

Looking upstream



# Wastewater-based Drug Epidemiology

## Looking upstream

- Testing waste as it comes *in* to wastewater treatment plants (WWTPs) allows for quantification of:
  - Exposure to specific chemicals and foods
  - Markers of oxidative stress and allergic reactions
  - Levels of drug use



# Wastewater-based Drug Epidemiology

## Looking upstream

- Using wastewater to identify levels of drug use
  - Testing waste as it comes *in* to wastewater treatment plants
  - Requires assembling a number of pieces, drawing on analytic chemistry, environmental statistics, population estimation
  - Project involved 6 drugs, 19 WWTPs in Oregon and Washington
    - Banta-Green, C.J., Brewer, A.J., Ort, C., Helsel, D.R., Williams, J.R., & Field, J.A. (2016). Using wastewater-based epidemiology to estimate drug consumption—Statistical analyses and data presentation. *Science of the Total Environment*, 568, 856–863.  
<http://dx.doi.org/10.1016/j.scitotenv.2016.06.052>
  - Cannabis in wastewater project: 2 WWTPs serving Tacoma
    - Burgard, D. A., Williams, J., Westerman, D., Rushing, R., Carpenter, R., LaRock, A., Sadetsky, J., Clarke, J., Fryhle, H., Pellman, M., & Banta-Green, C. J. (2019). Using wastewater-based analysis to monitor the effects of legalized retail sales on cannabis consumption in Washington State, USA. *Addiction*, 114, 1582–1590.  
<https://doi.org/10.1111/add.14641>

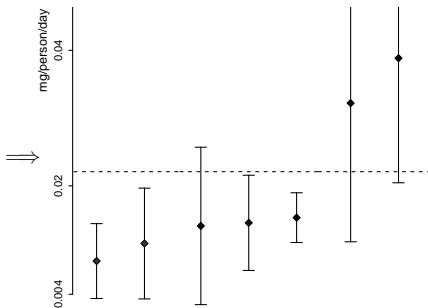
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# Wastewater-based Drug Epidemiology

## Assembling the pieces

Wastewater testing results, substance X

City	Measured Conc. (ng/L)	Titration Correction Factor	Flow (L/day)
A	1005.2	1.077	17261424
A	1782.0	1.053	11318346
A	<LOD	1.056	15375268
A	<LOQ	1.049	15568495
A	1012.5	1.038	15456856
⋮	⋮	⋮	⋮



# Wastewater-based Drug Epidemiology

## Assembling the pieces

- Estimating yearly average per capita (or index) load

$$\text{index load} = \frac{\sum_{i=1}^N \text{index load}_i}{N} \quad (1)$$

$$\text{index load}_i = C_i \times F_i \div P_i \quad (2)$$

- *May* be able to multiply by a metabolization factor to estimate amount ingested

# Wastewater-based Drug Epidemiology

Assembling the pieces



# Wastewater-based Drug Epidemiology

Zuccato et al., 2005

"Our data suggest that actual cocaine consumption may be much greater than estimated by current methods....If we consider that in the River Po basin there are about 1.4 million young adults, the official [survey results] in this area would translate into at least 15,000 cocaine use events per month. We however found evidence of **about 40,000 doses per day**, a vastly larger estimate. The economic impact of trafficking such a large amount of cocaine would be staggering."

# Wastewater-based Drug Epidemiology

Zuccato et al., 2005

"Our data suggest that actual cocaine consumption may be much greater than estimated by current methods....In agreement with these findings, cocaine loads determined at WWTPs gave drug consumption estimates of **about 2–7 doses per 1000 people, or 9–26 doses per day per 1000 young adults.**"

# Wastewater-based Drug Epidemiology

Zuccato et al., 2005, Tables 1 & 2

	Levels <sup>a</sup>		Load Cocaine <sup>b</sup> g/day	Use per 1000 people	
	Cocaine ng/liter	BE ng/liter		All g/day	Young adults <sup>c</sup> g/day
River Po	1.2 ± 0.2 <sup>e</sup>	25 ± 5 <sup>e</sup>	3800 ± 720 <sup>e</sup>	0.70 ± 0.13 <sup>e</sup>	2.7 ± 0.5 <sup>e</sup>
Cagliari	83	640	130	0.47	1.7
Cuneo	76	420	30	0.21	0.9
Latina	120	750	33	0.73	2.6
Varese	42	390	36	0.32	1.4
				0.44 ± 0.23 <sup>e</sup>	1.7 ± 0.7 <sup>e</sup>

