

**THE COST OF THE NEUROBEHAVIORAL  
EFFECTS OF TOLUENE EXPOSURE**

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**THE EFFECTS IN HUMANS OF ACUTE  
TOLUENE INHALATION**

Increases reaction time

Decreases alertness

Degrades vision

Affects decision-making

Wide range of other effects

**SO WHAT? HOW IMPORTANT ARE  
THESE EFFECTS?**

**WE CAN MONETIZE THESE EFFECTS BY  
“COMPARING” THEM TO THE EFFECTS  
OF ALCOHOL INGESTION**

Neurobehavioral effects of alcohol consumption  
are very similar to those of acute toluene  
inhalation

Acute effects of alcohol drinking have been  
monetized – (e.g., for automobile crashes)

Ethanol and toluene have similar mechanisms of  
action

**HOW WE COMPARE THE EFFECTS OF  
TOLUENE WITH THOSE OF ALCOHOL**

Compare dose-effect curves

**Must have the same dose metric**

we chose brain molar concentration or blood  
concentration

**Must also have same metric for effects**

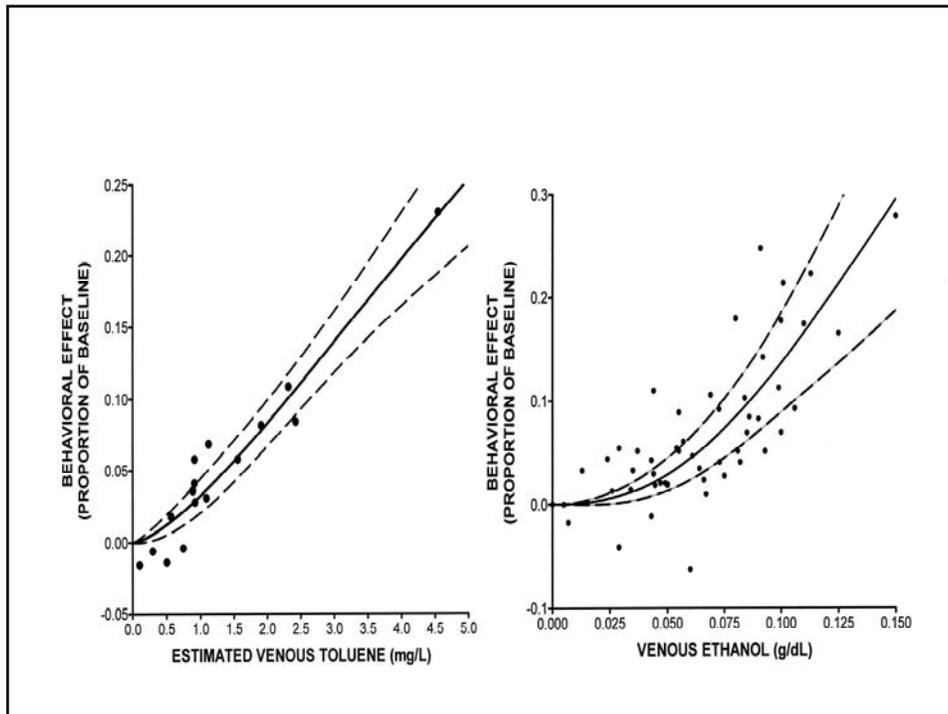
we chose an effect magnitude scale (E),  
given as percent of maximum possible value.  
thus when there is no effect,  $E=0.0$  and when  
effect is at maximum possible,  $E=1.0$

