



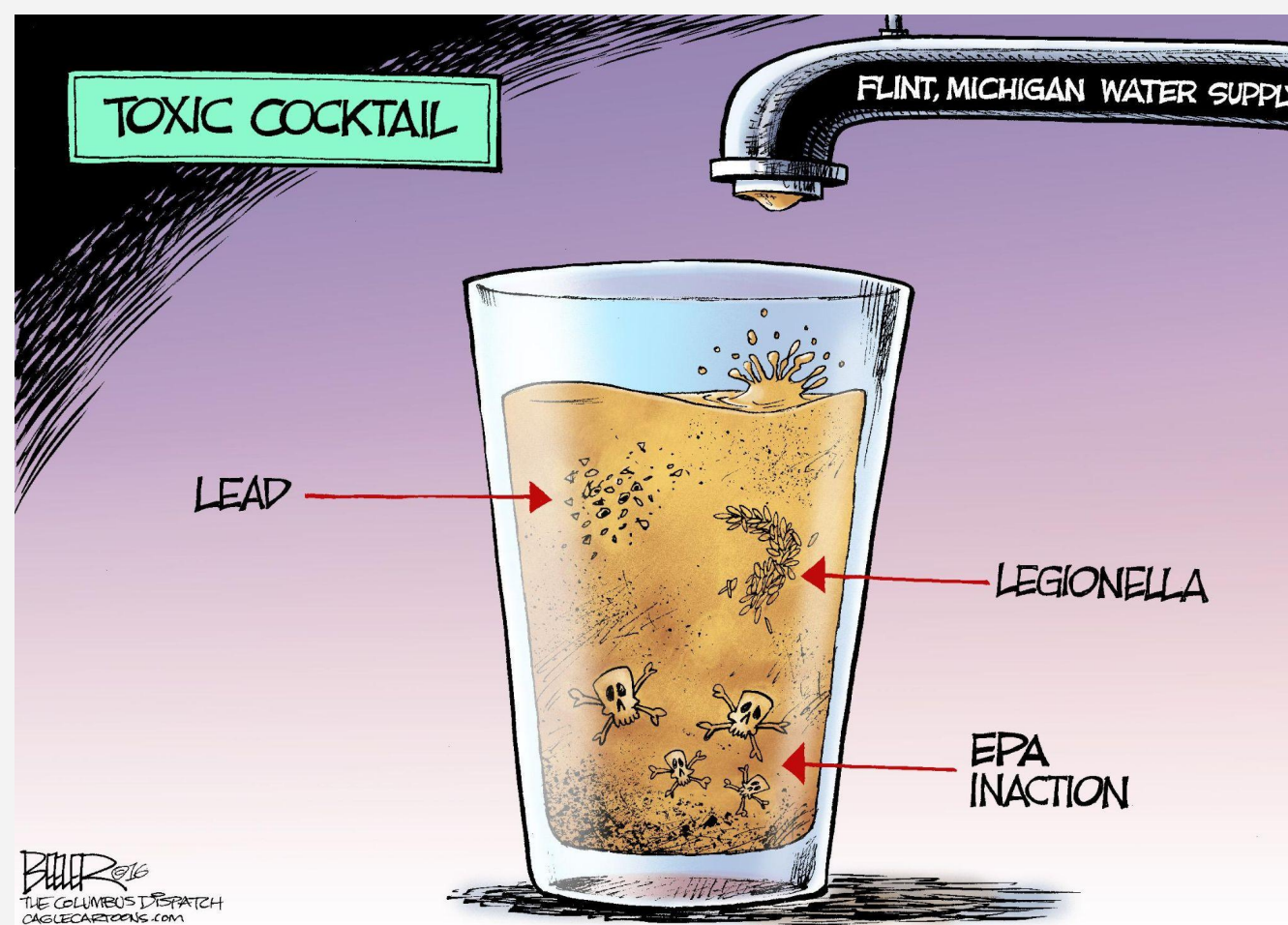
FORENSIC TOXICOLOGY: FROM CRIME SCENE TO VIRTUAL LAB

MODULE 1

CHAPTER 5: HEAVY METALS

WHAT'S AT STAKE
Fighting for safe drinking
water in Flint, Michigan

Flint, USA water crisis!



What happened to...
Flint Michigan water
crisis

Lead-Laced Water In Flint: A Step-By-Step Look At The
Makings Of A Crisis

FLINT MICHIGAN WATER CRISIS

Flint, Michigan switched its water supply in April of 2013. The decision was made to build a pipeline and connect to a new system

This resulted in **hundreds of millions** of dollars of damaged infrastructure, caused deadly bacterial outbreaks that killed **at least 12 people**, and exposed **thousands of children** to **high levels of lead** in their drinking water.

Flint switched the water supply back in 2015, and lead content was **below the federal limit** by 2017

WORLD | Explainer

Here's what you need to know about the Flint water crisis

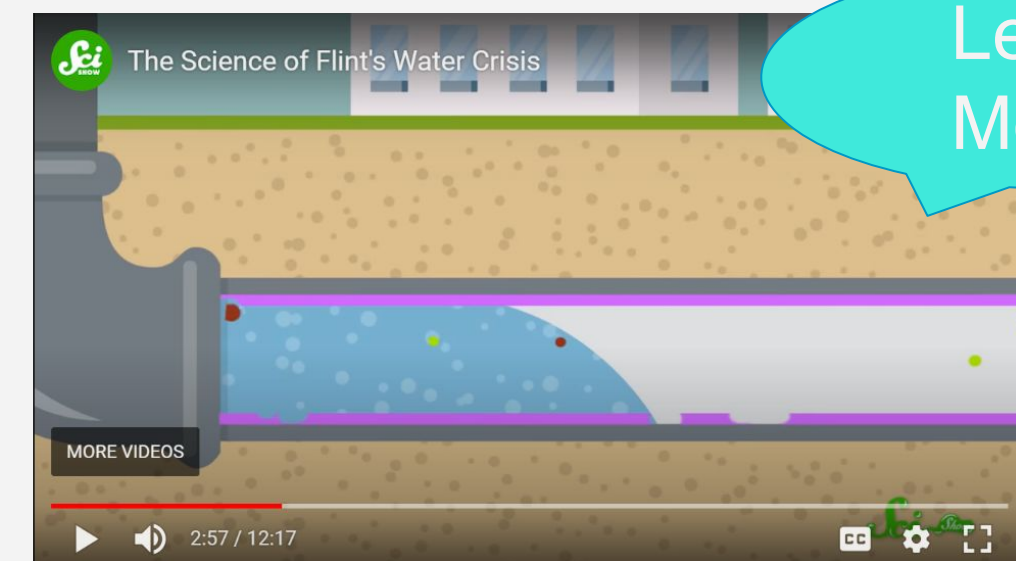


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A periodic table of elements with several elements highlighted in red: Chromium (Cr), Arsenic (As), Cadmium (Cd), Mercury (Hg), Thallium (Tl), and Lead (Pb). The table includes the main groups, transition metals, and the lanthanide and actinide series.

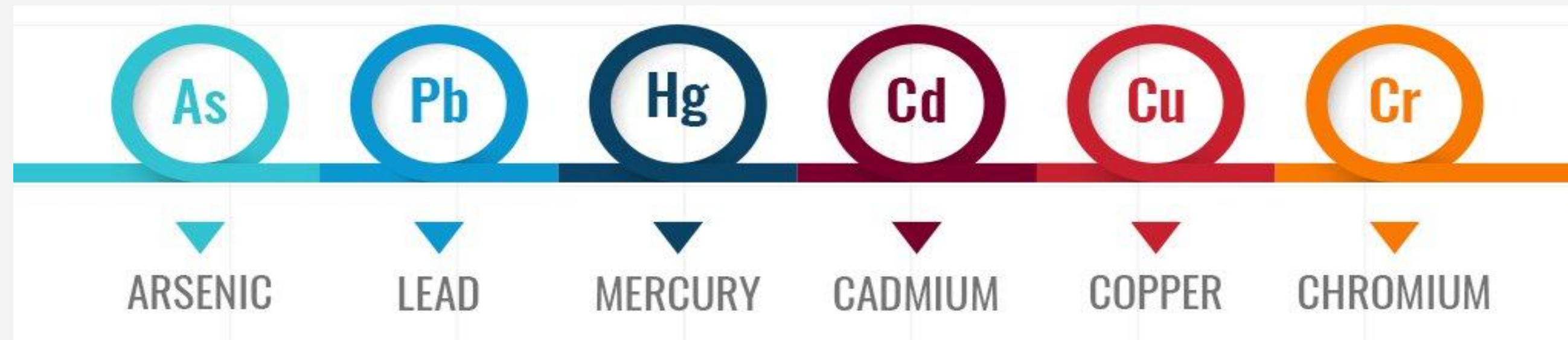
H																			He
Li	Be											B	C	N	O	F	Ne		
Na	Mg											Al	Si	P	S	Cl	Ar		
K	Ca	Sc	Ti	V	Cr	Mn	Fe	Co	Ni	Cu	Zn	Ga	Ge	As	Se	Br	Kr		
Rb	Sr	Y	Zr	Nb	Mo	Tc	Ru	Rh	Pd	Ag	Cd	In	Sn	Sb	Te	I	Xe		
Cs	Ba		Hf	Ta	W	Re	Os	Ir	Pt	Au	Hg	Tl	Pb	Bi	Po	At	Rn		
Fr	Ra																		
			La	Ce	Pr	Nd	Pm	Sm	Eu	Gd	Tb	Dy	Ho	Er	Tm	Yb	Lu		
			Ac	Th	Pa	U	Np	Pu	Am	Cm	Bk	Cf	Es	Fm	Md	No	Lr		

01. INTRODUCTION

01.

WHAT ARE HEAVY METALS?

The term heavy metal refers to any metallic chemical element that has a relatively high density, is exogenous, and is toxic or poisonous at relatively low concentrations.