<sup>a</sup>Cocaine and BE were analyzed by HPLC-MS/MS

<sup>b</sup>Cocaine-equivalent loads estimated from BE concentrations in the waters

<sup>c</sup>15–34 yr old

<sup>e</sup>Mean ± SD

*River Po sampling:* 4 days, 5 samples every 30 min each day

*WWTP sampling:* Single 24-hour composite, sampled every 20 min



# Wastewater-based Drug Epidemiology

Banta-Green et al., 2009

"The findings suggest a valid, rich data source that is complementary to other drug surveillance data sources.... Data were presented in terms of the relative distribution of index drug loads for each substance. This method of data presentation limits comparisons across drugs to whether substances were or were not detectable/quantifiable and **precludes direct comparisons of drug index loads.**"

# Wastewater-based Drug Epidemiology

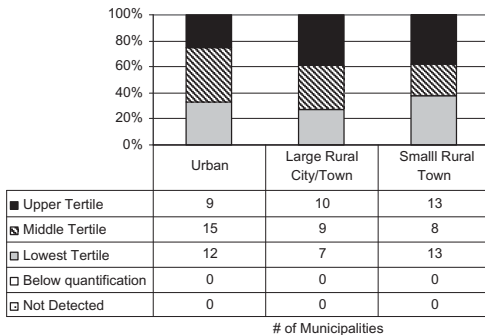
Banta-Green et al., 2009

"The findings suggest a valid, rich data source that is complementary to other drug surveillance data sources.... The **ongoing work of the study team is focused upon quantifying the uncertainty around computed index loads** and the source of index load variability to inform future sampling campaigns and analyses in order to make more refined comparisons between substances and locations."

# Wastewater-based Drug Epidemiology

Banta-Green et al., 2009

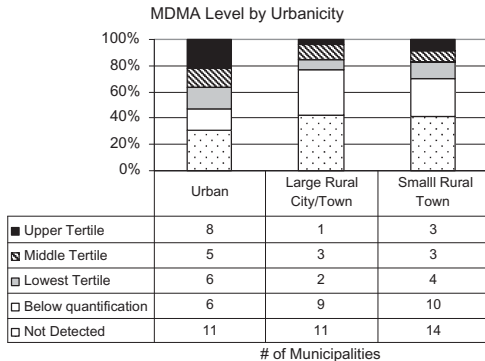
Methamphetamine Level by Urbanicity



# Wastewater-based Drug Epidemiology

Banta-Green et al., 2009

**Figure 1** Number and proportion of single-day drug index loads by urbanicity in Oregon for benzoylecgonine (BZE) (cocaine metabolite), methamphetamine and 3,4-methylenedioxy-methamphetamine (MDMA)



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# Wastewater-based Drug Epidemiology

## Assembling the pieces

- Using wastewater to identify levels of drug use
  - 1 Within-year sampling regime
  - 2 Within-day sampling at the WWTP
  - 3 Analytical chemistry (Large volume injection liquid chromatography/tandem mass spectrometry)
  - 4 Population estimate
  - 5 Excretion (metabolization) rates?
- Putting the pieces together: Complete estimates accounting for measurement error

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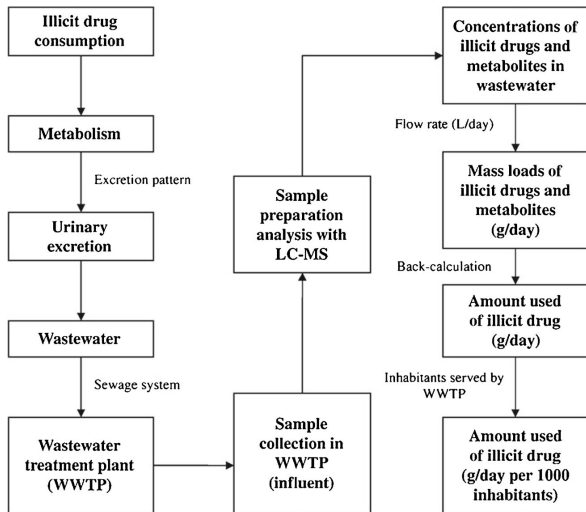
# Wastewater-based Drug Epidemiology

