

Toxicological review

Toluene is absorbed completely from the gastrointestinal tract and rapidly distributed in the body, with a preference for adipose tissue. Toluene is rapidly metabolized and, following conjugation, excreted predominantly in urine. With occupational exposure to toluene by inhalation, impairment of the central nervous system and irritation of mucous membranes are observed. The acute oral toxicity is low. Toluene exerts embryotoxic and fetotoxic effects, but there is no clear evidence of teratogenic activity in laboratory animals and humans. In long-term inhalation studies in rats and mice, there is no evidence for carcinogenicity of toluene. Genotoxicity tests *in vitro* were negative, whereas *in vivo* assays showed conflicting results with respect to chromosomal aberrations. IARC has concluded that there is inadequate evidence for the carcinogenicity of toluene in both experimental animals and humans and classified it as Group 3 (not classifiable as to its carcinogenicity to humans).

History of guideline development

The 1958, 1963 and 1971 WHO *International Standards for Drinking-water* did not refer to toluene. In the first edition of the *Guidelines for Drinking-water Quality*, published in 1984, no guideline value was recommended after a detailed evaluation of the compound. The 1993 Guidelines established a health-based guideline value of 0.7 mg/litre for toluene, but noted that this value exceeds the lowest reported odour threshold for toluene in water (0.024 mg/litre).

Assessment date

The risk assessment was conducted in 2003.

Principal reference

WHO (2003) *Toluene in drinking-water. Background document for preparation of WHO Guidelines for drinking-water quality*. Geneva, World Health Organization (WHO/SDE/WSH/03.04/116).

12.115 Total dissolved solids (TDS)

TDS comprise inorganic salts (principally calcium, magnesium, potassium, sodium, bicarbonates, chlorides and sulfates) and small amounts of organic matter that are dissolved in water. TDS in drinking-water originate from natural sources, sewage, urban runoff and industrial wastewater. Salts used for road de-icing in some countries may also contribute to the TDS content of drinking-water. Concentrations of TDS in water vary considerably in different geological regions owing to differences in the solubilities of minerals.

Reliable data on possible health effects associated with the ingestion of TDS in drinking-water are not available, and no health-based guideline value is proposed. However, the presence of high levels of TDS in drinking-water may be objectionable to consumers (see chapter 10).

History of guideline development

The 1958 WHO *International Standards for Drinking-water* suggested that concentrations of total solids greater than 1500 mg/litre would markedly impair the potability of the water. The 1963 and 1971 International Standards retained this value as a maximum allowable or permissible concentration. In the first edition of the *Guidelines for Drinking-water Quality*, published in 1984, a guideline value of 1000 mg/litre was established for TDS, based on taste considerations. No health-based guideline value for TDS was proposed in the 1993 Guidelines, as reliable data on possible health effects associated with the ingestion of TDS in drinking-water were not available. However, the presence of high levels of TDS in drinking-water (greater than 1200 mg/litre) may be objectionable to consumers. Water with extremely low concentrations of TDS may also be unacceptable because of its flat, insipid taste.

Assessment date

The risk assessment was originally conducted in 1993. The Final Task Force Meeting in 2003 agreed that this risk assessment be brought forward to this edition of the *Guidelines for Drinking-water Quality*.

Principal reference

WHO (2003) *Total dissolved solids in drinking-water. Background document for preparation of WHO Guidelines for drinking-water quality*. Geneva, World Health Organization (WHO/SDE/WSH/03.04/16).

12.116 Trichloroacetic acid

Chlorinated acetic acids are formed from organic material during water chlorination.

Guideline value	0.2 mg/litre
Occurrence	Detected in US groundwater and surface water distribution systems at mean concentrations of 5.3 µg/litre (range <1.0–80 µg/litre) and 16 µg/litre (range <1.0–174 µg/litre), respectively; maximum concentration (200 µg/litre) measured in chlorinated water in Australia
TDI	32.5 µg/kg of body weight, based on a NOAEL of 32.5 mg/kg of body weight per day from a study in which decreased body weight, increased liver serum enzyme activity and liver histopathology were seen in rats exposed to trichloroacetate in drinking-water for 2 years, incorporating an uncertainty factor of 1000 (100 for inter- and intraspecies variation and 10 for database deficiencies, including the absence of a multigeneration reproductive study, the lack of a developmental study in a second species and the absence of full histopathological data in a second species)
Limit of detection	1 µg/litre by GC with ECD; 1 µg/litre by GC/MS