



Emerging contaminants in Brazilian aquatic environment: identifying targets of potential concern based on occurrence and ecological risk

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Abstract

Although studies have shown the presence of Contaminants of Emerging Concern (CECs) in the Brazilian environment in recent decades, several biological effects on the aquatic ecosystem are unknown. Brazil is the fifth largest country in extension in the world, and its wide territory presents geographic regions with diverse demographic and economic characteristics. In order to identify targets of potential concern based on occurrence and ecological risk, available data from previous studies were examined to conduct environmental risk analysis and provide a ranking of CECs in Brazilian aquatic environment based on environmental concentration measured in the last 10 years. The results indicate that 17α -ethynylestradiol, 17β -estradiol, acetaminophen, Bisphenol A, caffeine, diclofenac, ibuprofen, methylparaben, sulfamethoxazole and triclosan are the CECs that represent the greatest threats to the Brazilian environment. Therefore, these contaminants should be considered as a priority in future monitoring studies. Besides, identification of target monitoring compounds can facilitate the selection of pollutant candidates in future legislations.

Keywords PPCPs · Environmental occurrence · Surface water · Risk assessment · Priority contaminants · Pollution

Introduction

Contaminants of Emerging Concern (CECs) are biologically active and potentially toxic molecules of recent or prolonged use in which its isolated and combined effects to the aquatic ecosystem are still unknown (Deere et al. 2020). CECs include pesticides, fragrances, plasticizers, hormones, flame retardants, nanoparticles, siloxanes, among others (López-Pacheco et al. 2019); however, the main group of CECs are pharmaceutical and personal care products (PPCPs) such as antibiotics, anti-inflammatory, central nervous system stimulators, β -blockers, lipid regulators, anticonvulsant, X-ray contrast media, insect repellents, antimicrobials, preservatives and sunscreen UV filters (Kovalakova et al. 2020; Liu et al. 2020b).

Research carried out in the last 10 years had detected the presence of CECs in Brazilian aquatic environments. Arsand et al. (2020) studied the occurrence of 40 antibiotics of different classes in surface water from Dilúvio River during a 2-year period and its association with the presence of antibiotic resistance genes. Roveri et al. (2020) screened and quantified 23 pharmaceutical compounds (including illicit drugs), at two sampling points near the diffusers of the Guarujá submarine outfall, State of São Paulo, Brazil, where caffeine, diclofenac, valsartan, benzoylecgonine and cocaine were the main compounds detected. Santos et al. (2020) monitored pharmaceutical compounds during 1 year in four Brazilian water sources, aiming to understand the factors that influence their occurrence and removal in conventional drinking water treatment plants (DWTPs) and to assess the environmental and human health risks. Starling et al. (2019) published the first review about occurrence, control and fate of CECs in environmental compartments in Brazil, in which data gathered indicated that caffeine, acetaminophen, atenolol, ibuprofen, cephalexin and bisphenol A occur in $\mu\text{g L}^{-1}$ range in streams near urban areas. However, most of the published studies have not carried out an environmental risk assessment; therefore, the risks caused in aquatic organisms are still unknown.

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Brazil is the fifth largest country in extension and the sixth most populous in the world, with an area of 8,515,767 km² and about 211 million inhabitants. It is divided into five geographic regions, which present considerable differences in relation to economic, demographic and sanitation characteristics. The southeast region houses the largest industrial park in the country and more than a third of the Brazilian population, about 89 million inhabitants. While in the other regions, dwell about 57, 30, 18 and 17 million inhabitants in northeast, south, north and midwest, respectively (IBGE 2020). According to the latest Statistical Yearbook of the Pharmaceutical Market published in Brazil, there are 1794 different active pharmaceutical ingredients registered, totaling 6587 pharmaceutical presentations on sale. Among the most commercialized pharmaceuticals products are acetaminophen, atenolol, ibuprofen and sodium diclofenac in association with caffeine (BRASIL, 2018).

The environmental occurrence patterns of pharmaceuticals could be estimated establishing a relationship between human drug use and its presence in the aquatic environment. However, available data is still inadequate to establish the country-specific data for pharmaceutical consumption due to the uncertainty related to the consumption estimates and related to those pharmaceuticals sold as unregulated “over the counter drugs”. Besides, the consumption patterns of pharmaceuticals can be influenced by socioeconomic conditions, seasonal changes and on the basis of location/region, affecting the establishment of the relation of PPCP consumption patterns with environmental occurrence (Patel et al. 2019).

Determination of CECs in the environment increased in the last decade due to advancement of analytical chemistry and sample preparation techniques that allowed the quantification of concentrations between µg and ng L⁻¹ (López-Pacheco et al. 2019). However, in addition to occurrence studies, a more careful view must be given to the environmental risks caused by CECs to aquatic organisms. Chemicals with low detection frequency but with high ecological risk should be carefully analyzed. More approaches are needed to provide a rigorous scientific basis for identifying the environmentally hazardous compounds. Therefore, the aim of this study was to conduct a detailed review of CECs (pharmaceuticals and personal care products, illicit drugs, plasticizers and hormones) in Brazilian surface water and to perform environmental risk assessment (ERA) using concentrations reported in the last 10 years (2010 to 2020), generating technical support for risk management of CECs in Brazil.

Material and methods

Review and data collection

Occurrence and quantification data of CECs were obtained from previous studies performed in the Brazilian aquatic

ecosystem. Peer-reviewed publications published between 2010 and 2020 using the keywords “emerging contaminants”, “PPCPs”, “surface water” and “Brazil” were reviewed. These studies reported data on 73 CECs, including pharmaceuticals, hormones, plasticizers and personal care products (PCPs) detected in surface waters.

Ecotoxicity data of chemicals for algae, crustaceans and fish were obtained from the ECOTOX database of United States Environmental Protection Agency (USEPA) and previous studies. Effect concentration 50 (EC50) and lethal concentration 50 (LC50) were selected as endpoints for each species for growth, reproduction or lethality. The lowest EC50 or LC50 was selected when there were more than one value reported for the same endpoint. Toxicity data for at least three trophic levels for each chemical was used.

Environmental risk assessment

Environmental Risk Assessment (ERA) of CECs in Brazilian aquatic environment was conducted according to the Technical Guidance Document on risk assessment from European Commission (Eur, E. C 2003) for ecological multiple level using the Risk Quotient (RQ) (Eq. 1).

$$RQ = \frac{MEC}{PNEC} \quad (1)$$

In Eq. 1, MEC is the maximum environmental concentration measured on surface water samples (ng L⁻¹), and PNEC is the predicted no-effect concentration to aquatic organism (ng L⁻¹). Ecotoxicological data are presented in Supplementary Material—Table S1, in addition to being available on the US EPA ECOTOX database (2020) (<https://comptox.epa.gov/dashboard/>). In determining of PNEC values for each chemical and species, an appropriated assessment factor (AF) was used to account for any uncertainty associated with the available data. AFs were selected according to Technical Guidance Document from the European Commission (AF 10, 50, 100 or 1000, depending on the toxicity values used) (Eur, E. C 2003). Environmental risk was divided into four classes: RQ < 0.01, insignificant risk, RQ ≤ 0.1, low risk and no adverse effects are expected, 0.1 ≤ RQ ≤ 1.0, moderate risk, therefore possible adverse effects should be taken into consideration and RQ ≥ 1.0, high risk, thus it is probable that adverse effects may occur (Sharma et al. 2019).

Prioritization of CECs in Brazilian aquatic environments

Based on the frequency of detection of CECs in Brazilian surface water, concentrations and the environmental risk involved, chemicals were selected to compose the priority ranking of CECs in Brazil, considering studies from the last

decade. Those with frequency of detection $\geq 50\%$ were selected, in addition to those with moderate to high environmental risk. Chemicals with high environmental risk reflect the impact of urbanization and industrialization on the environment. Less populated and less socioeconomically developed regions (e.g. Brazilian North, 18,195,973 population) showed a smaller number of studies; however, lower concentrations are observed for most of the CECs detected when compared to large urban centers (e.g. Brazilian Southeast, 89,452,960 population). Therefore, despite there are few studies in Brazil when compared to other countries (China and Spain), this study helps in identification of priority compounds.

