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Microplastic pollution in drinking water

Inga V. Kirstein^{1,2}, Alessio Gomiero³ and Jes Vollertsen¹

Abstract

Scientists have demonstrated the presence of microplastics (MPs) in tap and bottled water at various locations. On a global scale, there is still very limited information on MP pollution in drinking water. There are huge differences in reported MP concentration, but no clear conclusion can be drawn if MP content is higher in tap or bottled water. Up to date, it is not clear if these discrepancies arise from differences between the examined systems or from differences in quantification limits, the accuracy of the applied analytical techniques, or contamination during sampling, processing, and analysis. Furthermore, information on MP uptake and fate gained through animal and cell toxicity studies is very limited. To define a limit of tolerance for plastic pollution in drinking water, comparable data resulting from quality assured and controlled methods and more information on the potential uptake and fate of MPs in the human body are still needed.

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Keywords

Microplastic analysis, Tap water, Bottled water, Human health.

Introduction

The omnipresence of plastics in all aspects of human life means that humans are inevitably exposed to microplastics (MPs) on a daily basis. Over the past recent years, scientists all over the globe have demonstrated the presence of MPs in tap water originating from different sources (ground, surface, or desalinated water) [1–15] and bottled water in various packaging (single-use plastic, reusable plastic, beverage carton, and glass) [1,16–24] at various locations. The exposure to MPs via

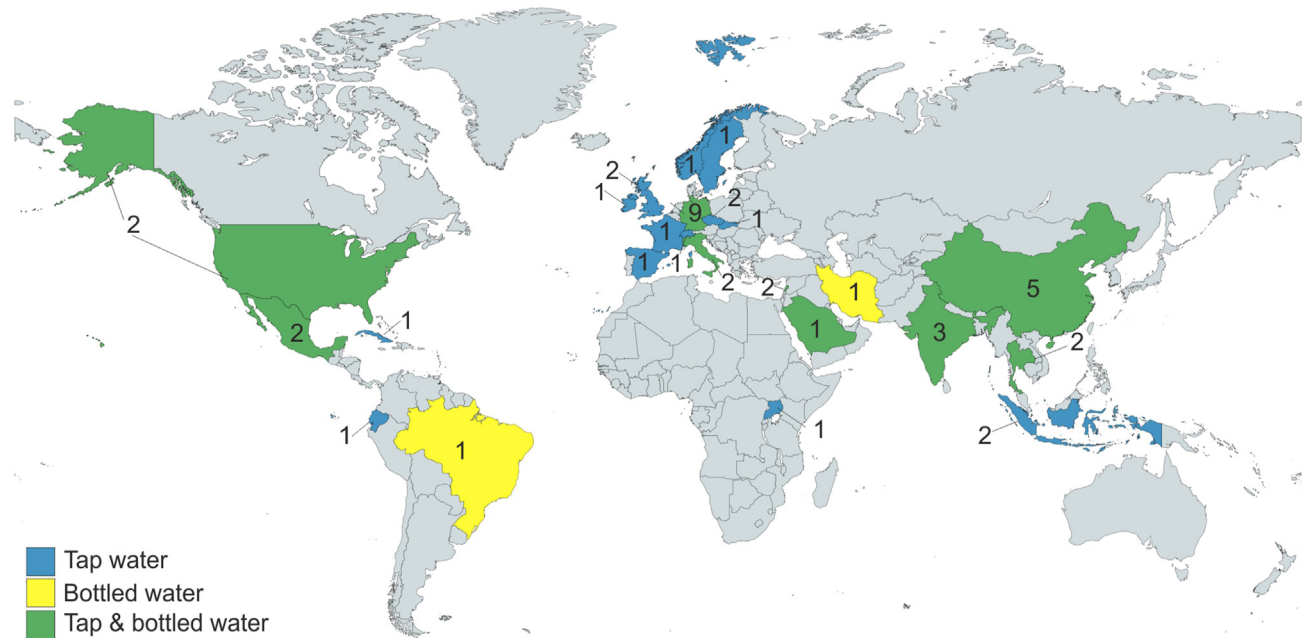
drinking water led to growing concerns for the potential associated risks to human health. Because accessible clean drinking water is one of the Sustainable Development Goals of the United Nations [25], it is of utmost importance to reliably assess MPs and associated risks for human health from the consumption of drinking water. Hence, to address the growing public concern related to MPs and their implications for human health, for example, the European Drinking Water Directive (DWD) aims to include MPs on ‘the watch list’ of emerging compounds by 2024 [26].