Heavy metals are natural components of the Earth's crust. They cannot be degraded or destroyed.

01.



Antimony



Cadmium

WHERE ARE HEAVY METALS FOUND?

Sb
Antimony

Flame retardant, batteries, pigments, ceramics, and glass

Cd
Cadmium

By-product of zinc refining, batteries, coatings, pigments, stabilizers for PVC, alloys and electronic compounds

Cr
Chromium

Metal alloys, and pigments for paints, cement, paper, and rubber



Copper

Cu
Copper

Pipes, algicides, wiring, motors

Pb
Lead

Batteries, petrol additives, alloys, pigments and compounds, cable sheathing, shot and ammunition, old paint

Hg
Mercury

Batteries, lamps, thermometers, and dentistry



Lead

01.

SOURCES OF ENVIRONMENTAL POLLUTION



Common household products, agricultural and industrial products, and waste disposal



Runoff from industrial activities accumulates in bodies of water

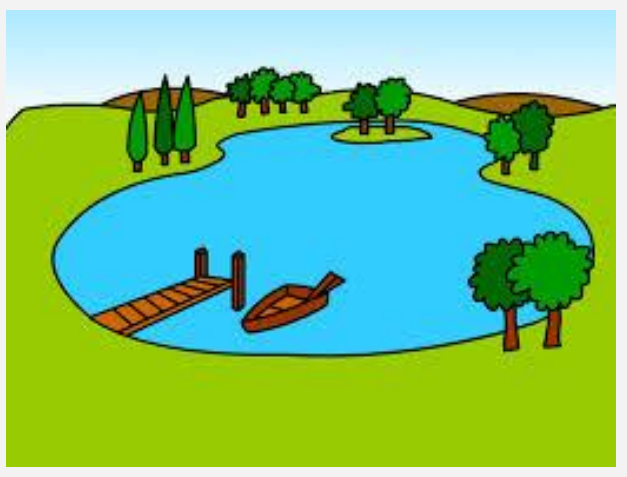


Chimneys are one of the main sources of atmospheric pollution
Examples: burning of fossil fuels, engine exhaust, smelting etc.

BIOACCUMULATION OF HEAVY METALS



Industrial activities...



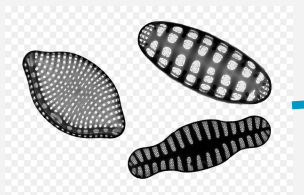
...put heavy metals into the environment...



...and finally consumed by humans

Compounds accumulate in living things any time they are taken up and stored faster than they are metabolized and excreted

Bioaccumulation is an increase in the concentration of a chemical in a biological organism over time, compared to the chemical's concentration in the environment



... which are taken up by phytoplankton ...



... which are eaten by small fish...

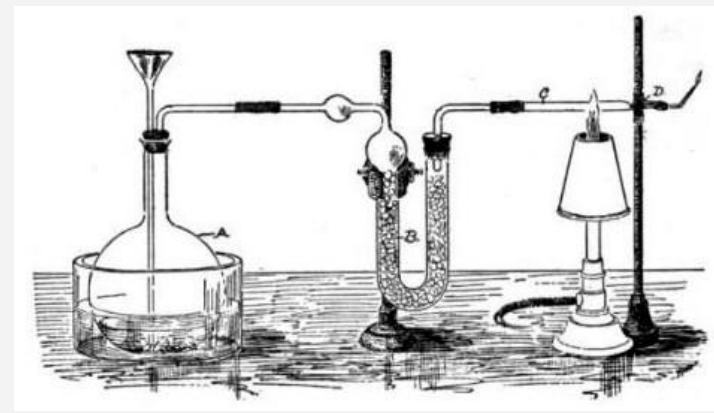


...who are eaten by bigger fish...

02. HISTORICAL AND CURRENT USES



History of Arsenic

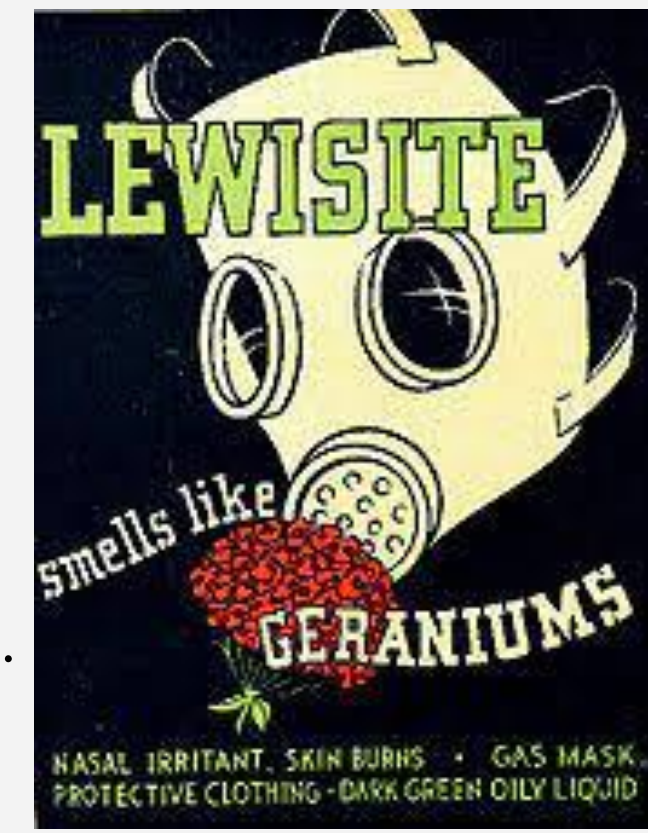


1836

English chemist James Marsh perfected a sensitive and specific chemical test for arsenic

1940

In 1940, Germans developed an organic blistering war gas containing arsenic, which was known by the code name of Lewisite.



1250

German scholastic Albertus Magnus credited with the discovery of Arsenic



1900

In Frankfurt, Germany, a pharmacologist named Paul Ehrlich became preoccupied with arsenic. Ehrlich, was convinced that arsenic could be used therapeutically as a treatment for diseases such as syphilis

1960

A solution of one-percent potassium arsenite (Fowler's Solution) was used as a general tonic and in the treatment of psoriasis. It was still being recommended in through the 1960's, although the harmful effects of this solution were known



02.



RECENT CASE OF ARSENIC POISONING

A 50-year-old man present with a six-week history of diarrhea and vomiting, and also reported general malaise, abdominal tenderness, mild fever, numbness in arms and legs and blurring of vision

Results from a vast array of medical tests came back normal. Further testing was scheduled for the following morning, however the patient was found deceased.



The man thought he may have been poisoned as he had felt unwell following a meal



Samples of liver, urine, blood and hair were collected, and and tested for arsenic, lead, mercury, and thallium using ICP-MS

RECENT CASE OF ARSENIC POISONING

Toxicological Data

Patient's Levels

Blood: 7.0 umol/L
Urine: 64.5 umol/L
Liver: 39 ug/g
Hair: 11ug/g

Reference range

Blood: <0.135 umol/L
Urine: <0.25 umol/L
Liver: <0.5 ug/g
Hair: <0.5 ug/g

Concentrations of lead, mercury and thallium were within reference limits but arsenic was grossly elevated in all samples



The victim's hair was 25 mm long representing around the last **10 weeks** of his life. Arsenic concentrations were high along this length suggesting he had been poisoned over this entire time period

In order to conclude that arsenic poisoning is a result of intentional poisoning, **three specific criteria** must be satisfied:

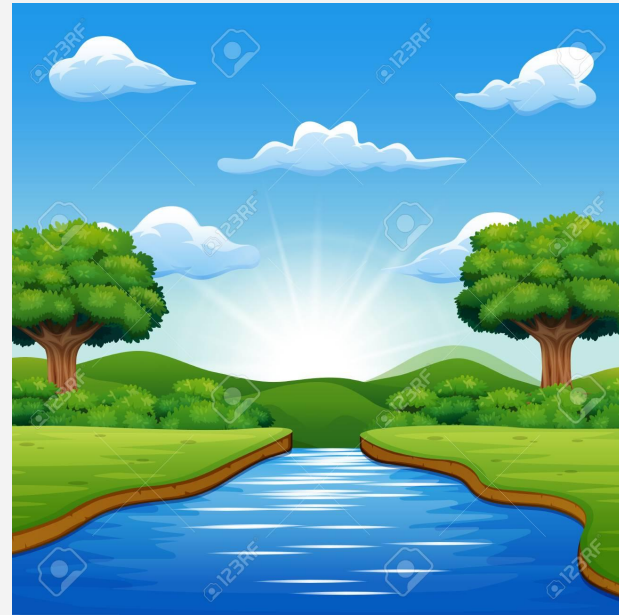
1. That arsenic is present in toxic concentrations in tissues ✓
2. Its presence could not be accounted for by alternative incidental possibilities ✓
3. The observed symptoms are consistent with previously reported fatal cases ✓

In this case, all three conditions were satisfied and so it was concluded that death was the result of intentional fatal arsenic poisoning

MONITORING HEAVY METALS IN ENVIRONMENT

1

Sample Collection



2

Sample Preparation



3

Sample Analysis



World Health Organization (WHO) recommended safe limits of heavy metals in soil and wastewater

Metal	Hg (ppm)	Cd (ppm)	Pb (ppm)	Cr (ppm)	Ni (ppm)
Soil	0.05	0.003	0.1	0.1	0.05
Wastewater	0.001	0.003	0.01	0.05	0.02



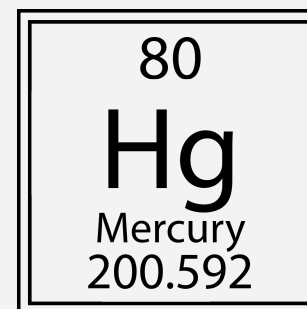
03. HEAVY METAL EFFECTS ON THE BODY

03.

Hg

WHAT IS MERCURY?