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# Wastewater-based Drug Epidemiology

## Assembling the pieces



Meyer, 2014, *Anal Bioanal Chem*, Fig 3. Schematic overview of the sewage epidemiology approach

# Wastewater-based Drug Epidemiology

## Assembling the pieces

- Excretion rates are problematic.
  - In Burgard et al., 2019, we note that the two most prominent excretion estimates for THC to THC-COOH are 0.5% and 2.5%.
  - Like much cannabis research, these estimates are based on smoking.
  - Furthermore, the intermediate metabolite THC-OH may also be excreted, and itself metabolizes to THC-COOH in wastewater systems.

# Wastewater-based Drug Epidemiology

## Assembling the pieces

- Estimating yearly average per capita (or index) load

$$\textit{index load} = \frac{\sum_{i=1}^N \textit{index load}_i}{N} \quad (3)$$

$$\textit{index load}_i = C_i \times T_i \times F_i \div P_i \quad (4)$$

# Wastewater-based Drug Epidemiology

## Assembling the pieces

$$\text{index load}_i = C_i \times T_i \times F_i \div P_i$$

- $C_i$  is the estimated concentration in the sample
  - Possibly with censoring (indicated by unique codes to indicate <LOD or <LOQ)
  - Additional measurement error estimated by repeated testing 2 to 4 times
  - From LC/MS results

# Wastewater-based Drug Epidemiology

## Assembling the pieces

$$\text{index load}_i = C_i \times T_i \times F_i \div P_i$$

- $T_i$  is a titration factor indicating how the sample was modified to facilitate chemical analysis
  - Assumed to be measured without error
  - Reflects storing and expanding the sample for testing
  - From LC/MS procedure

# Wastewater-based Drug Epidemiology

## Assembling the pieces

$$\text{index load}_i = C_i \times T_i \times F_i \div P_i$$

- $F_i$  is the estimated flow of liquid into the WWTP for that day
  - Fairly established measurement
  - Use an estimated measurement error of 5% (RSD) from prior WWTP testing protocols (Brewer et al., 2012)

# Wastewater-based Drug Epidemiology

## Assembling the pieces

$$\text{index load}_i = C_i \times T_i \times F_i \div P_i$$

- $P_i$  is the estimated population of users of the WWTP for that day
  - Ideally, want number of contributors to the flow
    - Toilet user-days?
  - In reality, have estimate of catchment area population from WWTP itself



# Wastewater-based Drug Epidemiology

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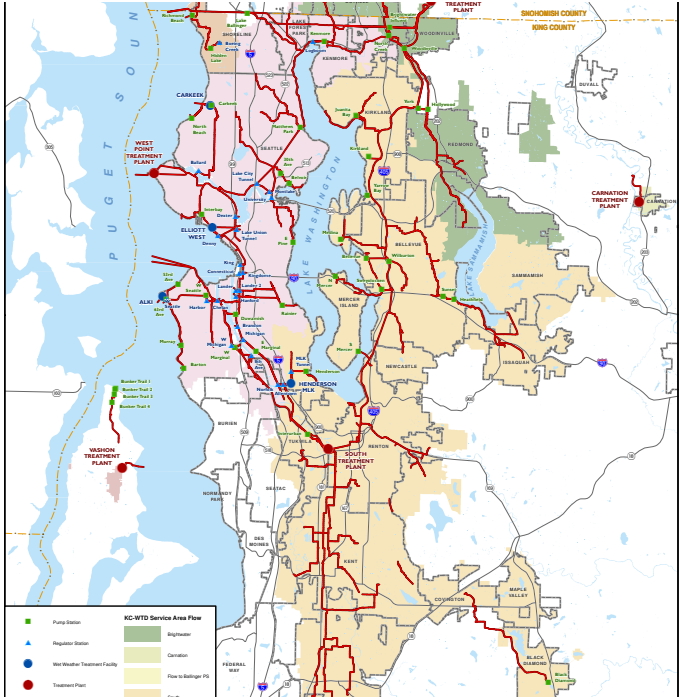
- $P_i$  is the estimated population of users of the WWTP for that day
  - We combine, where possible, Census Bureau-based daytime population correction and estimation error
  - Otherwise use prior error estimate of 20% (Ort et al., 2014)
  - Why "for that day"?
    - Daytime population correction is for weekdays.
    - Renton and Seattle WWTPs serve different catchments depending on rain and flow.