Results and discussion

Distribution and frequency of detection of CECs in Brazilian surface water

Studies on the CEC occurrence, mainly PPCPs, in surface water in Brazil have become more frequent in the last decade. Caldas et al. (2013), Thomas et al. (2014), Campanha et al. (2015), Pereira et al. (2016), López-Doval et al. (2017), Barros et al. (2018), Sousa et al. (2018), Reis et al. (2019), Roveri et al. (2020), among others, studied PPCPs in Brazilian waters, including compounds from anti-inflammatories, anticonvulsant, β -blockers, plasticizers, hormones, bactericides, preservative and solar UV-sunscreen classes. Locatelli et al. (2011), Jank et al. (2014), Monteiro et al. (2018) and Arsand et al. (2020) showed the presence of antibiotics of different classes in waters from Atibaia, Dilúvio and Guandu Rivers, respectively. While Montagner et al. (2014), Galinaro et al. (2015), Silva et al. (2015), Santos et al. (2016) and Ide et al. (2017) screened PCPs in water bodies from Southeast Brazil.

Among thirty-five peer-reviewed publications about occurrence of CECs in Brazilian surface water, twenty were carried out in the southeast region (in São Paulo, Rio de Janeiro and Minas Gerais States), twelve in the south region (in Rio Grande do Sul and Paraná States), one in North (Amazonas State), one in Midwest (Mato Grosso do Sul State) and one in Northeast (Maranhão State). Table 1 shows the CECs found in each study, concentration levels, its maximum environmental concentration measured (MEC) and frequencies of detection (F_d). From all reviewed studies, 73 CECs were identified, of which nine drugs (losartan, metformin, nimesulide, ibuprofen, atenolol, acetaminophen, diclofenac, caffeine and alendazole) make up the ranking of the 20 most commercialized pharmaceutical substances in Brazil (BRASIL, 2018). São Paulo was the state with the highest number of different CECs detected, 41 in total.

Caffeine deserves attention, since it was found in 41% of the reviewed papers, including studies in all Brazilian regions, reaching concentrations from 7 to 129,585 ng L⁻¹ and mean

concentrations from 80 to 14,955 ng L⁻¹. Caffeine mean concentrations in some studies were higher than concentrations reported in Uruguay (200 ng L⁻¹) (Griffero et al. 2019) and India (743 ng L⁻¹) (Sharma et al. 2019) and lower than that found in Ecuador (248,686 ng L⁻¹) (Voloshenko-Rossin et al. 2015). Caffeine is an emerging contaminant consumed by the population in coffee, tea, drinks and medicines, considered an indicator of human contamination that has been widely detected in aquatic systems worldwide (Dafouz et al. 2018). Riguetto et al. (2020) showed that the removal of caffeine in WWTPs using different treatment methods occurs from 46 to 98%; therefore, high concentrations of this compound in surface waters may indicate untreated sewage disposal.

Evaluating by class, from 73 CECs detected in the reviewed studies, 25% belong to the antibiotics class, and 21% were NSAIDs (Figure 1). Among antibiotics, sulfamethoxazole and trimethoprim presented frequencies of detection of 18% and 15%, respectively (Table 2). Sulfamethoxazole was quantified in concentrations from 0.6 to 572 ng L⁻¹ reaching mean concentrations from 1 to 458 ng L⁻¹. Some studies in Brazil quantified concentrations higher than that found in China (26 ng L⁻¹) (Li et al. 2018) and in India (8.5 ng L⁻¹) (Sharma et al. 2019) and other, lower than reported in Kenya (1214 ng L⁻¹) (Kairigo et al. 2020) and in Mexico (173–1143 ng L⁻¹) (Rivera-Jaimes et al. 2018). Trimethoprim, commonly used in combination with sulfamethoxazole, was determined in concentrations from 1 to 484 ng L⁻¹ and mean concentrations ranging from 3 to 85 ng L⁻¹, which is lower than found in Colombia (210–3580 ng L⁻¹) (Bedoya-Rios et al. 2018).

In NSAID class, diclofenac (41%), acetaminophen (32%), ibuprofen (24%) and naproxen (15%) were the most detected (Table 2). Similar to caffeine, diclofenac also deserves attention since it was detected in 41% of studies, and it has been reported in several countries, having been included in the list of priority substances in the EU Water Framework Directive (Eur, E. C 2013). Diclofenac was quantified in concentrations from 4 to 2626 ng L⁻¹ and mean concentrations from 20 to 1161 ng L⁻¹. The highest mean concentrations quantified in Brazilian studies are higher than those found in China (67 ng L⁻¹) (Dai et al. 2015) and lower than those quantified in South Africa (600–8174 ng L⁻¹) (Agunbiade and Moodley 2016). In Brazil, diclofenac, together with nimesulide, ibuprofen and acetaminophen, is the most commercialized NSAID. In 2018, between 25 and 50 million presentations of diclofenac and nimesulide were sold, while for ibuprofen and acetaminophen, between 50 and 100 million presentations were sold (BRASIL, 2018).

Acetaminophen presented concentrations from 1.2 to 30,421 ng L⁻¹ reaching mean concentrations from 1.3 to 6860 ng L⁻¹, while ibuprofen, from 3 to 2710 and mean concentrations from 33 to 1472 ng L⁻¹. Mean concentrations in some studies are higher than those reported in Ganges River,

Table 1 Sampling location, detected chemicals, range of concentration in ng L⁻¹ (mean concentration), frequency of detection, F_d in % (sample number, n) and maximum measured environmental concentration in ng L⁻¹ (MEC) in Brazilian surface water