Mercury exists in three forms:



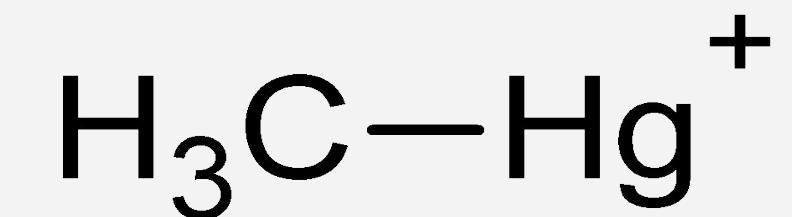
Elemental

silvery, shiny, volatile liquid gives off a colourless, odourless vapour at room temperature



Inorganic

compounds formed when elemental mercury combines with other elements such as sulphur, chlorine or oxygen to create compounds known as mercury salts



Organic

compounds, such as methyl mercury, that are formed when elemental mercury combines with carbon

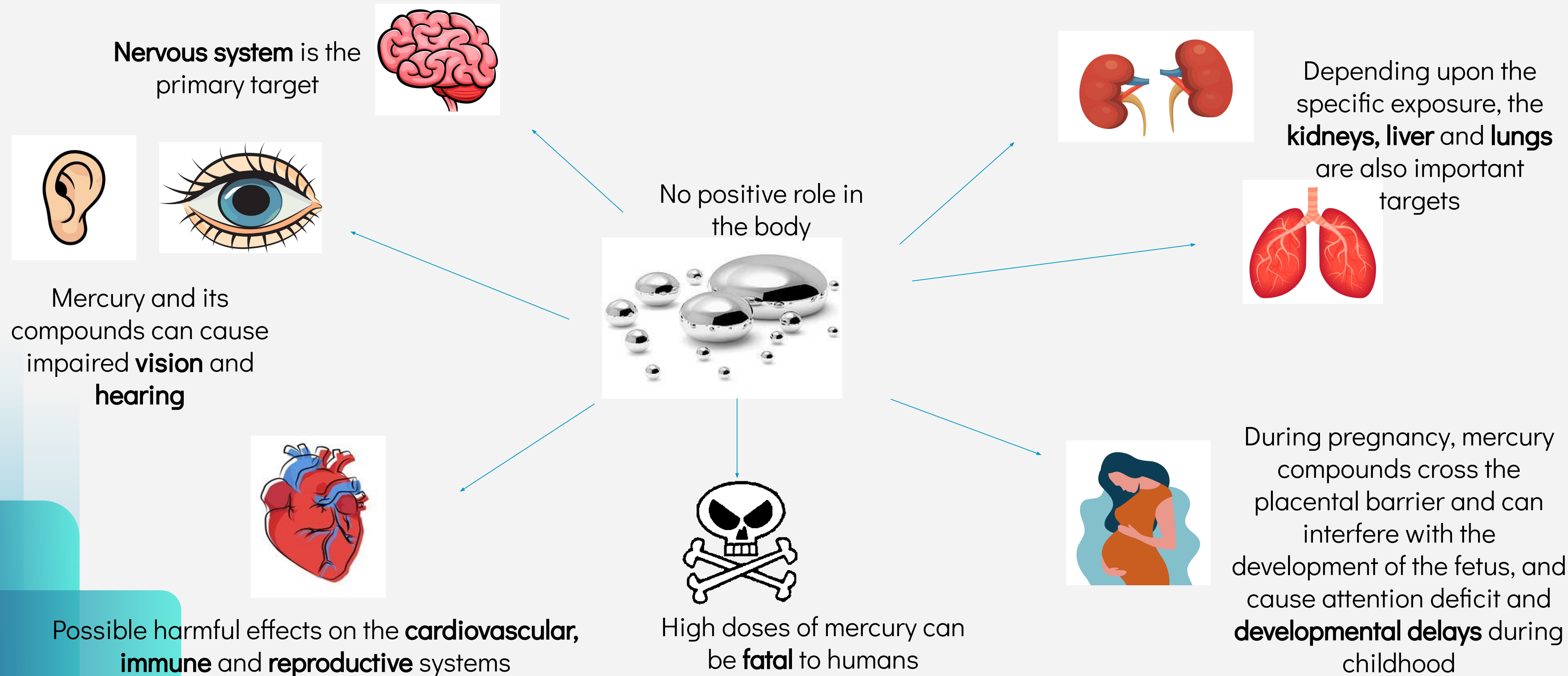
Mercury can change from one form to another in the environment. For example, some types of bacteria and fungi can change mercury into its most toxic form, methyl mercury

MERCURY EXPOSURE

Common Mercury Exposure Routes			
	Elemental	Inorganic	Organic
Inhalation	High	Low	Low
Oral	Low	Med	High
Dermal	Low	Med	Low

- Pure elemental mercury (quicksilver or Hg) is liquid at room temperature. If ingested, has very low toxicity because it is not absorbed by the GI tract and is eliminated completely in the stool.
- If quicksilver is agitated or heated, it turns into a vapour which is readily absorbed by inhalation and is highly toxic to the lungs and CNS.

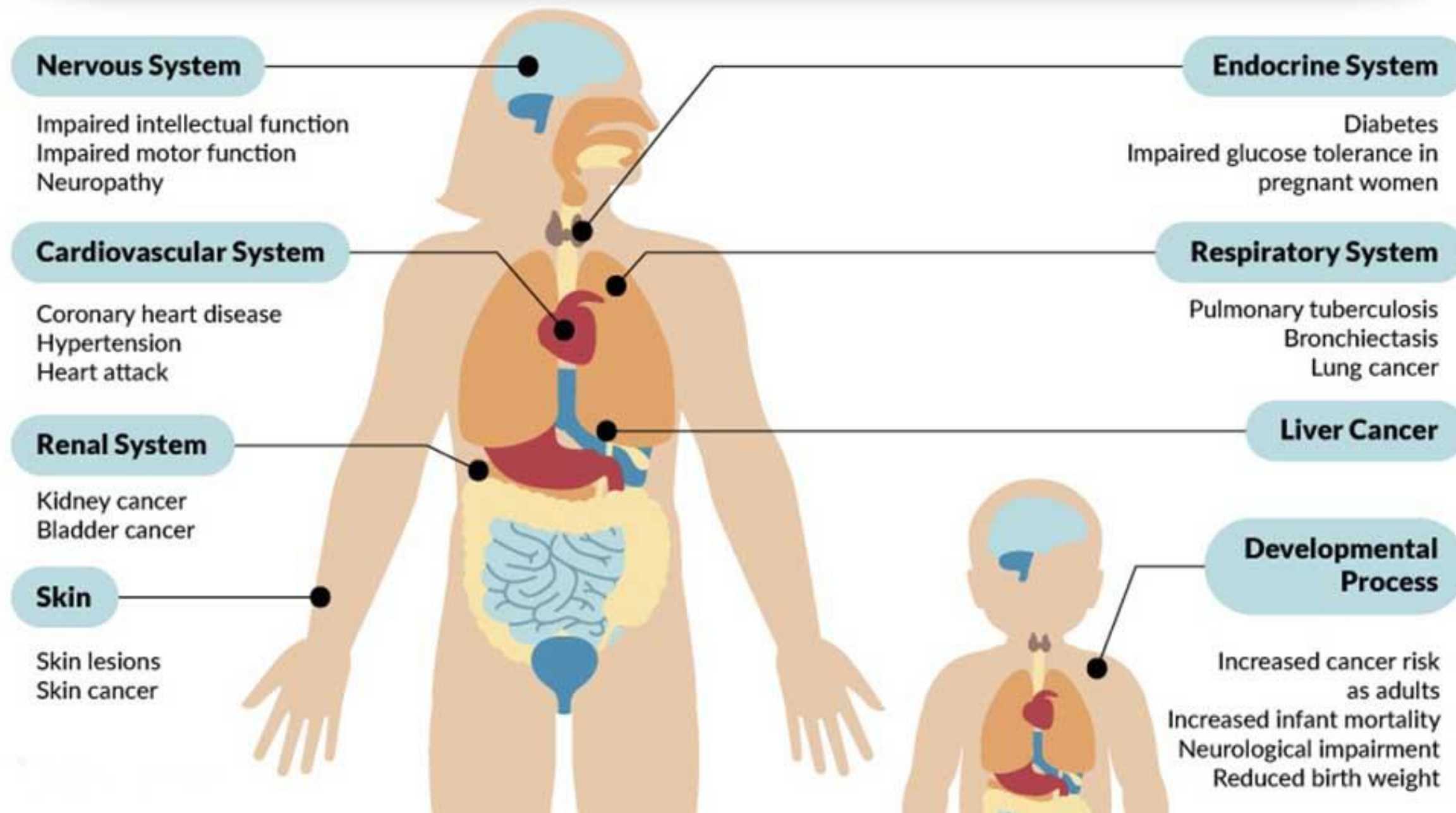
EFFECTS OF MERCURY ON THE BODY



Acute Effects

- Vomiting
- Abdominal pain
- Diarrhea
- Numbness and tingling of the extremities
- Muscle cramping
- Death (in extreme cases)