# Wastewater-based Drug Epidemiology

## Assembling the pieces

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# Wastewater-based Drug Epidemiology

## Assembling the pieces

- Combining uncertainties

- Easier:

$$U_T = \sqrt{U_S^2 + U_C^2 + U_F^2 + U_P^2} \quad (5)$$

- More advanced: Monte Carlo

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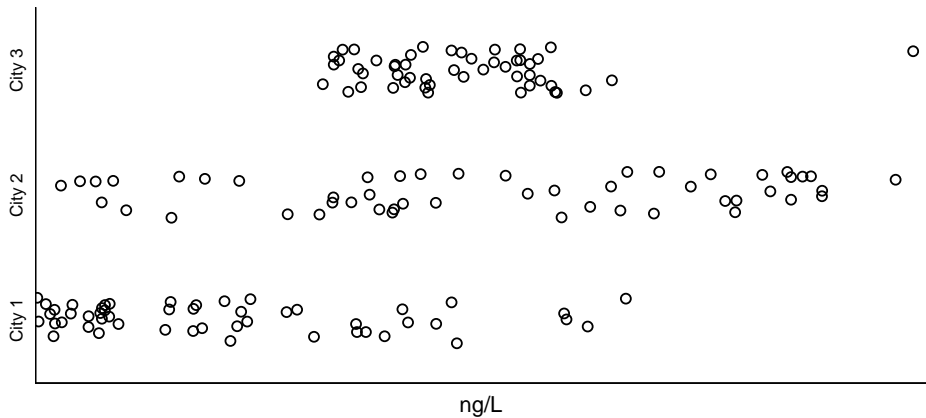
Estimation in presence of censored data

Wastewater testing results, substance X

City	Measured	Titration	Flow (L/day)
	Conc. (ng/L)	Correction Factor	
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⋮	⋮	⋮	⋮

# Censored measures

Multiple samples to generate more precise measure





# Censored measures

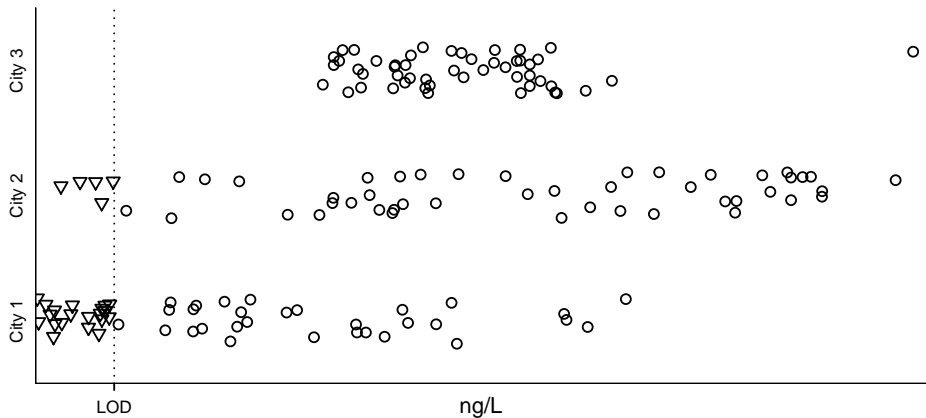
When measurement is less precise at lower levels

<LOD Below limit of detection ("non-detects")

- Left-censored:  $x < \text{LOD}$

# Censored measures

Below limit of detection



# Censored measures

When measurement is less precise at lower levels

<LOD Below limit of detection ("non-detects")