Location (sampling year)	Chemicals	Concentration (ng L ⁻¹) min–max (mean)	F _d (n)	MEC	Reference		
Atibaia River, SP, Southeast Brazil	Amoxicillin	< 0.5–1284 (264)	70 (10)	1284	(Locatelli et al. 2011)		
	Cefalexin	< 0.6–2422 (440)	70 (10)	2422			
	Ciprofloxacin	< 0.4–119 (31)	70 (10)	119			
	Norfloxacin	< 0.4–51 (11)	60 (10)	51			
	Sulfamethoxazole	< 0.6–106 (28)	50 (10)	106			
	Tetracycline	< 2.5–11 (4)	30 (10)	11			
	Trimethoprim	< 0.6–484 (85)	70 (10)	484			
Atibaia River, SP, Southeast Brazil (2006–2007)	17α-ethynylestradiol	501–4390 (1957)	11 (26)	4390	(Montagner and Jardim 2011)		
	17β-estradiol	106–6808 (2516)	27 (26)	6808			
	Acetaminophen	280–13,440 (6860)	8 (26)	13,440			
	Acetylsalicylic acid	476–20,960 (8619)	19 (26)	20,960			
	Bisphenol-A	204–13,016 (4226)	54 (26)	13,016			
	Caffeine	74–127,092 (10,152)	92 (26)	127,092			
	Dibutylphthalate	1300–33,100 (4167)	92 (26)	33,100			
	Diclofenac	96–115 (106)	6 (26)	115			
	Rio das Velhas River, MG, Southeast Brazil (2009)	17α-ethynylestradiol	6–64	14 (56)		64	(Moreira et al. 2011)
		17β-estradiol	63 (63)	2 (56)		63	
Bisphenol A		9–168 (39)	100 (56)	168			
Diethylphthalate		5–410	100 (56)	410			
Nonylphenol		26–1435	100 (56)	1435			
Corsan Reservatory RS, South Brazil (2011–2012)	Haloperidol	100	--	100	(Silveira et al. 2013)		
	Methylparaben	7600–29,800	--	29,800			
	Nimesulide	50	--	50			
Arroio Carvão, RS, South Brazil (2010–2011)	Diclofenac	<8	30 (10)	-	(Caldas et al. 2013)		
	Mebendazole	14 (14)	10 (10)	14			
	Nimesulide	12 (12)	10 (10)	12			
	Propylparaben	128 (128)	10 (10)	128			
Arroio Diluvio, RS, South Brazil (2011)	Azithromycin	24–40 (32)	50 (8)	40	(Jank et al. 2014)		
	Ciprofloxacin	16–66 (38)	75 (8)	66			
	Norfloxacin	30–64 (41)	75 (8)	64			
	Sulfamethoxazole	376–572 (458)	75 (8)	572			
	Trimethoprim	27–94 (62)	75 (8)	94			
	São Paulo, Southeast Brazil (2010–2011)	Caffeine	< 20–42,000 (4229)	63 (71)		42,000	(Montagner et al. 2014)
Triclosan		< 0.7–66 (20)	63 (71)	66			
Jundiá River, SP, Southeast Brazil (2011–2012)	Atenolol	15–413 (190)	100 (28)	413	(Sousa et al. 2014)		
	Caffeine	994–19,330 (6551)	100 (28)	19,330			
	Carbamazepine	6–659 (131)	100 (28)	659			
	Diclofenac	37–328 (109)	96 (28)	328			
	Estrone	5–8 (6)	25 (28)	8			
	Ibuprofen	3–208 (74)	100 (28)	208			
	Naproxen	5–99 (29)	93 (28)	99			
	Propranolol	4–53 (23)	86 (28)	53			
	Triclosan	5–323 (69)	75 (28)	323			
	Rio Negro, AM, North Brazil (2011)	Amitriptyline	20–22 (21)	12 (16)		22	(Thomas et al. 2014)
Benzoylcegonine		366–3582 (1421)	56 (16)	3582			
Carbamazepine		14–652 (207)	62 (16)	652			
Citalopram		48–79 (61)	31 (16)	79			
Cocaine		677–5896 (1985)	50 (16)	5896			
Diclofenac		63–785 (313)	44 (16)	785			
Metoprolol		5–28 (15)	37 (16)	28			
Propranolol		26 (26)	6 (16)	26			
Sertraline		36–164 (78)	50 (16)	164			
Monjolinho River, SP, Southeast Brazil (2011–2013)		17β-estradiol	0.3–15 (1.8)	21 (21)	15	(Campanha et al. 2015)	
	Acetaminophen	38–30,421 (3702)	77 (21)	30,421			
	Atenolol	32–8199 (1182)	78 (21)	8199			
	Caffeine	20–129,585 (14,955)	93 (21)	129,585			
	Carbamazepine	2–215 (72)	74 (21)	215			
	Diclofenac	22–386 (93)	60 (21)	386			
	Estrone	< 0.1–15 (7)	30 (21)	15			

Table 1 (continued)

Location (sampling year)	Chemicals	Concentration (ng L ⁻¹) min–max (mean)	F _d (n)	MEC	Reference
Mogi Guaçu River, SP, Southeast Brazil	Ibuprofen	< 2–744 (185)	60 (21)	744	(Galinaro et al. 2015)
	Naproxen	3–655 (104)	60 (21)	655	
	Propranolol	1–77 (16)	77 (21)	77	
	Triclosan	< 0.8–281 (35)	80 (21)	281	
	Butylparaben	9–20 (15)	50 (14)	20	
	Ethylparaben	2–30 (6)	78 (14)	30	
São Paulo, Southeast Brazil (2012–2014)	Methylparaben	2–27 (8)	50 (14)	27	(Silva et al. 2015)
	Propylparaben	1–52 (13)	86 (14)	52	
	Benzophenone-3	18–44 (27)	60 (30)	44	
Piracicaba River, SP, Southeast Brazil (2011–2012)	EHMC	50–755 (329)	37 (30)	755	(Torres et al. 2015)
	Octocrylene	188–208 (198)	13 (30)	208	
	17β-estradiol	41–87 (56)	6 (98)	87	
Pavuna, Fundo, Camorim and Grande Rivers, RJ, Southeast Brazil (2015)	17α-ethinylestradiol	26–150 (77)	10 (98)	150	(Lopes et al. 2016)
	Estrone	6–14 (10.5)	4 (98)	14	
	Estriol	44–46 (45)	2 (98)	46	
Santos Bay, SP, Southeast Brazil (2014)	Acetaminophen	90–140 (118)	80 (5)	140	(Pereira et al. 2016)
	Salicylic acid	1650–4810 (3550)	80 (5)	4810	
	Bisphenol-A	1370–39,860 (15,890)	100 (5)	39,860	
Upper Iguassu Watershed, PR, South Brazil (2011–2012)	Diclofenac	220 (220)	20 (5)	220	(Santos et al. 2016)
	Acetaminophen	17–35 (23)	100 (10)	35	
	Atenolol	< 7	20 (10)	-	
	Benzoylcegonine	5–21 (12)	100 (10)	21	
	Caffeine	84–649 (272)	100 (10)	649	
	Cocaine	13–537 (144)	100 (10)	537	
	Diclofenac	< 7.4–19 (19)	100 (10)	19	
	Ibuprofen	326–2094 (1472)	100 (10)	2094	
	Losartan	12–32 (20)	90 (10)	32	
	Valsartan	11–75 (28)	100 (10)	75	
Iguaçu River, PR, South Brazil	Butylparaben	< 6–268	71 (80)	268	(Ide et al. 2017)
	Ethylparaben	< 4–1485	18 (80)	1485	
	Methylparaben	< 5–2875	86 (80)	2875	
	Propylparaben	< 5–486	84 (80)	486	
	Triclosan	< 1–415	86 (80)	415	
	Caffeine	< 27–27,000	58 (64)	27,000	
	Salicylic acid	< 112–5000	22 (64)	5000	
	Acetylsalicylic acid	< 120–930	20 (64)	930	
	Naproxen	< 32–340	34 (64)	340	
	Ketoprofen	< 17–620	18 (64)	620	
Guarapiranga Reservoir, SP, Southeast Brazil (2014)	Estradiol	< 85–1420	24 (64)	1420	(López-Doval et al. 2017)
	Ethinylestradiol	< 161–1480	7 (64)	1480	
	Estrone	< 89–940	2 (64)	940	
	Fenofibrate	< 3–40	25 (64)	40	
	Gemfibrozil	< 3–70	40 (64)	70	
	4-MBC	< 1–50	20 (64)	50	
	Caffeine	17–4726 (646)	100 (16)	4726	
	Cocaine	3–12 (5)	44 (16)	12	
	Benzoylcegonine	3–179 (41)	100 (16)	179	
	Bisphenol-A	10–345 (105)	88 (16)	345	
Paraopebas River, MG, Southeast Brazil	Acetaminophen	200–1700 (668)	67 (12)	1700	(Barros et al. 2018)
	Bezafibrate	133 (133)	8 (12)	133	
	Diclofenac	197–2626 (1161)	100 (12)	2626	
	Diltiazem	3–171 (42)	67 (12)	171	
	Fluconazole	9–99 (48)	67 (12)	99	
	Miconazole	5–117 (34)	50 (12)	117	
	Trimethoprim	8–124 (37)	75 (12)	124	
	Amoxicillin	38–289 (163)	25 (9)	289	
Guandu and Queimados rivers, RJ, Southeast Brazil (2016)	Azithromycin	36 (36)	13 (9)	36	(Monteiro et al. 2018)
	Clarithromycin	39 (39)	13 (9)	39	
	Cefalexin	576 (576)	13 (9)	576	
	Sulfamethoxazole	60–105 (83)	25 (9)	105	
	Atenolol	107–665 (296)	100 (24)	665	
Jundiá River, SP, Southeast Brazil (2012–2013)					(Sousa et al. 2018)

Table 1 (continued)