Arsenic's Effects on the Human Body

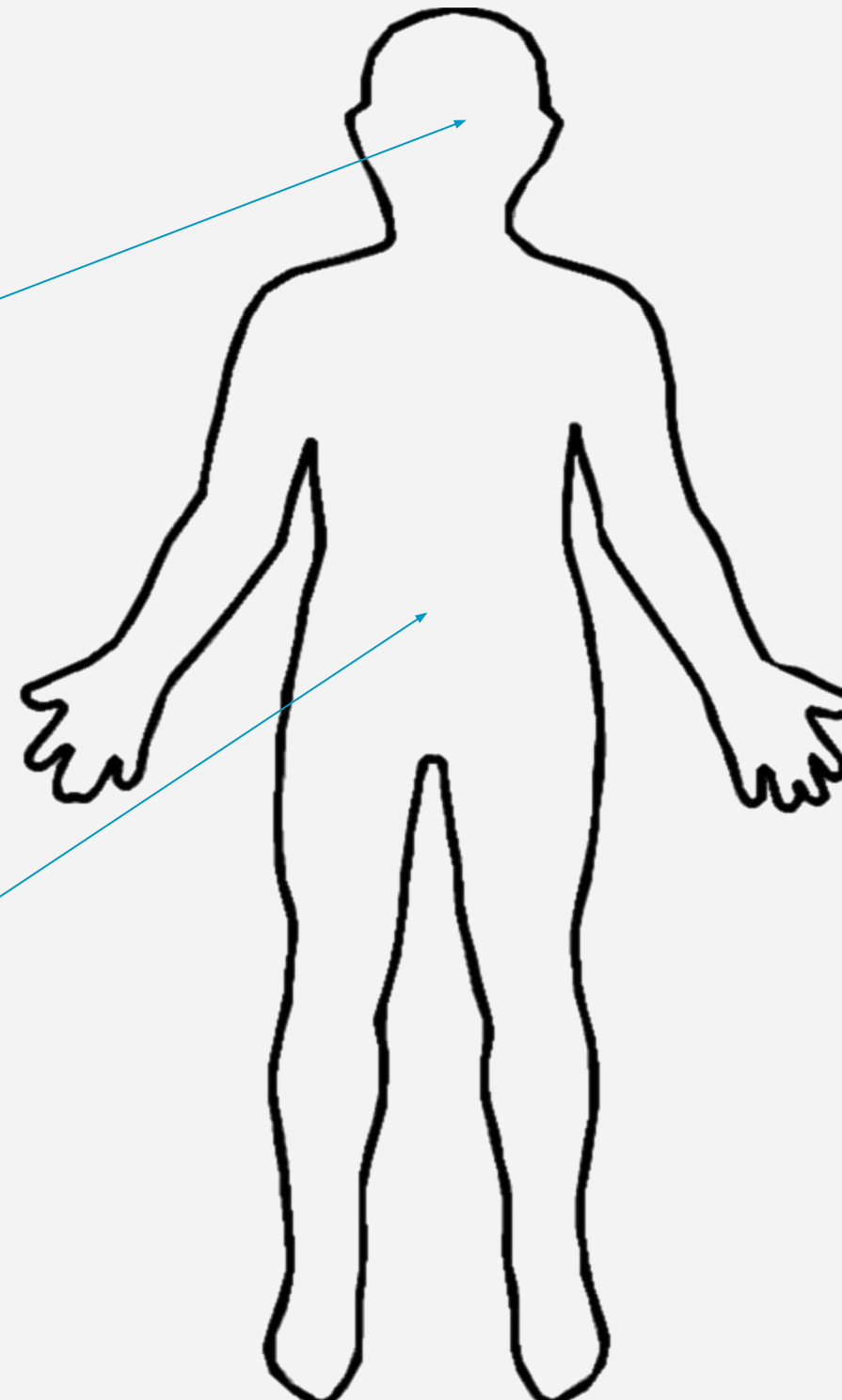


Lead buildup in the body causes serious health problems

Symptoms

Headaches
Irritability
Reduced sensations
Aggressive behaviour
Difficulty sleeping

Abdominal pain
Poor appetite
Constipation
Anemia



Additional Complications for Children:

Lead is more harmful to children as it can affect developing nerves and brains

- ❖ Loss of developmental skills
- ❖ Behaviour, attention problems
- ❖ Hearing loss
- ❖ Kidney damage
- ❖ Reduced IQ
- ❖ Slowed body growth

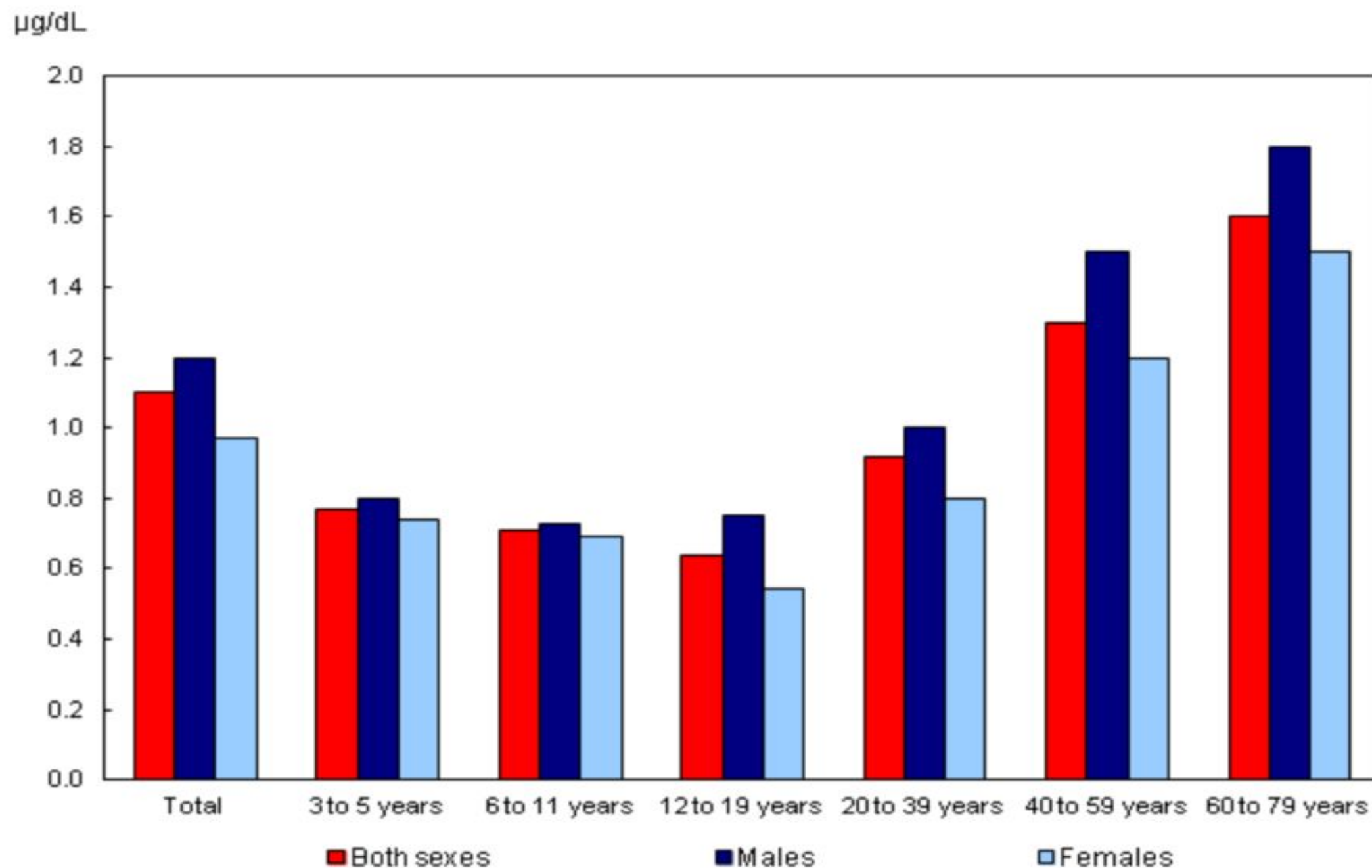
04. HEAVY METALS IN BIOLOGICAL FLUIDS



HEAVY METAL CONCENTRATION IN BLOOD

Chart 1

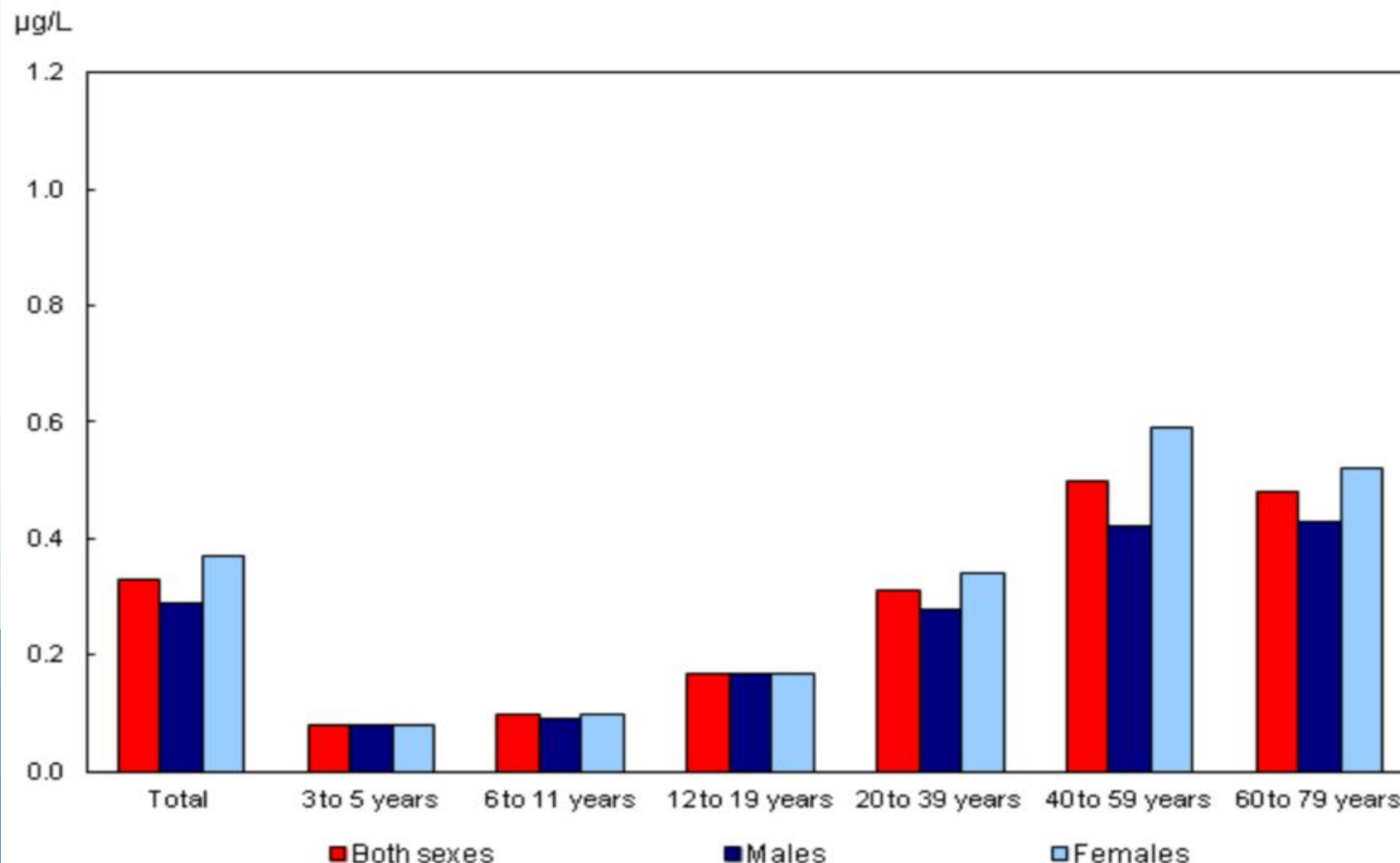
Lead concentrations in blood ($\mu\text{g}/\text{dL}$) in Canadians aged 3 to 79, by sex and age group, household population, Canada, 2012 and 2013