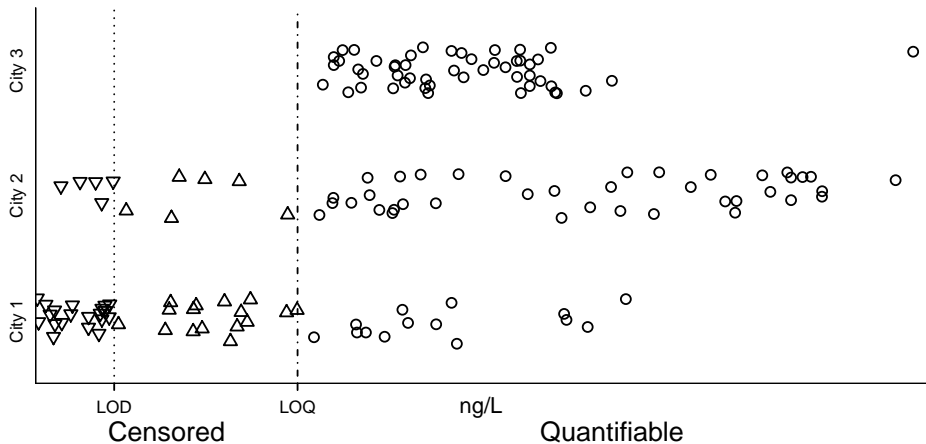
- Left-censored:  $x < \text{LOD}$

<LOQ Below limit of quantification

- Interval-censored:  $\text{LOD} < x < \text{LOQ}$

# Censored measures

Below limit of quantification

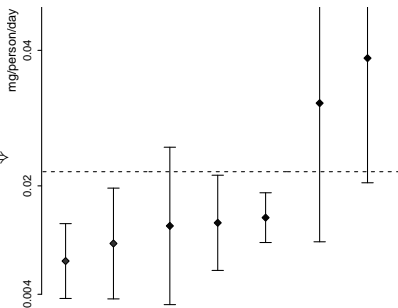


# Estimation in the presence of censorship

How do we generate a mean?

Wastewater testing results, substance X

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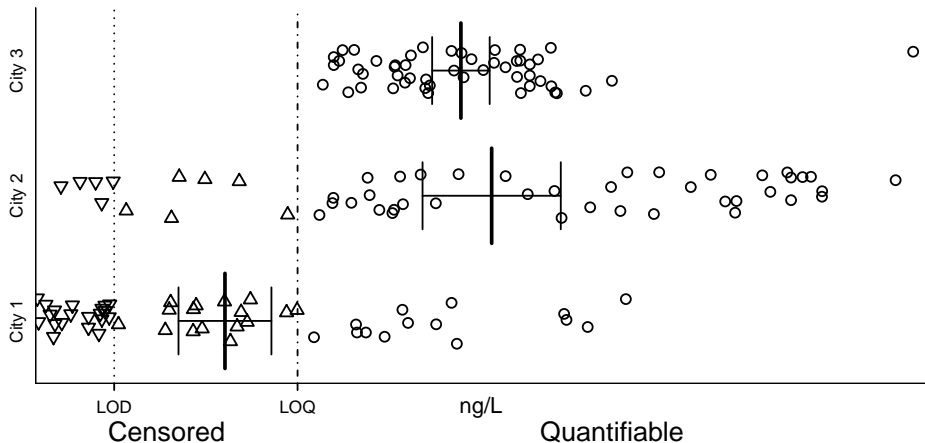
# Estimation in presence of censored data

## Less robust solutions

- Dealing with censored data: Ignore censored observations
  - <LOD Below limit of detection → NA
  - <LOQ Below limit of quantification → NA

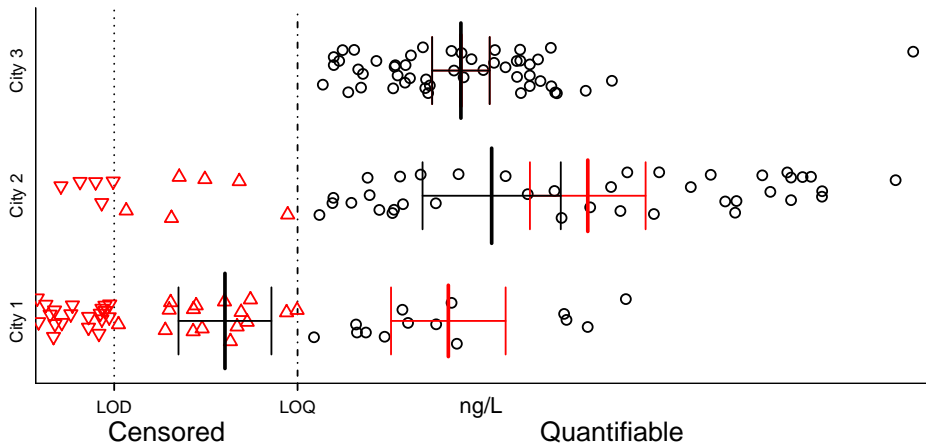
# Estimation in the presence of censorship