## WE CAN NOW DERIVE A DOSE-EQUIVALENCE EQUATION (DEE)

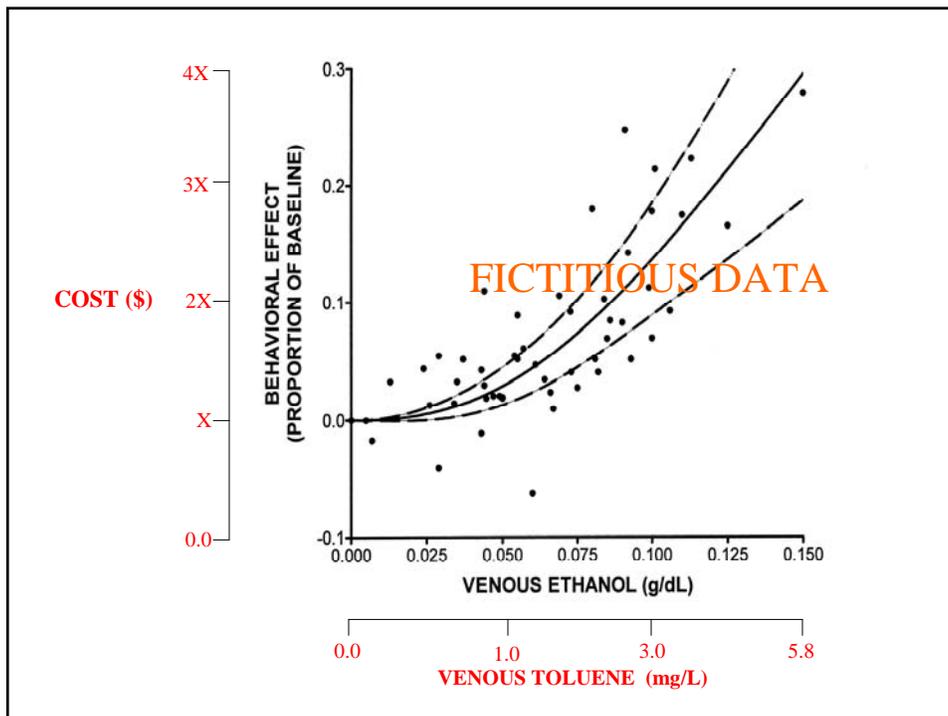
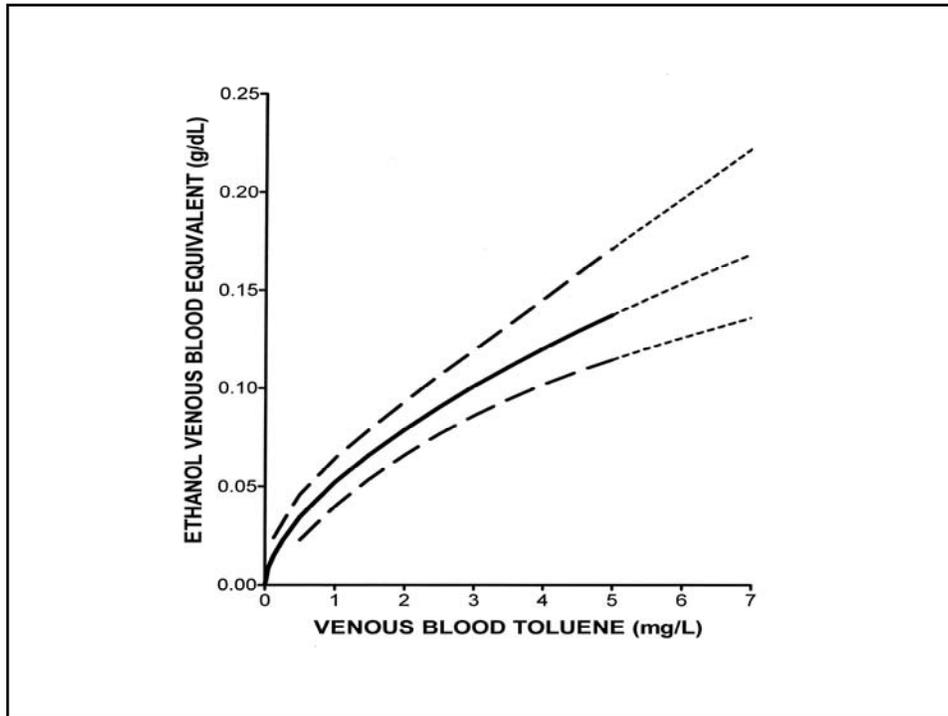
The DEE gives the doses (brain concentrations) of ethanol which produce the same E as a range of doses of toluene.

Plotting the DEE gives a graph with toluene brain concentration on the horizontal axis with alcohol brain concentration on the vertical axis.

All **pairs of brain concentrations** (toluene and ethanol) that lie on the plotted line give the same E.



# The Cost of Neurobehavioral Effects of Toluene Exposure



## **ASSUMPTIONS AND CONSEQUENCES**

**No inherent assumptions about data in the method**

**Assumptions can be added to suit the goals of work**

**Example 1: Assume that toluene and ethanol produce neurobehavioral effects *via* the same mechanism of action.**

**Then the suite of effects for each would be the same**

**Therefore, if the DEE were determined for one of the suite of effects, that DEE would hold for the whole suite**

**Example 2: Assume that the mechanisms of the two substances in the DEE were mechanistically dissimilar.**

**Then the suite of neurobehavioral effects might differ**

**A DEE for one effect could only be considered to be a lower bound for any cost estimate.**

**Could construct DEEs for more of the suite of effects and add the costs.**

**SUMMMARY:**

*Given a toxicant, the effects of which have been monetized*

*Given another toxicant, the effects of which have not been monetized*

**A DEE may be derived by which the previously un-monetized toxicant may be implicitly monetized**

**The completeness of the monetization depends on the assumptions which may be justified**

**REPRISE OF THE QUESTION OF THE IMPORTANCE OF ACUTE NEUROBEHHAVIORAL EFFECTS**

**Chronic effects accumulate over a long period, gradually increasing the probability of health effects or perhaps deaths**

**Acute neurobehavioral effects occur after only a short exposure and the injuries, property damage and deaths accumulate over time**

**If the accumulation period for chronic and acute effects were equal, would costs be comparable?**