- 96% of Canadians aged 3 to 79 years had detectable levels of lead in their blood.
- The average concentration of blood lead was 1.1 $\mu\text{g}/\text{dL}$
- Males had a significantly higher blood lead concentration compared with females
- THE oldest age group, 60 to 79 years, had the highest LEAD level

HEAVY METAL CONCENTRATION IN BLOOD

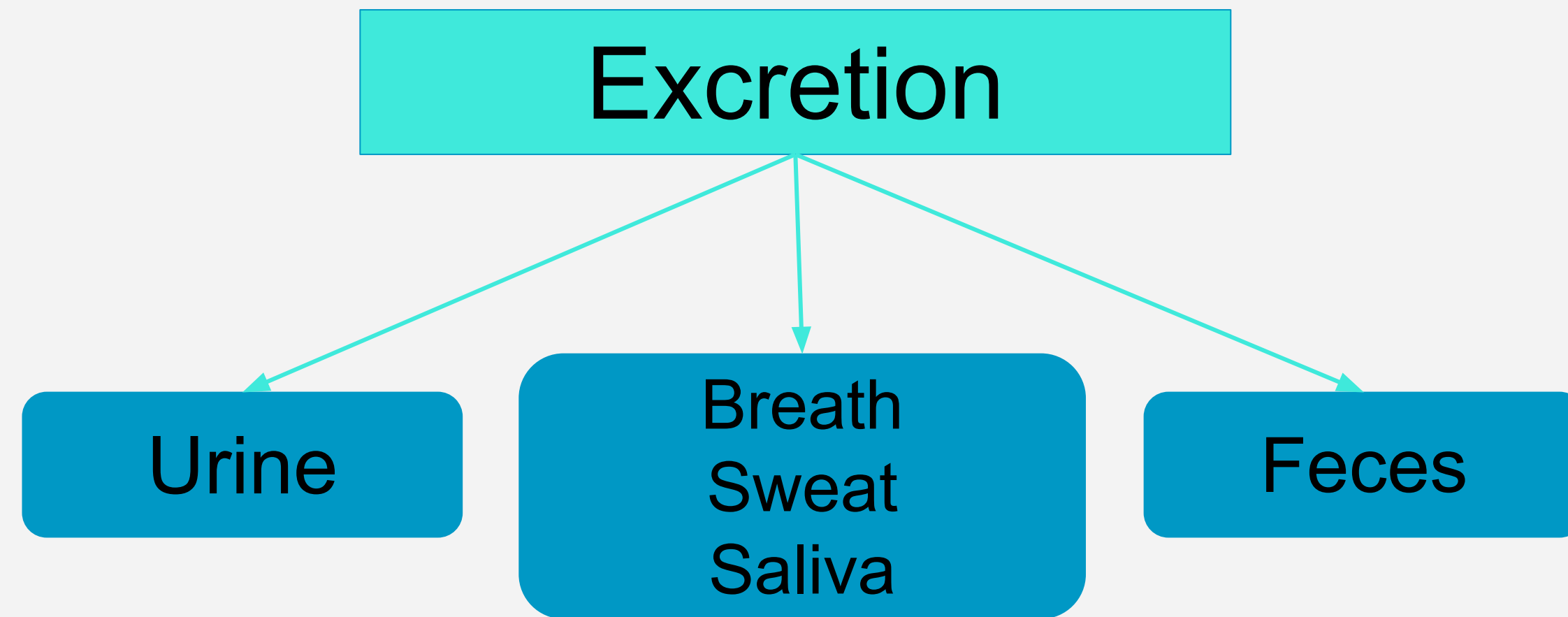
Chart 3
Cadmium concentrations in blood ($\mu\text{g/L}$) in Canadians aged 3 to 79,
by sex and age group, household population, Canada,
2012 and 2013



- The cadmium in the blood of 85% of the Canadian population aged 3 to 79 years.
- The average blood cadmium concentration was 0.33 $\mu\text{g/L}$.
- There was a difference between males and females
- Average concentrations of cadmium in blood tended to be higher in the older age groups.

MERCURY IN BIOLOGICAL FLUIDS

Hg



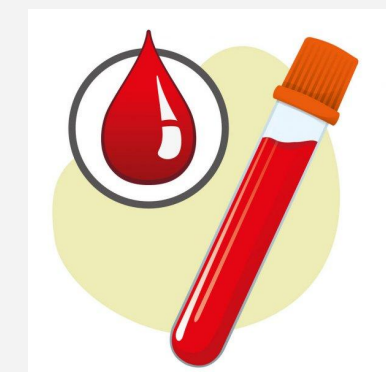
Urine and feces are the main pathways of excretion, although a small amount of inhaled mercury can be eliminated in the breath, sweat, and saliva.

Excretion is **dose-dependent** and **biphasic**: initially rapid then followed by slow excretion

MEASURING HEAVY METALS IN BIOLOGICAL FLUIDS



URINE



BLOOD

TISSUE



HAIR

Neutron Activation Analysis

NAA

Atomic Absorption

HGAAS

Atomic Emission

DCP-AES

X-Ray Fluorescence

XRF

Mass Spectrometry

ICP-MS

Colorimetric Photometry

Atomic Absorption

HGAAS

Gas

Chromatography

GC-ECD

Atomic Absorption

HGAAS

Mass Spectrometry

ICP-MS

Atomic Absorption

FAAS

GFAAS

HGAAS

Gas Chromatography

GC-ECD

Mass Spectrometry

ICP-MS

HPLC-ICP-MS

Anodic stripping voltammetry

ASV

WORKFLOW: DETECTION OF METALS IN BIOLOGICAL FLUIDS

Blood Sample Collection

- 3 mL blood collected in an EDTA tube
- EDTA tube inverted 8-10x to prevent clotting
- Specimens stored at 4 degrees C



Digestion of Whole Blood

- Concentrated nitric acid added to blood sample
- Microwave digestion
- Digestion stopped when colourless solution was obtained and evaporated to dryness
- Diluted to 25 mL with DI water

Determination of Metal Concentration

The standard solutions for metal ions used to build a calibration stock solutions

Analysis

Samples are analyzed using a specific method, and statistical testing is used to compare the samples to the standards to determine the concentration of the selected heavy metals present in the sample



Antimony



Copper



Lead



Cadmium

Urine Sample Collection

- Clean plastic container used for sample collection
- Collected into 10 mL aliquot tube
- Stored at 4 degrees C



Digestion of Urine

- Concentrated nitric acid added to urine sample
- Microwave digestion
- Digestion stopped when colourless solution was obtained and evaporated to dryness
- Diluted to 25 mL with DI water