The World Health Organization differentiates the potential human health risks associated with MPs into potential hazards associated with particles and chemicals and potential human health risks associated with biofilms attached to MPs [25]. In the present review, we focus on MP pollution in drinking water. To assess the current state of knowledge, we reviewed peer-reviewed studies on MPs in tap and bottled drinking water published in the years 2018–2021. The literature was selected using Scopus with the search string ‘TITLE-ABS-KEY (microplastic AND drinking AND water AND bottle OR tap).’ In addition, we screened for the relevant literature using respective keywords in Google scholar. Our search resulted in 26 selected studies on MPs in drinking water. Our aim in the present review was to highlight major knowledge gaps, pitfalls, and key questions in MP drinking water research that need to be addressed to understand and evaluate the risks related to human health in the future.

Microplastics in drinking water — tap versus bottled water

Since 2018, an increasing number of scientists investigated tap [1–14] and bottled water [1,16–24] originating from various locations around the globe (Fig. 1). However, on a global scale, there is still very limited information on plastic pollution in drinking water (Fig. 1). Considering peer-reviewed studies up till now, MPs in drinking water were analyzed in only 24 countries (Fig. 1), with an overall limited number of studies (1–9) addressing drinking water in any country. The highest number of studies addressed drinking water in Germany (9) [7,14,16,19–22,27], followed by studies addressing drinking water in China (5) [6,12,13,27,28]. Furthermore, of 26 studies, eight investigated bottled water [16,18–24], 16 investigated tap water [2–15], and two studies investigated both [1,17] (Fig. 1). However, to understand and evaluate the potentially

Figure 1



MPs in drinking water - globally. Global map indicating countries in which MPs in tap water (blue), in bottled water (yellow), or both (green) were investigated. Numbers indicate the number of different studies addressing MPs in drinking water in a respective country. The map was created using [mapchart.net](https://www.mapchart.net) and subsequently edited. We considered peer-reviewed studies on MPs in tap and bottled drinking water published in the years 2018–2021 using Scopus, search string, TITLE-ABS-KEY (microplastic AND drinking AND water AND bottle OR tap) and additionally screening for the relevant literature using respective keywords in Google scholar. Our search resulted in 26 currently published studies on MPs in drinking water designated for human consumption. MP, microplastic.

related risks to human health, we need to draw a more complete global picture.

The MP numbers reported in bottled water vary from 1.4 MP/L to 5.42E+07 MP/L (Fig. 2a). However, the latter value originates from a study that used nonvalidated methods for MP quantification [29,30]. MP numbers reported in tap water vary by six orders of magnitude, from 0.0001 to 930 MP/L (Fig. 2b). Generally, it appears that higher MP concentrations were found in bottled water compared with tap water (Fig. 2a). However, there is no clear conclusion to draw as also low and very low MP numbers were reported for drinking water packed in glass and PET bottles (Fig. 2a). Comparing studies, diverse types of drinking water (bottled or tap) were investigated in various countries (Fig. 1) originating from different sources, packed in single-use plastic, reusable plastic, glass, or beverage cartons (Fig. 2a) by various manufacturers or sampled at diverse locations from public taps, household taps, waterworks, or distribution networks (Fig. 2b). Hence, the high variation in reported MP counts might be related to geographic location, seasonality, source water, processing and production, packaging, and transport. However, many studies on MP occurrences are not considered fully reliable [31], and we want to draw specific attention that across all reviewed studies