Location (sampling year)	Chemicals	Concentration (ng L ⁻¹) min–max (mean)	F _d (n)	MEC	Reference
Rio Grande do Sul, South Brazil	Caffeine	1156–24,961 (8125)	100 (24)	24,961	(Souza et al. 2018)
	Carbamazepine	15–659 (129)	87 (24)	659	
	Diclofenac	26–364 (143)	100 (24)	364	
	Estrone	5–29 (10)	63 (24)	29	
	Ibuprofen	24–373 (152)	100 (24)	373	
	Naproxen	7–145 (59)	100 (24)	145	
	Propranolol	5–48 (20)	100 (24)	48	
	Triclosan	5–61 (18)	100 (24)	61	
	Dourados and Brilhante Rivers, MS, Midwest Brazil (2016)	Acetaminophen	104–4200 (1329)	67	
Bisphenol A		73–665 (248)	67	665	
17α-ethynylestradiol		39 (39)	5 (18)	39	
Bisphenol A		10–49 (20)	83 (18)	49	
Caffeine		< 20–1040 (118)	100 (18)	1040	
Rio Grande do Sul, South Brazil	Estriol	11–12 (11)	11 (18)	12	(Caldas et al. 2019)
	Triclosan	9 (9)	5 (18)	9	
	Glibenclamide	50–120 (91)	29 (48)	120	
	Methylparaben	15–840 (262)	100 (48)	840	
Santos Bay, SP, Southeast Brazil (2016–2017)	Nimesulide	70–730 (238)	43 (48)	730	(Fontes et al. 2019)
	Propylparaben	90–190 (115)	29 (48)	190	
	Benzoylcegonine	< 8–28 (14)	96 (24)	28	
Atibaia River, SP, Southeast Brazil (2006–2015)	Caffeine	< 12–169 (80)	63 (24)	169	(Montagner et al. 2019)
	4-n-nonylphenol	1–2018 (429)	2 (205)	2018	
	4-n-octylphenol	2–1029 (266)	2 (205)	1029	
	17-α ethynylestradiol	4–4390 (777)	4 (221)	4390	
	17β-estradiol	2–6806 (969)	9 (221)	6806	
	Acetaminophen	280–13,440 (6860)	6 (34)	13,440	
	Acetylsalicylic acid	476–20,960 (5978)	18 (34)	20,960	
	Benzoylcegonine	10–1019 (133)	84 (51)	1019	
	Bisphenol A	2–13,016 (513)	67 (217)	13,016	
	Caffeine	19–127,000 (4823)	97 (203)	127,000	
	Ciprofloxacin	0.6–12 (7)	85 (13)	12	
	Cocaine	2–62 (10)	53 (51)	62	
	Dibutylphthalate	1300–33,100	94 (36)	33,100	
	Diclofenac	96–115 (106)	6 (34)	115	
	Dioctylphthalate	465–674 (570)	100 (2)	674	
	Estriol	1–1398 (38)	31 (187)	1398	
	Estrone	0.8–39 (5)	28 (221)	39	
	Norfloxacin	0.7–4 (2)	31 (13)	4	
	Sulfamethoxazole	0.6–2 (1)	46 (13)	2	
	Triclosan	2–289 (24)	67 (257)	289	
Trimethoprim	1–7 (3)	100 (13)	7		
Vacacaí and Vacacaí Mirim watershed, RS, South Brazil	Acetaminophen	120–9900 (1488)	90 (20)	9900	(Pivetta and Gastaldini 2019)
	Diclofenac	< 150	5 (20)	-	
	Ibuprofen	200–2710 (891)	95 (20)	2710	
Lobo reservoir, SP, Southeast Brazil	Acetaminophen	n.d.–130 (30)	86 (9)	130	(Pompei et al. 2019)
	Benzophenone-3	320–2100 (1140)	100 (9)	2100	
	Diclofenac	n. d.–50 (20)	71 (9)	50	
	Ibuprofen	n. d.–130 (10)	43 (9)	130	
	Naproxen	n. d.–100 (10)	100 (9)	100	
	Methylparaben	100–1,192,390 (170,870)	86 (9)	1,192,390	
Minas Gerais, Southeast Brazil (2016–2017)	Atorvastatin	< 104–1020 (559)	46 (84)	1020	(Reis et al. 2019)
	Betamethasone	< 73–11,960 (5897)	32 (84)	11,960	
	Caffeine	1385 (1385)	1 (84)	1385	
	Clarithromycin	168–199 (184)	2 (84)	199	
	Danofloxacin	23–272 (83)	14 (84)	272	
	Enoxacin	240–386 (310)	11 (84)	386	
	Enrofloxacin	13–71 (44)	11 (84)	71	
	Fenofibrate	119–1388 (599)	4 (84)	1388	
	Fluconazole	< 73–1413 (840)	55 (84)	1413	
	Gemfibrozil	< 73–948 (448)	24 (84)	948	
Ibuprofen	302–333 (318)	2 (84)	333		

Table 1 (continued)

Location (sampling year)	Chemicals	Concentration (ng L ⁻¹) min–max (mean)	F _d (n)	MEC	Reference		
Dilúvio River, RS, South Brazil (2016–2018)	Ketoprofen	< 73–1020 (524)	26 (84)	1020	(Arsand et al. 2020)		
	Loratadine	56–486 (299)	10 (84)	486			
	Metformin	49–203 (140)	7 (84)	203			
	Norfloracin	< 73–285 (160)	27 (84)	285			
	Phenazone	< 1.5–33 (8)	5 (84)	33			
	Phenylbutazone	76–275 (176)	3 (84)	275			
	Prednisone	< 73–8105 (2906)	58 (84)	8105			
	Azithromycin	< 10–158 (65)	100 (48)	158			
	Cephalexin	< 10–179 (75)	100 (48)	179			
	Ciprofloxacin	< 10–344 (172)	100 (48)	344			
	Clindamycin	< 5–134 (74)	100 (48)	134			
	Norfloracin	29–292 (89)	100 (48)	292			
	Sulfadiazine	< 5–120 (57)	100 (48)	120			
	Sulfamethoxazole	34–184 (60)	100 (48)	184			
Anil and Bacanga Rives, MA, Northeast Brasil (2018–2019)	Trimethoprim	20–84 (33)	100 (48)	84	(Chaves et al. 2020)		
	Acetaminophen	< 200–1716 (1011)	54 (26)	1716			
	Albendazole	< 4–22 (12)	43 (26)	22			
	Caffeine	7–13,798 (2489)	92 (26)	13,798			
	Carbamazepine	7–83 (36)	71 (26)	83			
	Diclofenac	103–463 (299)	46 (26)	463			
	Ibuprofen	< 100–320 (202)	57 (26)	320			
	Mebendazole	< 4–18 (9)	38 (26)	18			
	Methylparaben	37–660 (153)	92 (26)	660			
	Sulfamethoxazole	< 20–120 (58)	50 (26)	120			
	Piratininga and Itaipu Lagoons, RJ, Southeast Brazil (2017)	Ibuprofen	28–38 (33)	50 (20)		38	(Cunha et al. 2020)
		Naproxen	16–23 (19)	50 (20)		23	
		17 α -ethinyloestradiol	54 (54)	25 (20)		54	
		4-nonylphenol	5–16 (9)	75 (20)		16	
4-octylphenol		17–29 (23)	50 (20)	29			
Bisphenol-A		251–368 (310)	50 (20)	368			
Estrone		12 (12)	25 (20)	12			
17 β -estradiol		8–24 (15)	75 (20)	24			
Estriol		3 (3)	25 (20)	3			
Upper Tibagi River, PR, South Brazil (2015–2026)		Butylparaben	< 23–133 (59)	100 (44)	133	(Reichert et al. 2020)	
	Ethylparaben	< 10–145 (65)	100 (44)	145			
	Gemfibrozil	< 18–2591 (337)	100 (44)	2591			
	Methylparaben	< 48–265 (107)	100 (44)	266			
	Propylparaben	< 3.2–487 (52)	100 (44)	487			
	Triclosan	50–789 (253)	100 (44)	798			
	Guarujá, SP, Southeast Brazil (2018)	Acetaminophen	1.2–1.4 (1.3)	25 (8)	1.4		(Roveri et al. 2020)
Atenolol		0.1–0.3 (0.15)	50 (8)	0.3			
Benzoylcegonine		0.3–2 (0.7)	75 (8)	2			
Caffeine		42–141 (80)	75 (8)	141			
Carbamazepine		< 0.01–0.1 (0.1)	13 (8)	0.1			
Cocaine		0.3–0.6 (0.4)	75 (8)	0.6			
Diclofenac		4–86 (44)	75 (8)	86			
Losartan		0.7–3 (2)	25 (8)	3			
Orphenadrine		0.6–3 (2)	50 (8)	3			
Valsartan		5–14 (10)	75 (8)	14			
South and Southeast Brazil (2016–2017)		Atorvastatin	300–1150 (400)	10 (20)	1150	(Santos et al. 2020)	
	Betamethasone	34–3200 (645)	50 (20)	3200			
	Fluconazole	35–4200 (760)	60 (20)	4200			
	Metformin	36–130 (83)	10 (20)	130			
	Prednisone	34–3600 (1008)	60 (20)	3600			