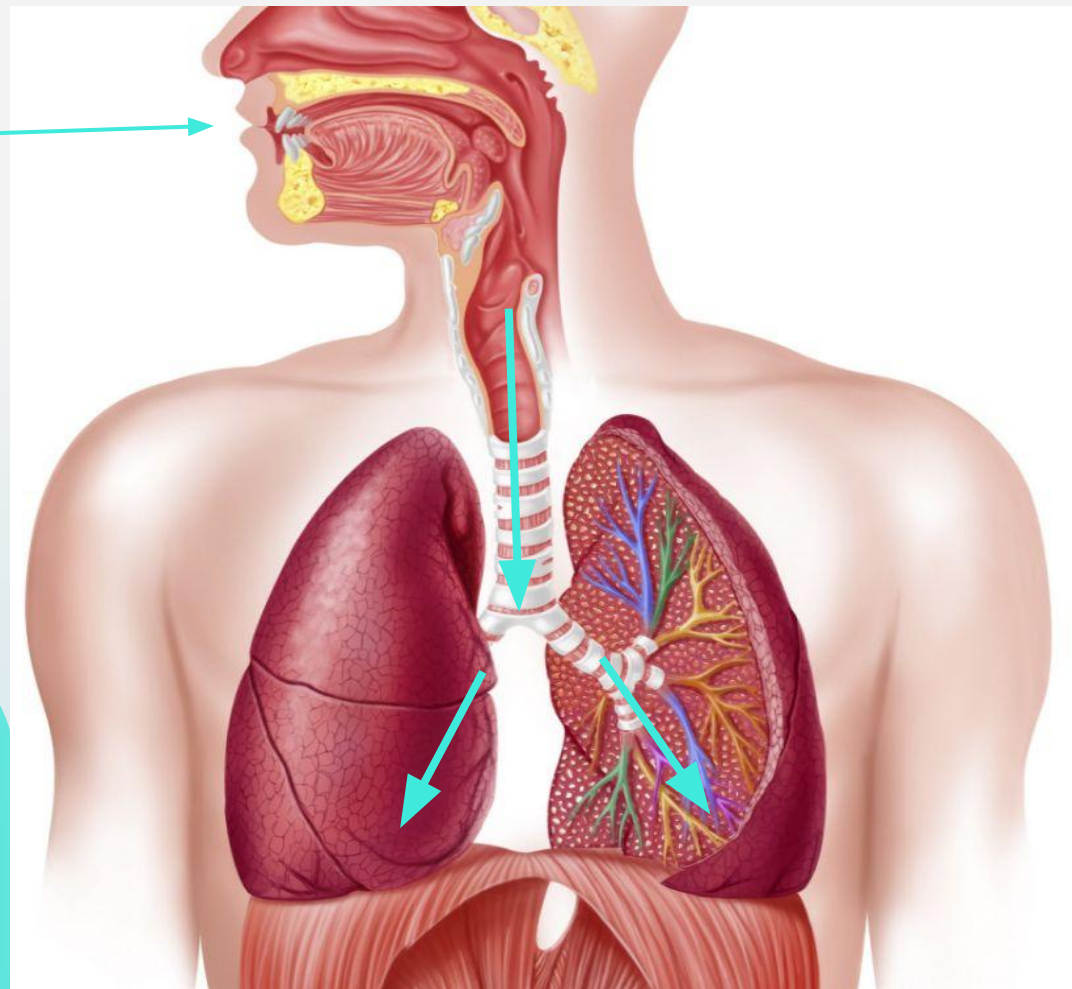


05. HEAVY METAL METABOLISM

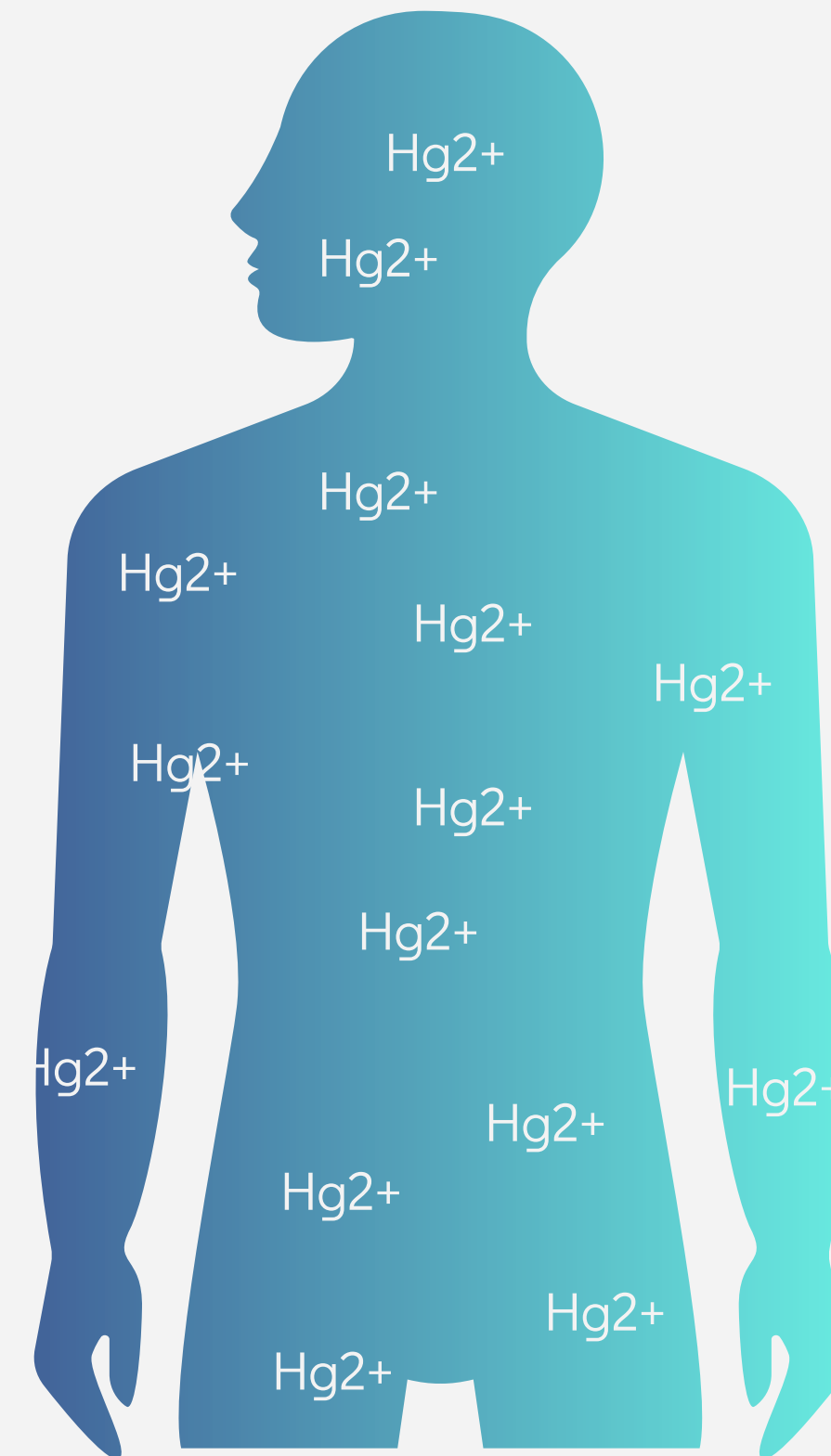
05.

METABOLISM OF ELEMENTAL MERCURY Hg

Hg



- Elemental mercury is poorly absorbed through ingestion (<0.01% of dose)
- Inhaled mercury vapour is readily absorbed at a rate of ~80% in the lungs, and quickly diffused in the blood and distributed to all organs of the body



Absorbed elemental mercury is oxidized to the ionic mercury form (Hg^{2+}) in the RBCs and tissues, a process that takes several minutes **ONLY!**

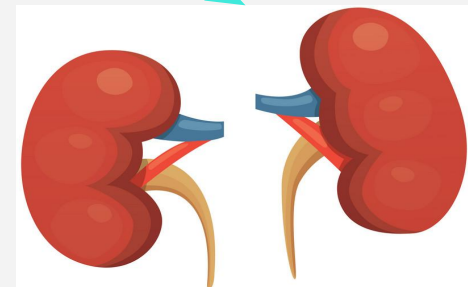
METABOLISM OF ELEMENTAL MERCURY Hg

Deposition

Biological half-life: estimated to be ~30-60 days in the body. Half-life in the brain is not entirely clear, but estimated to be as long as ~20 years



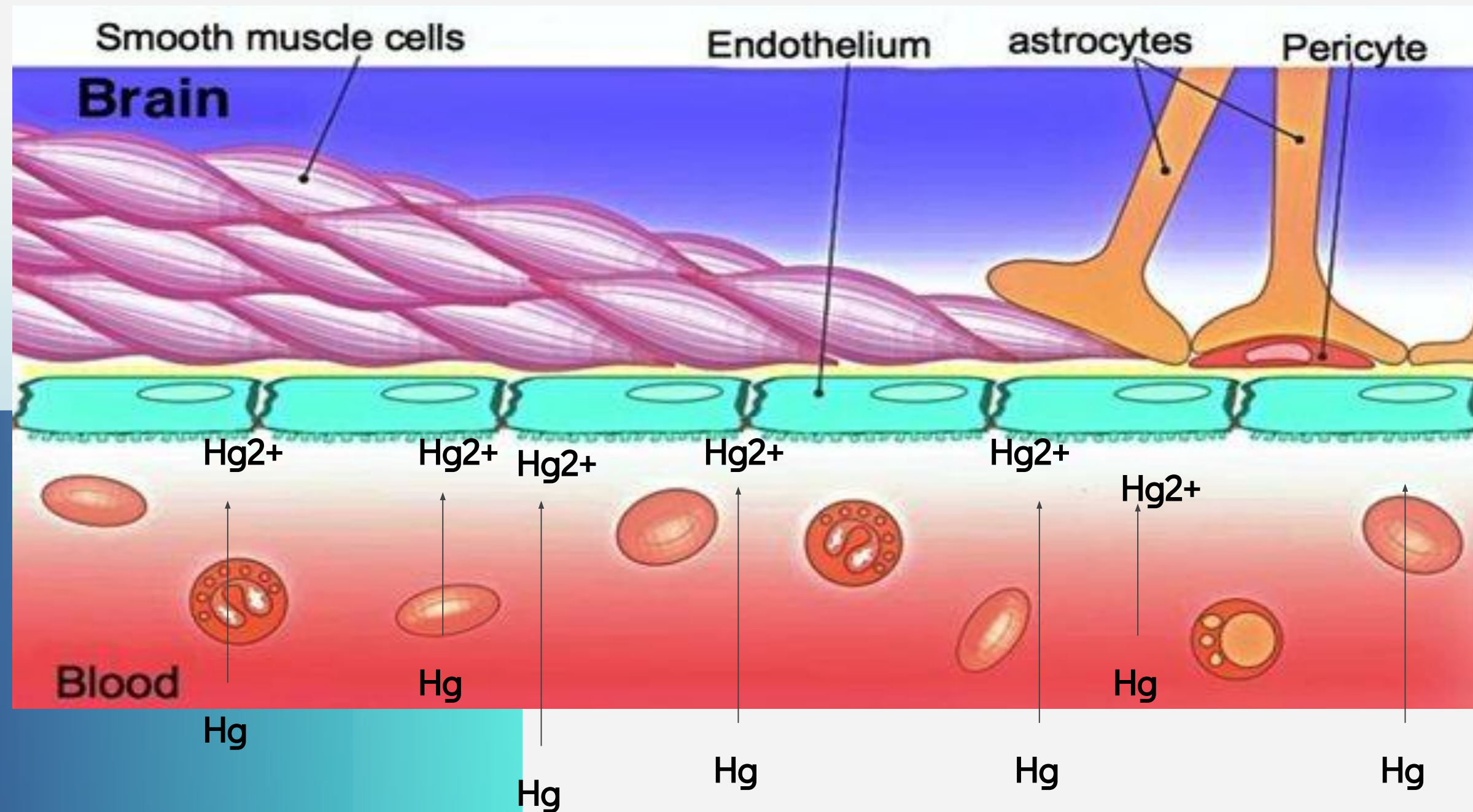
The primary organs of mercury deposition following inhalation exposure to elemental mercury vapor are the brain and kidney



With time after exposure, the greater proportion of the body burden of mercury is found in the kidney

05.