True mean



# Estimation in the presence of censorship

na.rm = T





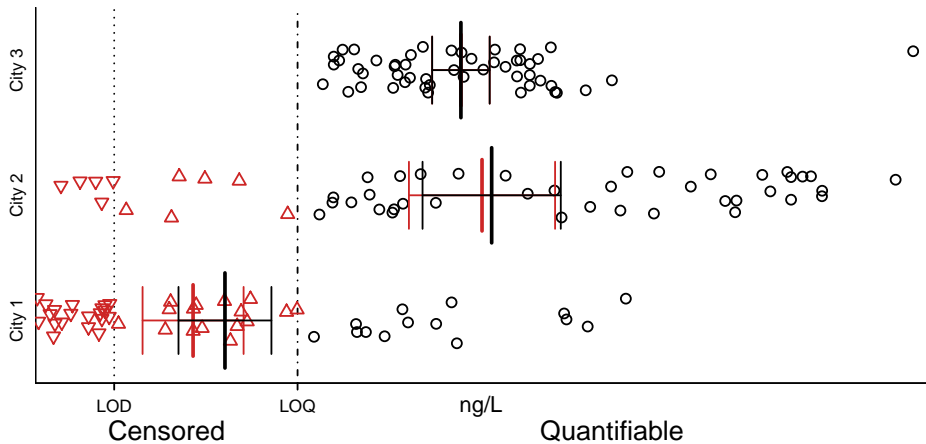
# Estimation in presence of censored data

## Less robust solutions

- Dealing with censored data: Substitution
  - <LOD Below limit of detection  $\rightarrow$  plug in 0
  - <LOQ Below limit of quantification  $\rightarrow$  plug in  $\frac{1}{2}$  LOQ

# Estimation in the presence of censorship

## Substitution



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# Wastewater-based Drug Epidemiology

## Estimation in presence of censored data

- In *Statistics for censored environmental data using Minitab and R*, Helsel gives guidelines for how to deal with censored observations to create a mean estimate
  - < 50% Kaplan-Meier
  - 50–80% robust Maximum Likelihood Estimation
  - > 80% report censoring and perhaps a valid percentile of interest

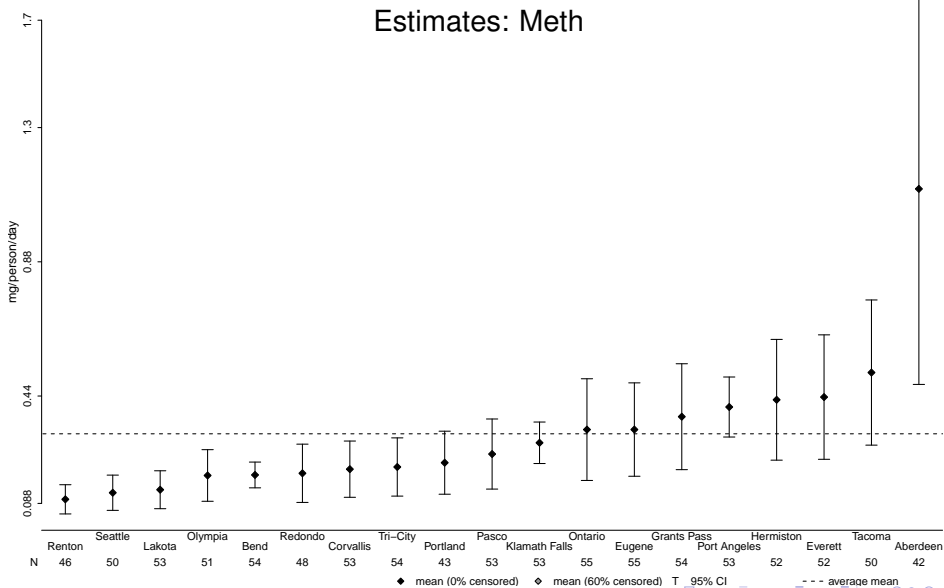
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# Wastewater-based Drug Epidemiology