India (2 and 23 ng L⁻¹) (Sharma et al. 2019) and Jiulong River, China (2 and 69 ng L⁻¹) (Lin et al. 2016). South American countries have reported high concentrations of

these compounds. In Mexico, concentrations from 354 to 14,900 (1634) ng L⁻¹ of acetaminophen, from 284 to 2835 (520) ng L⁻¹ for ibuprofen and from 258 to 2470 (740) ng L⁻¹

Table 2 Frequencies of detection (Fd %) of individual emerging contaminants in Brazilian aquatic environment, considering thirty-five studies available on literature

Chemical	Fd (%)
Caffeine	41
Diclofenac	41
Acetaminophen	32
Ethylparaben	29
Ibuprofen	24
Triclosan	24
Bisphenol A	21
17 α -ethynylestradiol	18
17 β -estradiol	18
Atenolol	15
Benzoylcegonine	18
Cocaine	18
Carbamazepine	18
Estrone	18
Methylparaben	18
Sulfamethoxazole	18
Naproxen	15
Propylparaben	15
Trimethoprim	15

for diclofenac were detected (Rivera-Jaimes et al. 2018). In Colombia, Pemberthy et al. (2020) quantified 460 ng L⁻¹ for ibuprofen and 310 ng L⁻¹ for diclofenac in Gulf Urabá. Brazil is among the ten largest consumers of medicines in the world. According to Aitken and Kleinrock (2015), over 50% of the world population will consume in 2020 more than 1 dose per person per day of medicines, up from one third of the world in 2005, driven by India, China, Brazil and Indonesia.

Preservatives, hormones, plasticizers, UV-sunscreen and β -blockers are 6%, each, from 73 ECs detected in this study (Figure 1). In the preservative group, ethylparaben (29%), methylparaben (18%) and propylparaben (15%) presented the highest frequencies of detection. Ethylparaben was

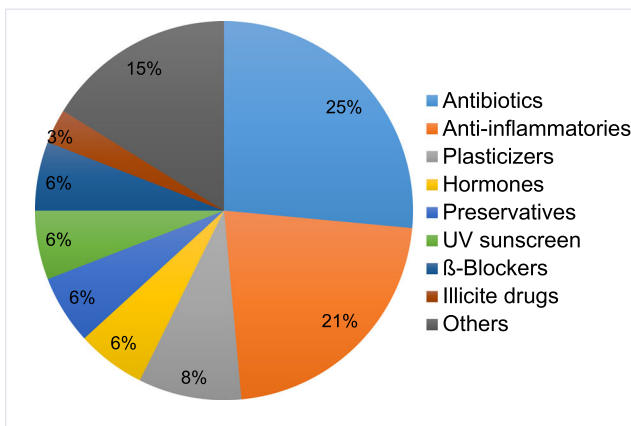


Fig. 1 Frequencies of detection of therapeutic classes in Brazilian aquatic environment, considering thirty-five studies available on literature

detected in concentrations from 2 to 29,800 ng L⁻¹, while methyl and propylparaben were reported in mean concentrations from 8 to 170,870 ng L⁻¹ and from 13 to 243 ng L⁻¹, respectively. Methyl and propylparaben were quantified in some studies in concentrations higher than those reported in Jiulong River, China (21 and 16 ng L⁻¹) (Sun et al. 2016) and Pakistan (6 and 3 ng L⁻¹) (Ashfaq et al. 2019).

Hormones (17 α -ethynylestradiol, 17 β -estradiol, estrone and estriol) were detected mainly in the southeast region. 17 β -estradiol concentrations ranged from 0.3 to 6808 ng L⁻¹ and 17 α -ethynylestradiol from 6 to 4390 ng L⁻¹ with mean concentrations from 1.8 to 2515 and from 15 to 1957 ng L⁻¹ of 17 β -estradiol and 17 α -ethynylestradiol, respectively. Some studies reported 17 β -estradiol and 17 α -ethynylestradiol concentrations lower than those reported in Uruguay (2350 and 11,600 ng L⁻¹, respectively) (Griffero et al. 2019), while other, higher than those quantified in Malaysia (31 and 8 ng L⁻¹) (Ismail et al. 2019). Estrone occurred in 18% of the studies, in concentrations ranging from < 0.1 (Monjolinho River) to 940 ng L⁻¹ (Iguaçu River) (Campanha et al. 2015; Ide et al. 2017), while estriol was quantified in concentrations from 1 to 1398 ng L⁻¹ in Atibaia River (Montagner et al. 2019). In developed countries, as in the USA and Spain, relatively low concentrations are reported for hormones. Deere et al. (2020) reported 54, 89 and 726 ng L⁻¹ for 17 α -ethynylestradiol, 17 β -estradiol and estrone, respectively, in Minnesota. While Gorga et al. (2015) found up to 2, 8, 7 and 6 ng L⁻¹ for 17 α -ethynylestradiol, 17 β -estradiol, estrone and estriol in Iberian rivers. The presence of hormones in Brazilian surface waters is mainly related to the use of oral and injectable contraceptives by Brazilian women. About 65% of women aged 15 to 49 reported using a modern contraceptive method (Farias et al. 2016). Steroid estrogens gained scientific attention in the last decades due their potential to cause undesirable ecological effects at very low concentrations (0.1–0.5 ng L⁻¹), being considered as prospective endocrine disruptors (Ilyas and Van Hullebusch 2020).

On plasticizers group, bisphenol-A, dibutylphthalate, diethylphthalate and dioctylphthalate were detected. Bisphenol-A was quantified in 21% of studies, in concentrations from 2 to 39,860 ng L⁻¹ and mean concentrations from 20 to 15,890 ng L⁻¹. This chemical has exhibited genotoxicity, reproductive toxicity, endocrine disrupting effects, cytotoxicity and neurotoxicity in these concentration levels (Liu et al. 2020a). Global bisphenol-A production had exceeded 4.6 million tons in 2012 and is expected to grow at an annual rate of 4.6% from 2013 to 2019. These data highlight the concern with the presence of this compound in the environment, since it has proven adverse effects to living beings and it has been detected in many biological matrices including human amniotic fluid, blood, breast milk, placenta, sweat and urine (Wang et al. 2021).

On pharmaceutical β -blockers group, atenolol, metoprolol and propranolol were detected. Atenolol presented frequency of detection of 15%, being found in the southeast region in concentration level from 0.1 to 8199 ng L⁻¹. This compound has not been detected in other Brazilian regions. This is one of the most used β -blocker to control blood pressure in Brazil, being marketed between 50 and 100 million presentations in 2018 (BRASIL, 2018).

On illicit drugs group, only cocaine and its metabolite benzoylecgonine were studied. These compounds were detected in 18% of the reviewed studies, in concentrations ranging from 0.3 to 5896 ng L⁻¹ for cocaine and from 0.3 to 3586 ng L⁻¹ for benzoylecgonine in the north region (Thomas et al. 2014). In the southeast region, concentrations from 13 to 537 ng L⁻¹ for cocaine (Pereira et al. 2016) and from 3 to 179 ng L⁻¹ for benzoylecgonine (López-Doval et al. 2017) were quantified. North American countries have shown the presence of these compounds in its surface water; Deere et al. (2020) quantified up to 259 ng L⁻¹ for cocaine and 61 ng L⁻¹ for benzoylecgonine in the USA, while Comtois-Marotte et al. (2017) found up to 4 ng L⁻¹ for cocaine and up to 10 ng L⁻¹ for benzoylecgonine, in Canada. Fontes et al. (2019) showed that cocaine and their metabolites are widespread in aquatic ecosystems in levels able to trigger sub-lethal effects to non-target organisms, besides to concentrate in seafood, presenting risks to human health and the environment.