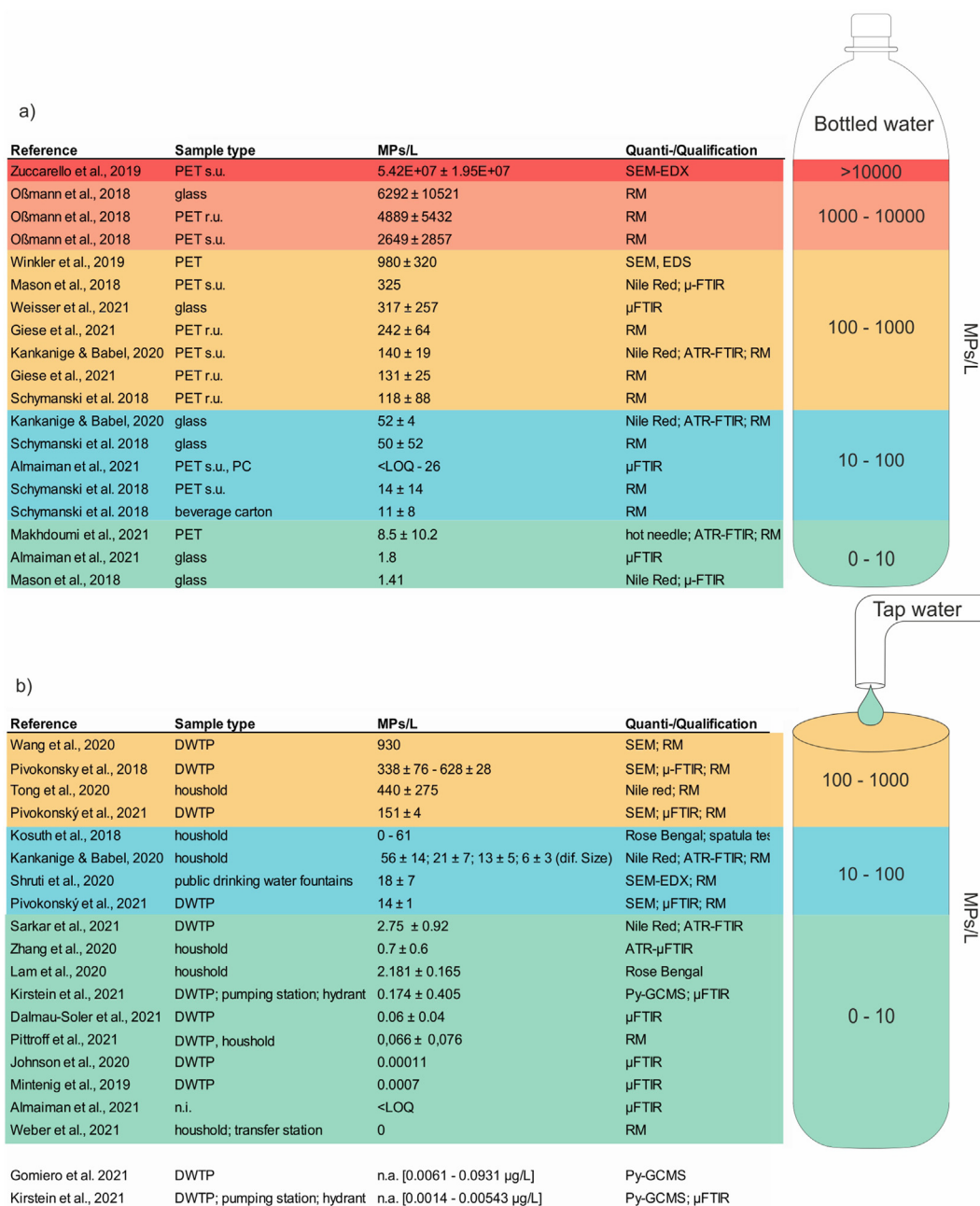
diverse analytical methods were used (Fig. 2) for MP qualification and quantification, which in our opinion represents one of the greatest pitfalls in MP analysis of drinking water.

From sampling to analytics — pitfalls in drinking water microplastic analysis

The literature clearly indicates that we currently face a lack of standardized or harmonized methods for sampling, extraction, and analysis of MPs in drinking water, making a comparison of results across studies challenging, if not impossible (Fig. 2). Furthermore, several studies do not meet rigorous quality standards and are hence not fully reliable [25,31].

The field of MP analysis, that is, the branch of analytical chemistry that deals with quantifying the group of particles termed ‘microplastics,’ has developed from a practical need to quantify MPs in various science fields, and not from other branches of analytical chemistry. This may be the reason why there historically has been little focus on documenting analytical methods including rigorous Quality assurance/Quality control, aspects which long have been mandatory in analytical chemistry. Over the later years, there has been a strong trend to remedy this and introduce accurate analytical methods and protocols [32,33]. Today a consensus

Figure 2



MPs in drinking water - tap vs. bottled water. Summary of peer-reviewed studies investigating MPs in bottled (a) and tap (b) water. Summarized are sample type, MP concentration (as average if provided in the study), and quanti-qualification method. Studies are sorted by the reported MP concentration ranges. S.u. = single-use; r.u. = reusable; n.a. = not applicable; n.i. = not identified. MPs, microplastics.

seems to be developing that any protocol for analyzing MPs in the environment should meet a set of requirements including but not limited to the following:

- Representative sampling. Sufficient volume must be sampled to ensure an adequate number of collected MPs. To achieve a reliable analysis, the amount must

be above the quantification limit of the applied protocol. Variation in time and space must furthermore be considered.

- Contamination during sampling, sample preparation, and analysis must be documented and taken into account. MPs are ubiquitous and contamination unavoidable even when applying strict avoidance measures.

- Limit of quantification related among others to MP size and polymer type must be documented. A combined quantification limit would hence include the smallest size down to which MPs of certain types can reliably be quantified above the contamination background.
- False positives and false negatives must be considered as no analytical technique is able to distinguish all polymer types, all techniques will overlook some MPs, and all techniques will, to some degree, confuse natural particles with MPs. Furthermore, the number of false positives and false negatives will among others depends on the matrix, particle size, and polymer type.
- Recovery of analytes. The loss of MPs during extracting from a sample must be addressed.

