



Health Risk Assessment of pharmaceuticals in drinking water in France

ICRAPHE

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Origin of works and Partners

Requests by the Ministry of Health (2006 - 2009)
Internal requests (2013 and 2016)

ANSES

- Water risk assessment unit
- Hydrology laboratory (Nancy)
- Veterinary medicinal products laboratory (Fougères)
- French Agency for Veterinary Medicinal Products (ANMV)

ANSM

Contribution of the pharmaceutical industry

- **Leem** (Association of human PP manufacturers)
- **SIMV** (Association of veterinary PP manufacturers)

5 phases

1/ Prioritization of target PP residues in water

72 molecules

2/ Analytical development

44 molecules

3/ Sampling strategy

≈ 300 sites
raw water / treated water

4/ National analysis campaign (*raw water / treated water*)

13 molecules quantified in drinking water

5/ Health Risk Assessment (HRA)

General methodology

Applications

Collective expert appraisal

- Expert committee « Water »
- Specific working groups
- Others experts



Health Risk Assessment (HRA) Methodology

- Based on the usual HRA applied to contaminants in drinking water (WHO 2011; Afssa 2007)
- Taking into account characteristics of human and veterinary pharmaceuticals
- Method offering several alternatives depending on available data
- Intentionally very conservative
- Determination of guideline values (GV)

HRA Methodology

- **STEP 1** : Physical and chemical characterization
- **STEP 2** : Identification of relevant metabolites
- **STEP 3**: Identification of relevant transformation products
- **STEP 4** : Exposure assessment through drinking water
- **STEP 5** : Biological effects
- **STEP 6** : Selection of a human toxicity value
- **STEP 7** : Determination of guideline value
- **STEP 8** : Health risk assessment

Determination of a GV in drinking water (1/4)

Step 6.1 – Existing toxicity reference value (s) * (TRV) ?

* ADI
(Acceptable daily intake)-
TDI (Tolerable daily intake)

Yes

Selection of a human toxicity value

Threshold effects
Infant
5 kg
0,75 L/d
20 %

Non threshold effects
 10^{-6}
60 kg
2 L/d
70 years

Step 7 –
Determination of GV

HRA methodology

- **STEP 1** : Physical and chemical characterization
- **STEP 2** : Identification of relevant metabolites
- **STEP 3**: Identification of relevant transformation products
- **STEP 4** : Exposure assessment through drinking

water

Safety Margin (SM)

$$SM = GV/C_{DW}$$


If MS > 1, the risk is regarded as negligible

- **STEP 8** : Health risk assessment

Guideline values and HRA

Carbamazepin + 10,11 epoxycarbamazepin

TRV selection Method	Population	TRV	Body weight (kg)	Water consumption per day (L)	Share of TRV attributed to DW intake	GV ($\mu\text{g/L}$)
Toxicological studies	Adult	$\text{TRV}_{\text{tox}} = 25 \mu\text{g/kg}$	60	2	20 %	$\text{GV}_{\text{tox}} = 150$
	Child		10	1		$\text{GV}_{\text{tox}} = 50$
	Infant		5	0.75		$\text{GV}_{\text{tox}} = 33$


$$\text{SM} = \frac{\text{GV}}{C_{\text{max}}} = \frac{33}{0.04} = 825$$

$\text{SM} > 1$: risk is considered to be negligible

6 pharmaceuticals

Molecules	Percentage of detection (% > LoD)	Maximum concentration (ng/L)	GV (ng/L)	SM		
10,11-epoxycarbamazepin	14.8	6	40	33 000	825	Tox. data
Carbamazepin	9	33				
2 hydroxyibuprofen	5.8	85	-	-		
Carboxyibuprofen	-	-	-	-		
Ibuprofen	1.4	traces	33 000	3300	Tox. data	
Ketoprofen	0.4	36	2700	75	Tox. data	
Danofloxacin	3.5	57	32 000	561	VTR	
DemethylDanofloxacin	-	-	3 000	-	VTR	
Tylosin	2.2	20	667 000	33 350	VTR	
Florfenicol	0.4	traces	1 300	26	VTR	

Vet

Vet

Vet

Experience feedback– Points in common

Advantages

- Molecules well characterized
 - Physico-chemical properties
 - ADME including identification of main metabolites
- Known effects on humans

Limitations

- Metabolites
 - Toxicity
- Transformation products
 - Identification
 - Toxicity
- Use of TTC

Experience feedback

Advantages

Limitations

Veterinary pharmaceuticals

- Known effects on humans for the production animals
 - Public abstract
 - Detail of NOAELs
 - Existence of TRV
- Impossible to use the MTD
- Access to details of MRL dossiers

Human pharmaceuticals

- Known effects on humans at therapeutic doses
 - ADME
 - Therapeutic effects
 - Undesirable effects
 - Existence of a MTD
- Access to data
 - Toxicological studies
- Determination of TRV
 - Details of toxicity studies
 - Use of MTD

Conclusions

- Negligible health risk associated with the ingestion of evaluated molecules *via* drinking water, considering the available analytical and toxicological data
- Availability of data is a very limiting factor for HRA
- Need for **chronic** toxicity studies on pharmaceuticals, their metabolites and transformation products
- The pharmaceuticals are assessed individually, what about mixtures?
- The issue of health effects of low doses
- Further works on Diclofenac and others pharmacological groups : oxazepam et paracetamol

Reports available on: www.anses.fr

- *Hiérarchisation des résidus de médicaments d'intérêt pour l'analyse des ressources et des eaux traitées* [Prioritisation of target pharmaceutical product residues to be detected in source and treated water] (**november 2008**)
- *Campagne nationale d'occurrence des résidus de médicaments dans les eaux destinées à la consommation humaine* [National sampling survey related to the pharmaceuticals in drinking water] (**march 2011**)
- *Health risk assessment associated with the presence of pharmaceuticals in drinking water: general method and application to carbamazepine and danofloxacin* (**february 2013**)
- *Evaluation des risques sanitaires liés à la présence de tylosine ou florfénicol dans les eaux destinées à la consommation humaine* [[Health risk assessment associated with the presence of tylosin or florfenicol in drinking water] (**february 2014**)
- *Evaluation des risques sanitaires liés à la présence de Kétoprofène ou d'ibuprofène dans les eaux destinées à la consommation humaine* [[Health risk assessment associated with the presence of ketoprofen or ibuprofen in drinking water] (**march 2015**)

THANKS FOR YOUR ATTENTION