Carbamazepine, an anticonvulsant drug, was detected in Brazilian surface water with concentrations from 0.1 to 659 ng L⁻¹ and mean concentration up to 207,131 and 36 ng L⁻¹ in North, Southeast and Northeast regions. Some Brazilian studies reported carbamazepine concentrations lower than those found in other Latin American countries (195,943 ng L⁻¹ in Ecuador and 4300 ng L⁻¹ in Colombia) and other, higher than European countries (37 ng L⁻¹ in Italy, 29 ng L⁻¹ in Spain and 25 ng L⁻¹ in German) (Carmona et al. 2017; Kötke et al. 2019; Feo et al. 2020). Studies suggest that rivers from developed countries contain less PPCPs than developing countries, primarily attributable to better medical regulations rather than availability of wastewater treatment facilities (Kumar et al. 2019).

Other chemical detected in Brazilian surface waters was triclosan, an antimicrobial agent widely used in personal care products such as soaps, skin creams, toothpaste and deodorants. In Brazil, the National Health Surveillance Agency (ANVISA) allows concentration of up to 0.3% of triclosan in personal care products as a preservative (BRASIL 2012). Triclosan was reported in 24% of the reviewed studies in concentrations from 2 to 789 ng L⁻¹, reaching mean concentration up to 253 ng L⁻¹ in Upper Tibagi River (Reichert et al. 2020) and 69 ng L⁻¹ in Jundiá River (Sousa et al. 2014). These concentrations are higher than those quantified in Nigeria (59 ng L⁻¹) (Inam et al. 2015) and in China (22 ng L⁻¹) (Sun et al. 2016) and lower than those found in Colombia

(295 ng L⁻¹) (Pemberthy et al. 2020) and in the USA (1830 ng L⁻¹) (Deere et al. 2020).

Therefore, evaluating the concentrations of CECs quantified in Brazilian surface waters, a high level is observed for some compounds when compared to developed countries such as the USA and European countries. However, when comparing the levels found in Brazil with other South American countries, lower concentrations are observed for most compounds. Caffeine, diclofenac, acetaminophen, ethylparaben, ibuprofen, triclosan and bisphenol-A deserve attention, since among the ECs reviewed in this study, they had the highest frequencies of detection.

Ecological risk of CECs in Brazilian surface water

Using the MEC values reported in studies carried out in the last decade in Brazil, an environmental risk assessment multiple-level ecological was performed. In Figure 2, risk quotients (RQ) for chemicals found in each Brazilian region are presented. Southeast seemed to be the region most impacted by CECs in Brazil; however, few studies have been conducted in the North, Northeast and Midwest regions, and it is not possible to have a complete outline of the real situation of ECs in the country. Analyzing the three trophic levels, daphnia was the most sensitive organism being subject to high risk mainly for acetaminophen (950), caffeine (431), 17 β -estradiol (340), ibuprofen (309), dibutylphthalate (292), diclofenac (262) and methylparaben (106). Therefore, it is probable that adverse effects may occur to aquatic biota exposed. In addition to these ones, 17 α -ethynylestradiol (42), diethylphthalate (14), sertraline (2.5), triclosan (2) and bisphenol-A (2) presented high environmental risk in the southeast region.

High environmental risk resulting from high concentrations of CECs quantified in the southeast region may be related to the greater socioeconomic development of this region. The large industrial centers in Brazil are concentrated in the southeast of the country, with emphasis on the São Paulo State, which is home to large chemical and pharmaceutical industries. In addition, the southeast region stands out for containing the cities with the highest demographic densities in the country, which also contributes to environmental contamination by CECs, due to generating a greater volume of domestic sewage when compared to less populous cities.

Considering the vast geographical area of Brazil, the differences in the population density and the wide variation in the climate conditions that influences the pattern of the PPCP consumption, the discussion was done considering the spatial distribution. However, considering the highest RQ found in the Brazilian regions, a comparison with other studies around the world was carried out after.

In the south region, acetaminophen, 17 β -estradiol, 17 α -ethynylestradiol, caffeine, estrone and triclosan presented high environmental risk (RQ > 1.0), while methylparaben,

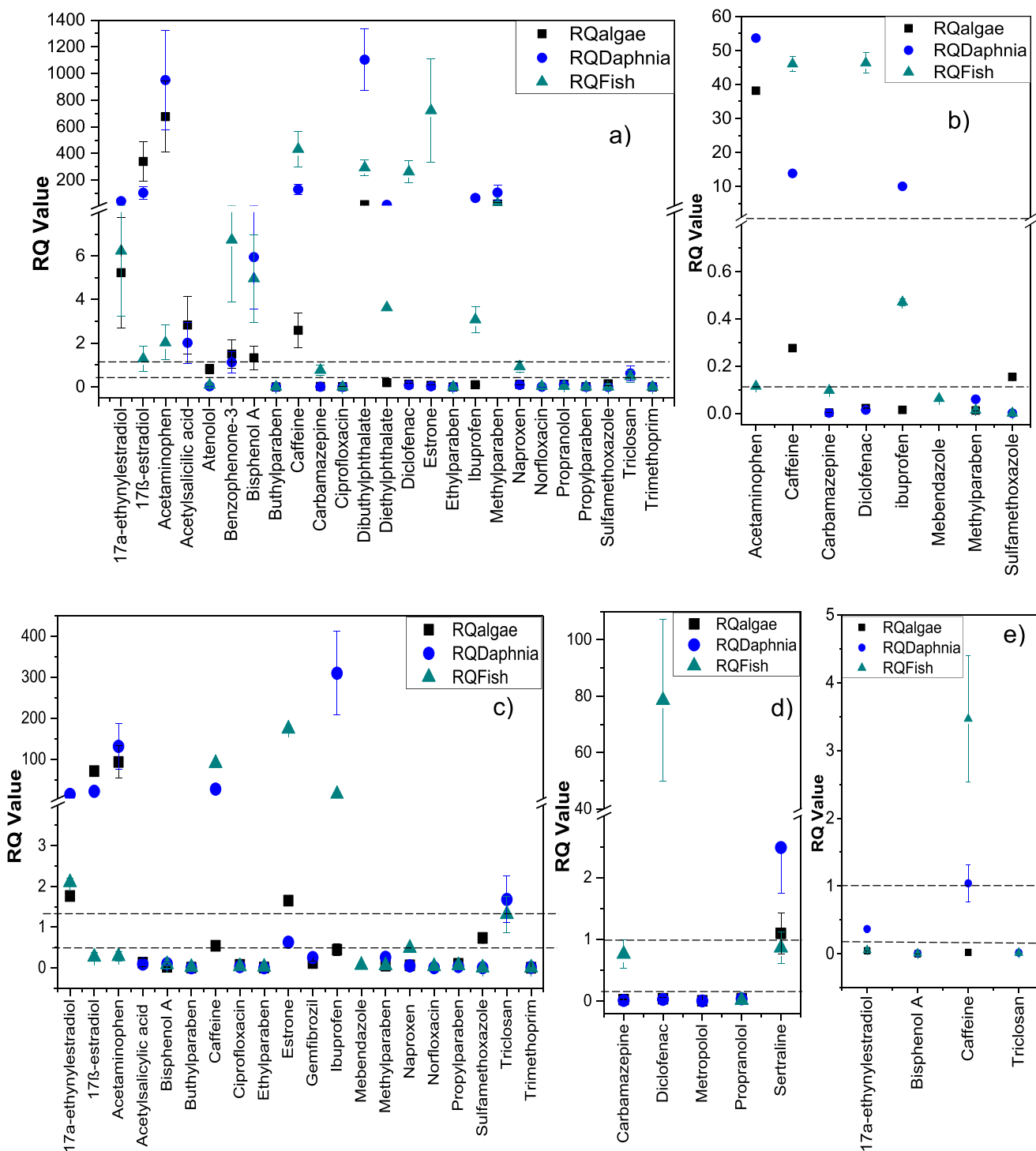


Fig. 2 Risk Quotients (RQ) for maximum concentration measured in surface water from Brazilian southeast (a), northeast (b), south (c), north (d) and midwest (e). The dashed lines represent the separation of the