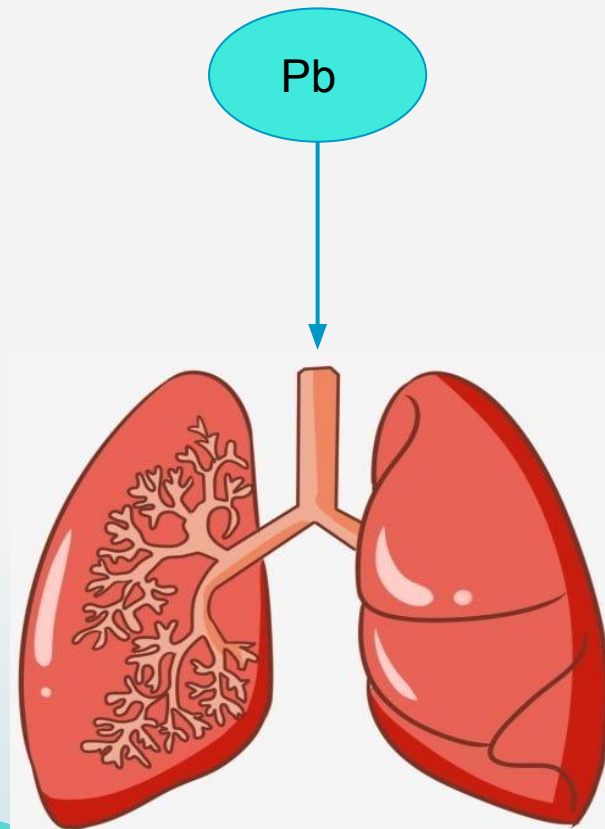
METABOLISM OF ELEMENTAL MERCURY Hg



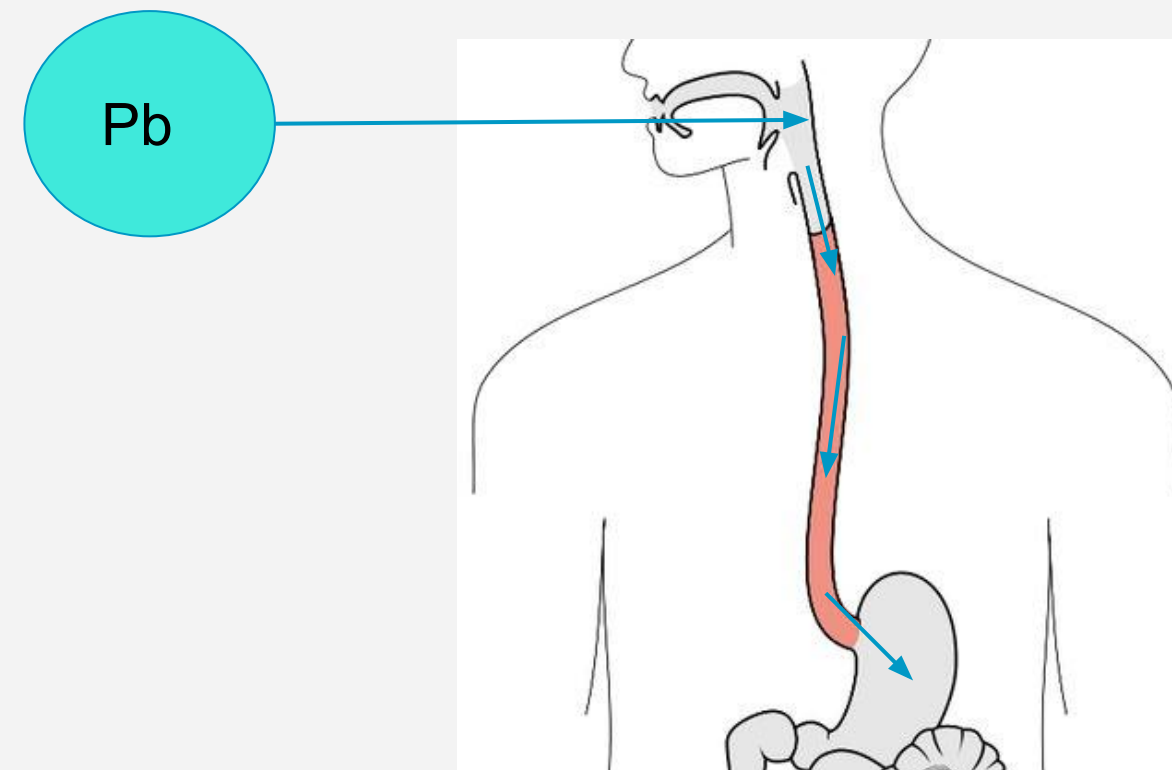
- Elemental mercury vapor is rapidly oxidized to ionic mercury
- Hg remains as vapor in the blood for a short time, which is long enough for a significant amount of mercury vapor to penetrate the blood-brain barrier before it is oxidized
- Mercury molecules can then be oxidized and accumulate in the brain
- The oxidized form will not effectively cross the blood-brain barrier.

**Inhaled mercury vapor accumulates in the CNS
Can cross the blood-brain barrier and
blood-placenta barrier as well as the lipid bilayers of
cellular and intracellular organelle membranes**

Small particles of inorganic lead can be **absorbed** through the **respiratory tract**...



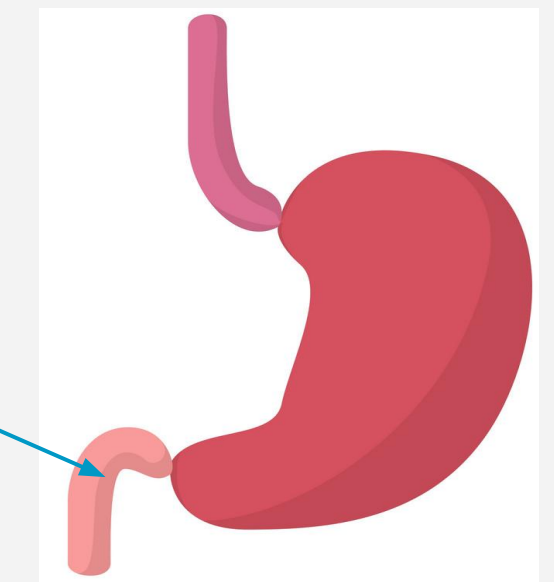
...while larger particles are removed by the mucociliary cells and transported to the oropharynx and then **swallowed**



Amount of lead taken up by the GI tract depends on several factors such as:

- Age
- Nutrition
- Diet
- Physiological characteristics of the metal in the medium ingested