## Results

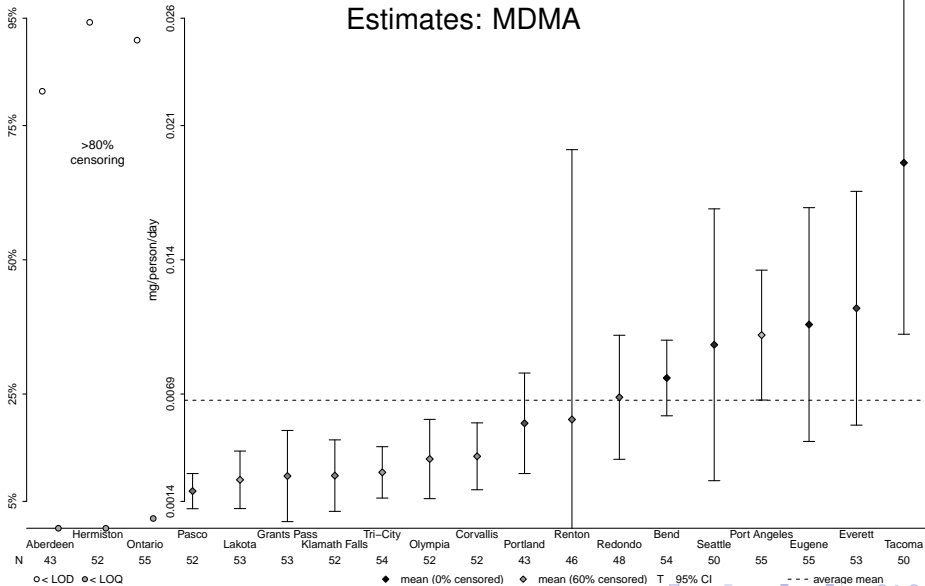
- Focus on two drugs: methamphetamine and MDMA (Ecstasy)
  - Meth: 1 censored observation (Pasco)
  - MDMA: 3.7% (Bend) to 94.2% (Hermiston), all 19 WWTPs had at least 1 <LOD

# Wastewater-based Drug Epidemiology



# Wastewater-based Drug Epidemiology

## Estimates: MDMA





# What We Have Added

- We lay out:
  - Building blocks and error components for estimates
  - How to combine them to create estimates with confidence intervals for comparison across place and time
- We improve upon:
  - Population error estimation and accounting for daytime population changes
  - Handling censored data
  - Visualization

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# How Can You Use This?

- You might improve upon:
  - Error estimation
  - Population estimation for WWTP catchment
    - Mobile phone data? Requires shapefile for catchment.
  - Estimates of metabolism rates and usual doses for given drugs
- Applying censored data methods in other areas with imperfect measurement:
  - HIV viremia counts
  - Population lead levels
  - Other ideas?

# How Can You Use This?

- You might improve upon:
  - Population estimation for WWTP catchment
    - Lai, F. Y., et al. (2015). Systematic and Day-to-Day Effects of Chemical-Derived Population Estimates on Wastewater-Based Drug Epidemiology. *Environmental Science & Technology*, 49, 999–1008. <https://doi.org/10.1021/es503474d>
    - O'Brien, et al. (2019). A National Wastewater Monitoring Program for a better understanding of public health: A case study using the Australian Census. *Environment International*, 122, 400–411. <https://doi.org/10.1016/J.ENVINT.2018.12.003>

# Wastewater-based Drug Epidemiology

## Robust MLE

- Literature suggests using 3 distributions—normal, log, square root—and selecting best fit
- Problem: Retransformation bias is an issue with log transformations, as “the means and variances of the transformed variables are related nonlinearly to the original means and variances, and the process of transforming back gives estimators that often are quite severely biased” (Shumway et al., 2002, p. 3345)

# Wastewater-based Drug Epidemiology

## Robust MLE

- Problem: Retransformation bias
- Solution: Robust retransformation

**Step 1** Take the estimated distribution of the transformed data and place the censored data in appropriate places on the lower part of the distribution. These plotting positions or percentiles are essentially evenly spaced in the lower end of the distribution, on the transformed scale.