levels of environmental risk. Values below the dashed lines represent low risk, between the lines, moderate risk and above, high environmental risk

gemfibrozil and sulfamethoxazole present moderate risk ($0.1 < RQ < 1$). Other chemicals (acetylsalicylic acid, bisphenol A, butylparaben, ciprofloxacin, ethylparaben, norfloxacin, propylparaben and trimethoprim) showed low or insignificant risk in the region. In the North Brazil, high risk was estimated

to diclofenac and sertraline, moderate risk to carbamazepine and insignificant risk to metoprolol and propranolol. In the northeast region, high risk was calculated to acetaminophen (algae and Daphnia), caffeine (Daphnia and fish), diclofenac (fish) and ibuprofen (Daphnia). Sulfamethoxazole showed

moderate risk for algae, while carbamazepine, mebendazole and methylparaben, low risk for the three trophic levels. In the midwest region, high risk was found only to caffeine (Daphnia and fish), while moderate risk was detected to 17α -ethynylestradiol (Daphnia). Triclosan present low risk and bisfenol A, insignificant risk.

Similarly to the RQs found in Brazil, low or medium RQ in surface waters was found for atenolol and naproxen in Pakistan (Ashfaq et al. 2019), carbamazepine, metoprolol, norfloxacin and trimethoprim in China (Zheng et al. 2020), ciprofloxacin in India (Singh and Suthar 2021), mebendazole in China (Chen et al. 2021) and India (Singh and Suthar 2021), propranolol in Sri Lanka (Guruge et al. 2019) and trimethoprim in Vietnam (Ngo et al. 2020).

Related to the four parabens investigated (ethylparaben, methylparaben, propylparaben and butylparaben), only methylparaben have shown high risk in Brazil. In the surface water of the Yangtze River in China, the same preservatives were investigated and minimal or low risk was found (Liu et al. 2015).

17β -estradiol and 17α -ethynylestradiol showed high risk in this study. In surface water samples obtained from sampling points in Mexico, the RQs of 17β -estradiol ranged from 0.07 to 0.94 and of 17α -ethynylestradiol from 0.21 to 2.56, presenting medium to high risk (Calderón-Moreno et al. 2019). In China, medium to high risk was also found for these compounds (Zhong et al. 2021). Estrone showed medium to high risk in this study. Similar results were found in surface waters from China (Zhong et al. 2021).

Acetaminophen showed high RQ in Brazil and in China (Zheng et al. 2020) but showed medium RQ in Pakistan (Ashfaq et al. 2019) and low RQ in India (Singh and Suthar 2021). Ibuprofen has been shown to have different RQ according to the studies. Similarly, to this study, high RQ was found in Pakistan (Ashfaq et al. 2019) and Sri Lanka (Guruge et al. 2019), but in China and India, low RQ was found (Zheng et al. 2020; Singh and Suthar 2021). Diclofenac showed high RQ in Brazil and China (Zheng et al. 2020) and low to medium in Vietnam, Pakistan and Sri Lanka (Ashfaq et al. 2019; Guruge et al. 2019; Ngo et al. 2020).

Similarly to the high RQ found in this study, high risk was also found for bisphenol A in surface waters from Mexico (Calderón-Moreno et al. 2019), and for caffeine in China (Zheng et al. 2020) and Pakistan (Ashfaq et al. 2019). Dibutylphthalate and diethylphthalate were detected in Brazilian surface waters in concentrations that represent high risk ($RQ > 1.0$). In a study carried out in Uganda, high RQ was found for dibutylphthalate and low risk for diethylphthalate (Nantaba et al. 2021). Benzophenone-3 showed high risk in Brazil, but in surface waters from Romania, low risk was found (Chiriac et al. 2021) and medium risk in surface waters from Shanghai, China (Wu et al. 2017).

Gemfibrozil presented high RQ in this study and low in Pakistan (Ashfaq et al. 2019) and Sri Lanka (Guruge et al. 2019) surface waters. Sertraline had shown high RQ in some studies in Brazilian waters, and in Turkey surface waters low RQ was calculated (Guzel et al. 2019). For sulfamethoxazole, low to medium RQ was found in this study and in China (Zheng et al. 2020) and Pakistan (Ashfaq et al. 2019), but in surface waters from Greece (Nannou et al. 2015), Vietnam (Ngo et al. 2020) and Sri Lanka (Guruge et al. 2019) high RQ was found.

Triclosan showed high RQ in this study, and in Greece (Nannou et al. 2015), Indian (Singh and Suthar 2021) and Uganda (Nantaba et al. 2021) surface waters; however, in China (Zheng et al. 2020) and Sri Lanka (Guruge et al. 2019), low or medium RQ was found.

This estimation of RQs was made for each compound separately, but it must be taken into consideration the fact that in the aquatic environment PPCPs never occur individually and the mixture of various pharmaceuticals may lead to different toxicity risks on aquatic organisms. However, the estimations made in this study are based on the RQ of a single pharmaceutical (Kosma et al. 2014; Nannou et al. 2015).

How could be observed, the risk assessment for PPCPs can vary around the world, and among regions from the same country, since it depends on the quantified concentrations, which vary according to the PPCP usage, sanitary conditions, removal efficiency in wastewater treatment plants and environmental conditions.

Prioritization of CECs in Brazilian aquatic environments

In Brazil, there is no national environmental legislation to regulate CECs in the environment or even in drinking water. The monitoring initiatives come from academics and environmental agencies, such as the São Paulo State Environmental Company (CETESB) (Aragão et al. 2020). Because of this, it is important to create a list of priority contaminants in the country, which in addition to taking into account data on the consumption of pharmaceutical and personal care products, occurrence data and the environmental risks involved must be considered. Norman Network and the European Watch-List are two important examples of prioritization of CECs in the environment. Norman Network seeks to promote the exchange of information on emerging environmental substances from different countries (Norman 2019), while the European Watch-List is used by European Union with the goal of obtaining monitoring data for pollutants for which available data to assess their risks are still insufficient to allow conclusions on their effects (Eur, E. C 2013).

Based on occurrence data and environmental risk, it was possible to highlight the most concerning CECs in Brazilian aquatic environment. CECs with moderate or high ecological

risk were classified as environmentally hazardous compounds and therefore should receive more attention and further studies on occurrence, persistence and toxicity should be performed. About 25% of the reviewed CECs are antibiotics and other 21% are anti-inflammatories drugs, with emphasis on diclofenac, acetaminophen and ibuprofen that presented frequency of detection of 41%, 32% and 24%, respectively, presenting high risk to aquatic biota. These compounds may result in negative effects on wild bivalves after long-term exposures and even on organisms from higher trophic level due to food-chain transfer (Almeida et al. 2020). Therefore, considering the risk associated with the occurrence of these compounds in Brazilian aquatic ecosystems, they can be considered of concern and included in the list of priority contaminants.

On the antibiotics group, only sulfamethoxazole presented moderate risk for algae. This is one of the most consumed antibiotics by the Brazilian population and, similar to caffeine, has been considered a marker of anthropogenic contamination being ubiquitous in water bodies worldwide (Thiebault 2020).

Caffeine was the most detected chemical in the Brazilian surface water presenting low to high environmental risk. Moreover, it is an anthropogenic marker, helping to identify places where effluents are discarded without treatment and that probably are contaminated with other CECs present in wastewater. Therefore, this compound must be also considered a priority in environmental monitoring studies.