Absorption of lead is mainly occurs in the duodenum



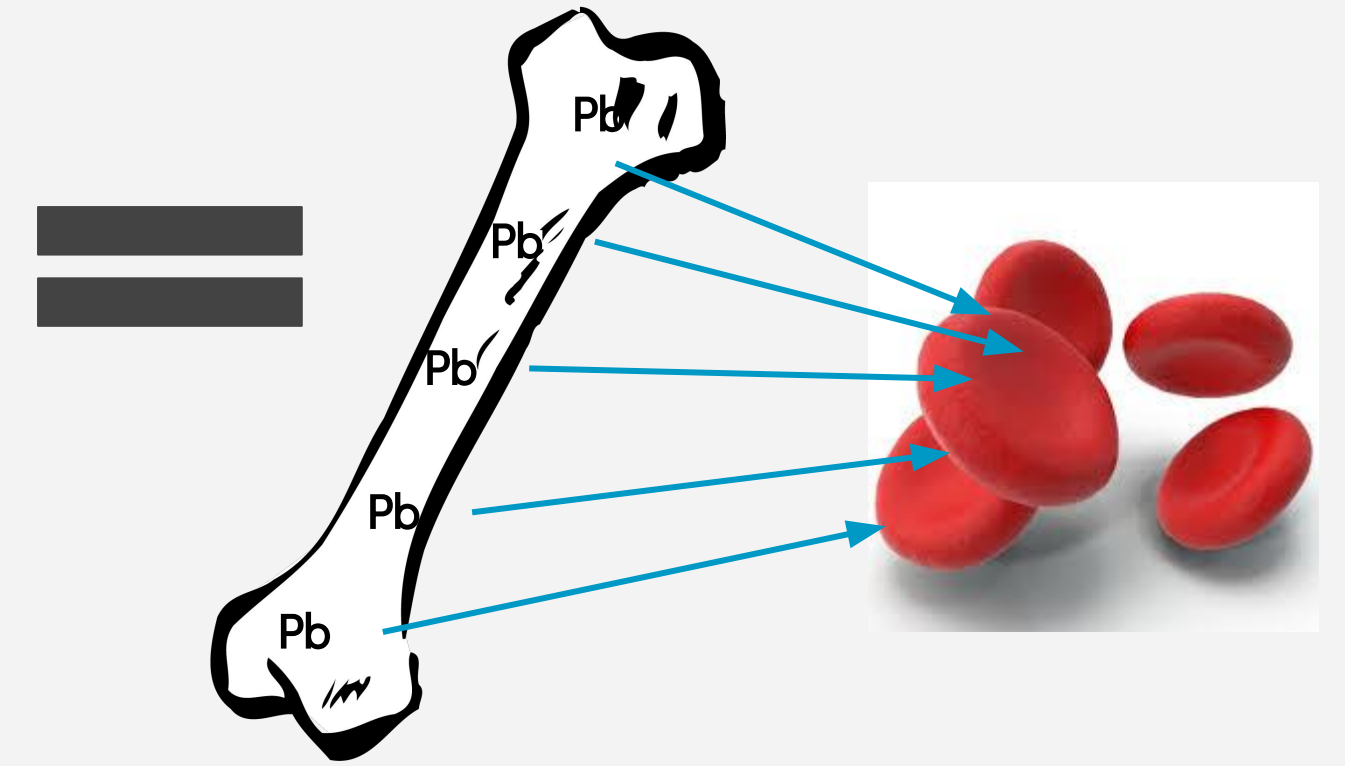
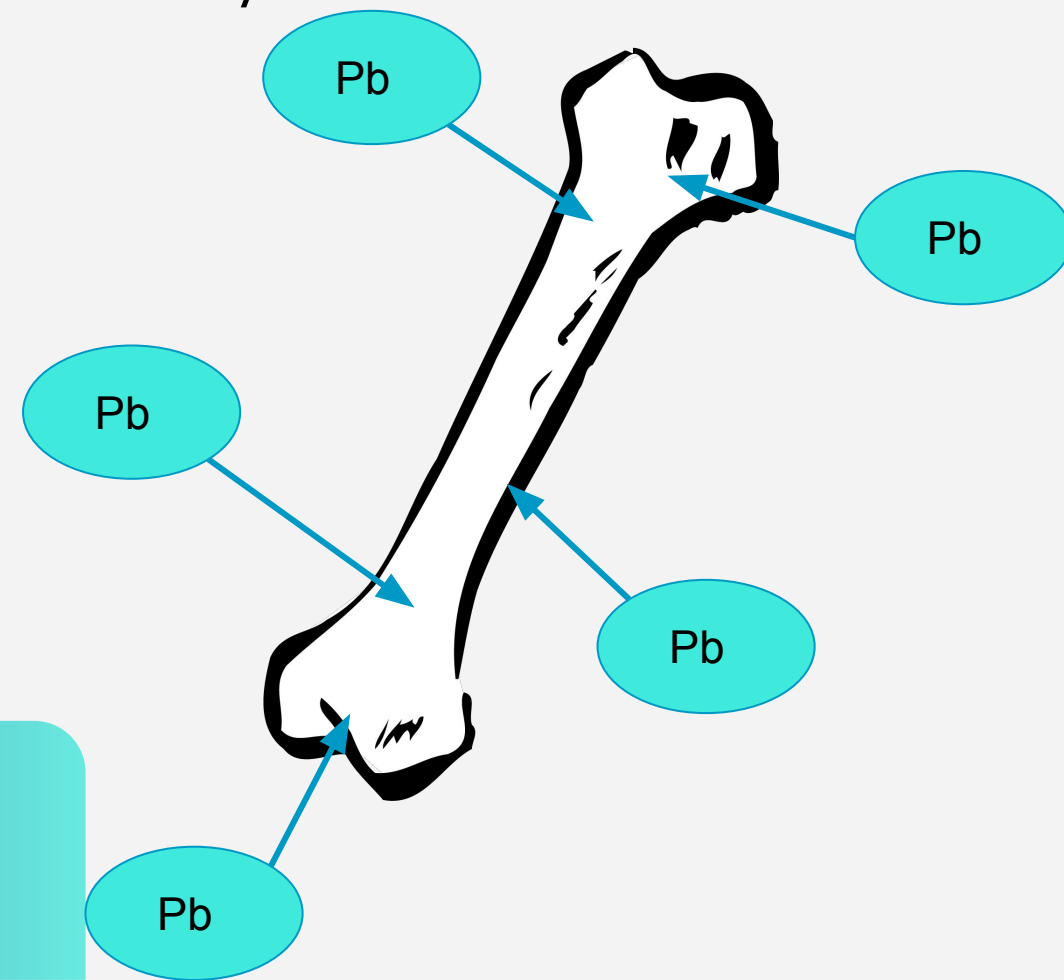
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METABOLISM OF LEAD

Pb

Lead is **distributed** throughout the body and is **route independent**.

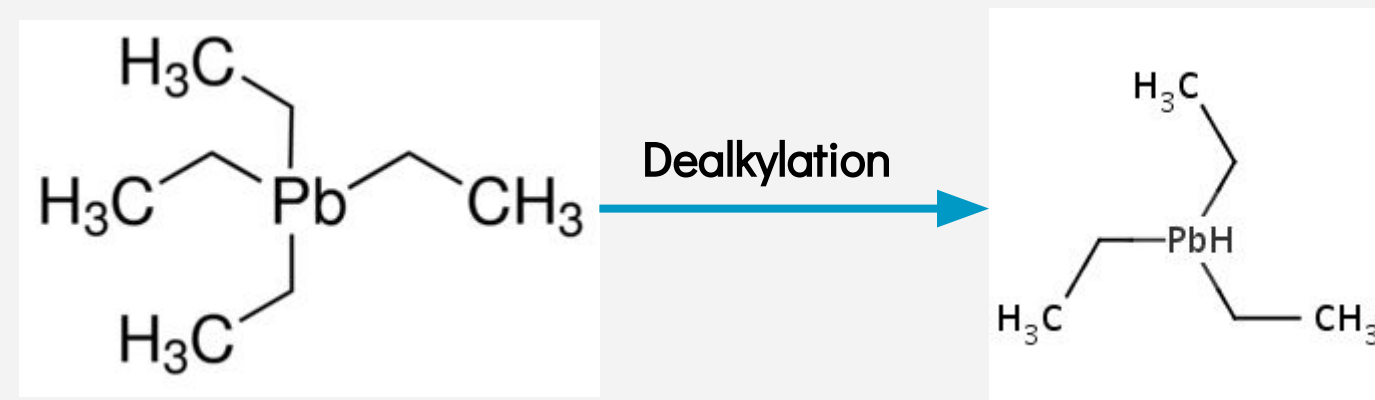
It is **distributed** mostly to the **bones**



Pregnancy, menopause, lactation, and osteoporosis can increase **bone resorption**, thus also **increasing the lead in the blood**. Lead can primarily be found in **red blood cells**

Metabolism of Organic Lead

Alkyl compounds are actively metabolized through an oxidative dealkylation in the liver, and catalyzed by the cytochrome p-450



Tetraethyl lead

Triethyl lead

Exposure to tetraethyl lead results in excretion of ethyl lead, diethyl lead, and inorganic lead through the urinary route

Metabolism of Inorganic Lead

Forms complexes with:

- Protein ligands (e.g., albumin)
- Non-protein ligands (e.g., sulfhydryl)
- Proteins in the cytosol
- Proteins in the cell nucleus

05.

METABOLISM OF LEAD

Pb

70% of lead excretion occurs via the urine



Lesser amounts are excreted via the **feces**, and almost negligible amounts are excreted through the **sweat, hair** and **nails**

Half-life in blood and soft tissue: **1-2 months**



Half-life in bones: **years to decades**

06. CanLii CASE STUDY

06.

100002351830 (Re), 2016 CanLII 34067 (CA VRAB)

Background

- The Applicant is a retired RCMP officer, who applied for a disability pension for the condition of **lead poisoning**
- As a firearms instructor, he was required to go down range to mix metal plates and curtains. The range had inadequate filters to control the **lead gases** resulting from **shot and ammunition**.



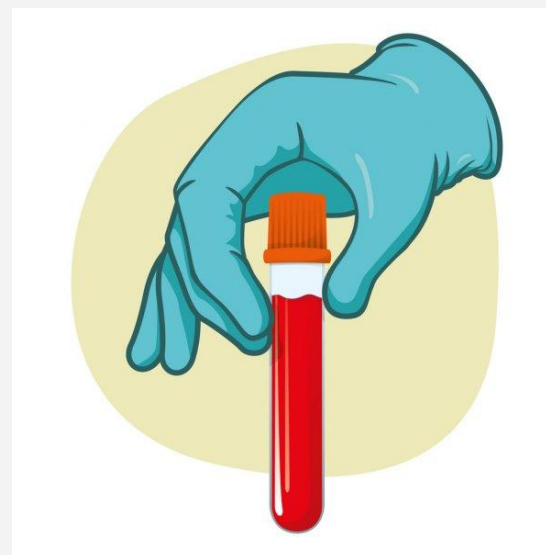
Issue

The issue before the Panel is whether the Applicant's claimed condition arose out of, or is directly connected, with RCMP service

100002351830 (Re), 2016 CanLII 34067 (CA VRAB)

Blood Test Evidence

- The appellant's blood lead level (BLL) in January of 1996 was **38.33 ug/dL**
- Blood testing from January to July of 1996 identified **elevated lead levels** in the Applicant's blood
- Elevated blood lead levels for 6 months is considered "**chronic**"
- The panel concluded the applicant has a service-related chronic condition of **lead poisoning**



BLOOD LEAD LEVELS

Normal: <5 ug/dL

Moderately toxic: 50-70 ug/dL

Severely toxic: >70 ug/dL

06.

100002351830 (Re), 2016 CanLII 34067 (CA VRAB)

Neuropsychological Evidence

2012: Dr. Fisher, psychologist, conducted neuropsychological testing on the Appellant and found the results to be “**not inconsistent with**” frontal-subcortical and limbic deficits associated with **lead exposure**.

2014: Dr. Roberts, neurologist, concluded that the cognitive changes identified with neuropsychological testing were consistent with **lead exposure**. However, he questioned if the future progression of symptoms could “suggest an **alternate explanation**” for cognitive decline



The Decision

The Panel concluded the Applicant had a service-related chronic condition of **lead poisoning** based on **blood test results** in 1996 and **neuropsychological testing**



07. LIST OF REFERENCES

LIST OF REFERENCES

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