Not all analytical methods applied to study MPs in drinking water are equally good at detecting them. Whether or not a method is suited is not always clear-cut as it depends on the analyzed matrix and the objective of the study. Hence, it must be ensured that the applied method is up to the envisioned task [34]. Contrary to many other micropollutants, MPs are not a single well-defined chemical substance or group of such substances but rather particles made of materials consisting of or containing specific families of polymeric substances. This makes analysis challenging, as these have different properties and structures, sometimes are combined for improved effectiveness, and materials made off them can contain additives in various amounts. MP analysis hence calls for methods which can reliably identify MP polymer type and yield additional information such as MP size, morphology, and mass. No one technique can do it all, and a combination is hence called for. Polymer types are commonly detected by Fourier Transform Infrared (FTIR) spectroscopy, Raman spectroscopy, pyrolysis-Gas Chromatography-Mass Spectrometry (GC/MS), or thermogravimetric GC/MS [24,30], whereas MP size and morphology are quantified by imaging, microscopy, or size fractionation.

Viewing the results of the published drinking water studies (Fig. 2) hence leaves the question of whether the huge differences in reported MP content are owing to actual differences between the examined systems or simply differences in quantification limits, the accuracy of the applied analytical techniques, contamination during sampling, sample preparation, analysis, and so on.

Implications for human health — a ‘black hole’ in microplastic research

The potential risks for human health resulting from MP ingestion are hardly understood, and information on MP uptake and fate gained through animal and cell toxicity studies is very limited. However, the fate and uptake rate of MPs into different organs are supposedly

dependent on the size and polymer type. The European Food Safety Authority classified the absorption of MPs larger than 150 μm as unlikely, and the absorption and uptake of MPs smaller than 20 μm into organs as overall limited [35]. However, the European DWD aims to include MPs on ‘the watch list’ by 2024²⁶, allowing member states to take preventive measures to reduce MPs in case too high numbers are reported. But what are ‘too high numbers’?

Putting the consumption of MPs in drinking water into a broader perspective based on the data currently available, drinking water may be not the main source of MP uptake for a human being. Despite ingestion is considered the major route of human exposure to MPs, other pathways such as inhalation and dermal contact represent relevant sources of exposure. Based on the consumption of foodstuff via plastic-contaminated seafood (fish and shellfish), beer, table salt, sugar, and honey, an uptake of 12,000–204,000 particles per person and per year is estimated [36–38]. MPs may reach the gastrointestinal system through contaminated foodstuff possibly leading to inflammatory response, increased permeability, cell function disruption, increased oxidative stress, and changes in gut microbe composition and metabolism [38,39]. After digestion, MPs could be adsorbed in the intestine wall by dedicated M-cells [40], whereas the ‘corona’ effect may help MP particles to penetrate the intestinal mucus by an increase in solubility or simply by their small sizes [41]. MPs could be subjected to these same mechanisms as their translocation to the circulatory system after oral administration has been demonstrated *in vivo* [42].

After exposure, MPs may act at a local level in the tissue or translocate to other tissues, as e.g. inflammation tends to increase the permeability of epithelial barriers. Circulating MPs are also reported to cause hypertension [43], blood clots [44], improved coagulability [45,46], and blood cell cytotoxicity [47]. Owing to the high surface area, MPs may act as carriers of oxidizing species adsorbed to their surface (e.g. metals and Reactive oxygen species (ROS) inducers). Oxidative stress after exposure to MPs has been reported in fish and mammals [48,49]. However, the risk of ingesting MPs is not known because little research has been conducted on estimating the overall human exposure and its effects.

Public awareness and engagement have increased in response to concerns about the impact of plastic and microplastic pollution. In parallel, political commitment is also growing as the governmental representatives of several countries in the world, including the European Commission, committed to significantly reduce single-use plastic products within the next 10 years and the importance of long-term elimination of MPs from the oceans [50,51]. In the context of the

DWD, the European Union points out the urgent need for standard sampling methods of MPs, for the purpose of monitoring and investigating water quality in all water bodies, from lakes, rivers, and streams to pressurized water systems, drinking water, and wastewater. Robust and consistent methodology is now starting to emerge, but no general protocol for the sampling of these pollutants in water currently exists. Furthermore, to define the limit of tolerance of MPs in drinking water, the fate, uptake rate, and effects of MPs for human health need to be addressed.

Conclusion

In our opinion, the best chance to evaluate the potential risks and to define the limit of tolerance for plastic pollution in drinking water is the combination and stepwise approach of 1. quality assurance/control of harmonized methods, 2. collection of resulting comparable quality data, 3. the further development of analytical techniques to increase sensitivity and, for example, reliably assess ever smaller plastic particles, and 4. data collection on the uptake and fate of plastic particles via toxicity studies. Hence, defining the limit of tolerance for plastic pollution in drinking water will take time. In the meantime, more research should focus on the development of new technical innovations on removal techniques of MPs/NPs (nanoplastic) in drinking water treatment plants which can function as a preventive measure.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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