In addition these, 17 α -ethynylestradiol, 17 β estradiol, bisphenol A, methylparaben and triclosan presented high frequencies of detection and concentration that caused high risk to algae, crustaceans and fish. These CECs are reported in several environmental matrices worldwide and have the potential for endocrine disruption.

Therefore, taking into account the occurrence data and the estimated environmental risks, Figure 3 shows the CECs of most concern in each Brazilian region, highlighting that risk quotient takes into account the maximum environmental concentration found, being an indicative of the environmental risk. Considering a general ranking, the most concerning CECs in Brazil are diclofenac, acetaminophen, caffeine, methylparaben, sulfamethoxazole, bisphenol A, ibuprofen, 17 α -ethynylestradiol, 17 β -estradiol and triclosan. Monitoring studies for these compounds should be carried out in order to generate data to assist decision-making and the creation of environmental legislation in the future.

In the European Union, they have a surface water Watch List (WL) under the Water Framework Directive (WFD) which is a mechanism for obtaining data on potential water pollutants for the purpose of determining the risk they pose. This list is updated every 2 years. From the compounds ranked to be studied in Brazil as a priority, diclofenac was included in the first WL (2015), 17 α -ethynylestradiol and 17 β -estradiol in the first (2015) and second (2018) WL and sulfamethoxazole

was recently added in the third WL (2020). These substances are considered in these lists because they are considered substances that may pose a significant risk, at Union level, to or via the aquatic environment, but for which monitoring data are insufficient to come to a conclusion on the actual risk posed (Eur 2020).

In this study, it was possible to notice that the prioritizing pharmaceuticals in Brazilian urban rivers impacted by domestic effluents is directly related to medicine consumption. From twenty most commercialized pharmaceutical substances in Brazil, nine (45%) were among the most detected compounds in Brazilian surface waters. Therefore, the relationship between regional usage of pharmaceuticals and levels quantified in different regions presents a challenge to prioritization in a country with several socioeconomic characteristics, like Brazil.

Uncertainties and limitations

This study was carried out based on measured concentrations and ecotoxicity data from literature. For some chemicals, that ecotoxicity data are not available (benzoylecgonine, citalopram, cocaine, nimesulide, among others), it was not possible to carry out risk analysis. Therefore, results of priority ranking of CECs in Brazil may change or remain unchanged if there are other updated measured and ecotoxicity data.

Compounds detected with low frequency (<10%), as amitriptyline, azithromycin, avobenzone, benzylparaben, erythromycin, glibenclamide, losartan, valsartan, among others, were not taken into consideration in the risk assessment, but they also may present risk to the aquatic biota. In addition, few studies were found in the north (Thomas et al. 2014), northeast (Chaves et al. 2020) and midwest (Sposito et al. 2018), and some chemicals (e.g. 17 β -estradiol, 17 α -ethynylestradiol, estrone, naproxen and sertraline) were reported in more than one sampling locations, but from the same region, being insufficient to represent the complete ranking of CECs in the country.

Conclusions

Monitoring data of CECs in Brazil is still limited; most studies had occurred mainly in the south and southeast regions. However, based on current knowledge, it was possible to build a priority ranking of CECs by frequency of occurrence and environmental risk levels. The reviewed CECs were mainly distributed in highly urbanized and industrialized regions, including the São Paulo State. The water bodies from the southeast region are the most studied, consequently have a greater amount of different chemicals reported and seemed to be the hot-spot region where several chemicals were ranked with high risk. Levels of CECs in Brazilian aquatic

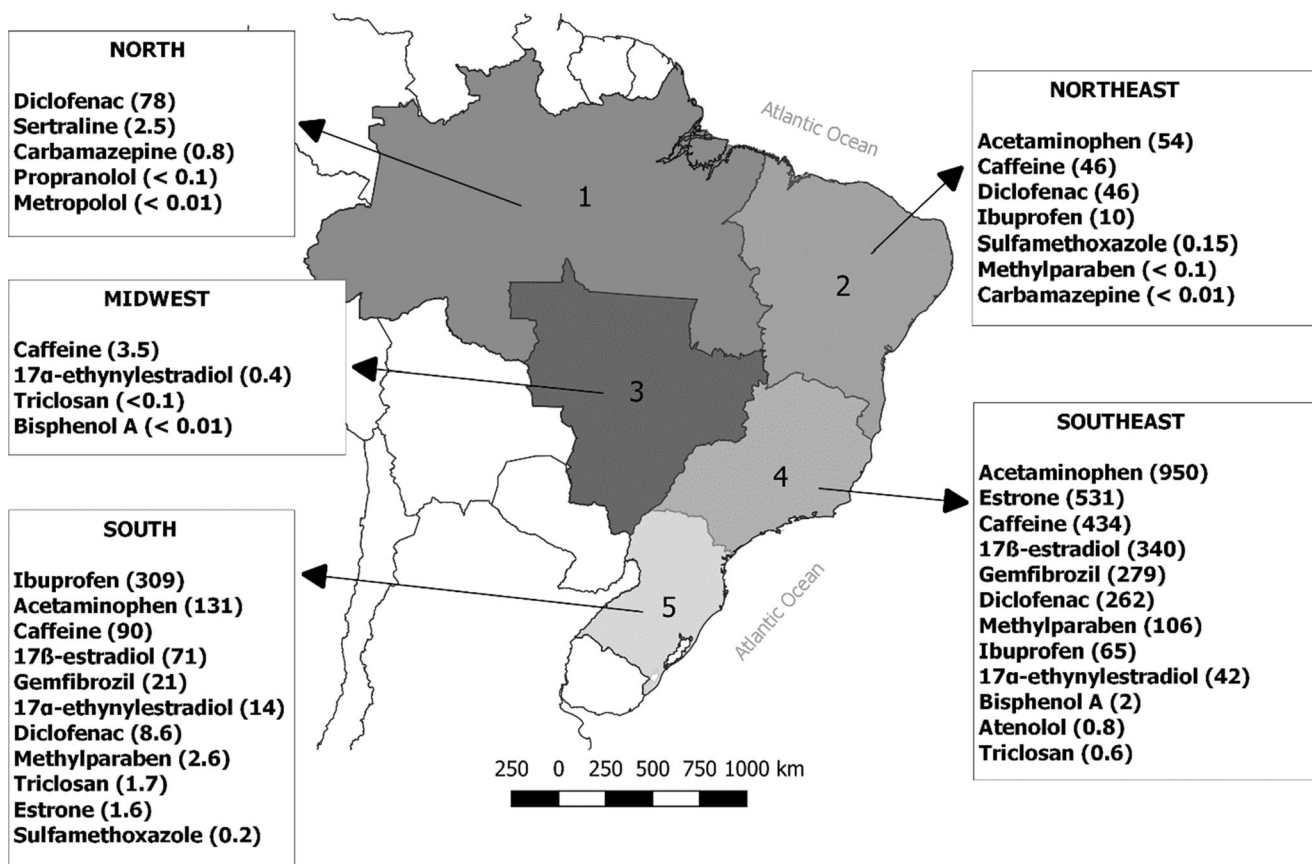


Fig. 3 CECs of greatest concern in Brazilian surface waters, considering occurrence and ecological risk. In parentheses is presented the maximum risk quotient found for each chemical

environment were usually higher than in other emerging countries (China, India, South Africa and Pakistan) and lower than South American countries.

Analyzing the environmental risks caused by CECs in Brazilian surface water, it was observed that pharmaceuticals presented higher risks to aquatic organisms compared to PCPs. Crustaceans (*Daphnia*) were the most sensitive organism for risk assessment of CECs. Ranked CECs with the highest risk were anti-inflammatories drugs (acetaminophen, diclofenac and ibuprofen), caffeine, steroid estrogens (17 β -estradiol and 17 α -ethynylestradiol) and preservative (methylparaben). These results indicate a great threat to Brazilian aquatic ecosystem. Therefore, risk management actions must be carried out to promote safety to aquatic biota and protection of the environment.

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