- Specifically, for each censored observation  $i$  among all  $c$  censored observations within the  $N$  observations, the plotting position  $p$  is given by

$$p = \frac{c}{N} \times \frac{i - \frac{3}{8}}{c + \frac{1}{4}} \quad (6)$$

where the  $i$  for observations below LOD come before the  $i$  for observations above LOD but below LOQ.

# Wastewater-based Drug Epidemiology

## Robust MLE

- Problem: Retransformation bias
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- Step 1** Take the estimated distribution of the transformed data and place the censored data in appropriate places on the lower part of the distribution. These plotting positions or percentiles are essentially evenly spaced in the lower end of the distribution, on the transformed scale.
- Step 2** Translate the percentiles into values on the transformed scale via the normal distribution quantile function.
- Step 3** Individually re-transform these predicted values on the transformed scale to the original scale.
- Step 4** Combine these predicted values with the original observed values (i.e. the uncensored values) into a new set of data.
- Step 5** Calculate the mean of this hypothetical data.

# Wastewater-based Drug Epidemiology

## Finding an opportunity

- Data exploration with censored data: Say you wanted to do a scatter plot or box plot, what do you do with the censored observations?
  - Could just assign them arbitrary values (e.g., 0 and one-half the LOQ)
  - But avoiding that is why we use censored data methods



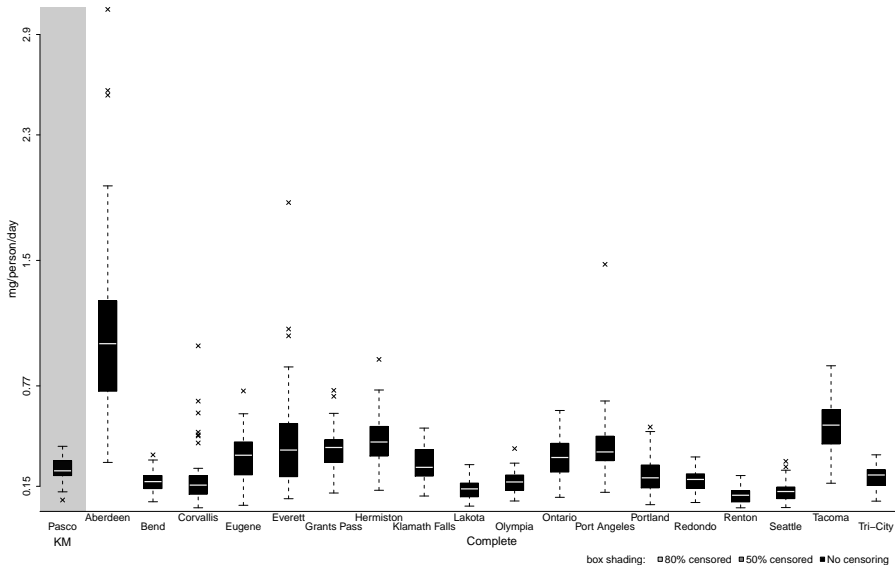
# Wastewater-based Drug Epidemiology

## Finding an opportunity

- Goal: Data exploration with censored data
- Solution: Use the robust retransformation process to simulate censored data:
  - Step 1** Take the estimated distribution of the transformed data and place the censored data in appropriate places on the lower part of the distribution. These plotting positions or percentiles are essentially evenly spaced in the lower end of the distribution, on the transformed scale.
  - Step 2** Translate the percentiles into values on the transformed (or normal) scale via the normal distribution quantile function.
  - Step 3** Individually re-transform these predicted values on the transformed scale to the original scale (if necessary).
  - Step 4** Combine these predicted values with the original observed values (i.e. the uncensored values) into a new set of data.

# Wastewater-based Drug Epidemiology

Exploration: Meth



# Wastewater-based Drug Epidemiology

## Exploration: MDMA

