

ETHANOL AND AIR POLLUTANTS

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PhD





ETHANOL AND AIR POLLUTANTS

- Health & Environment (WHO, TWB, IHME - GBD)
- Tailpipe emissions
- Evidences and real world evaluation
- Conclusions

HEALTH & ENVIRONMENT

Health-related air pollutants, according World Health Organization (WHO)

PM₁₀ – respirable particulate matter

- complex mixture of solid and liquid particle suspended in the air, with different physical and chemical characteristics
- Particles less than 10 μm
- Annual mean limit = 20 $\mu\text{g}/\text{m}^3$

PM_{2.5} – fine particulate matter

- Particles less than 2.5 μm
- Annual mean limit = 10 $\mu\text{g}/\text{m}^3$

UF – Ultra fine particles

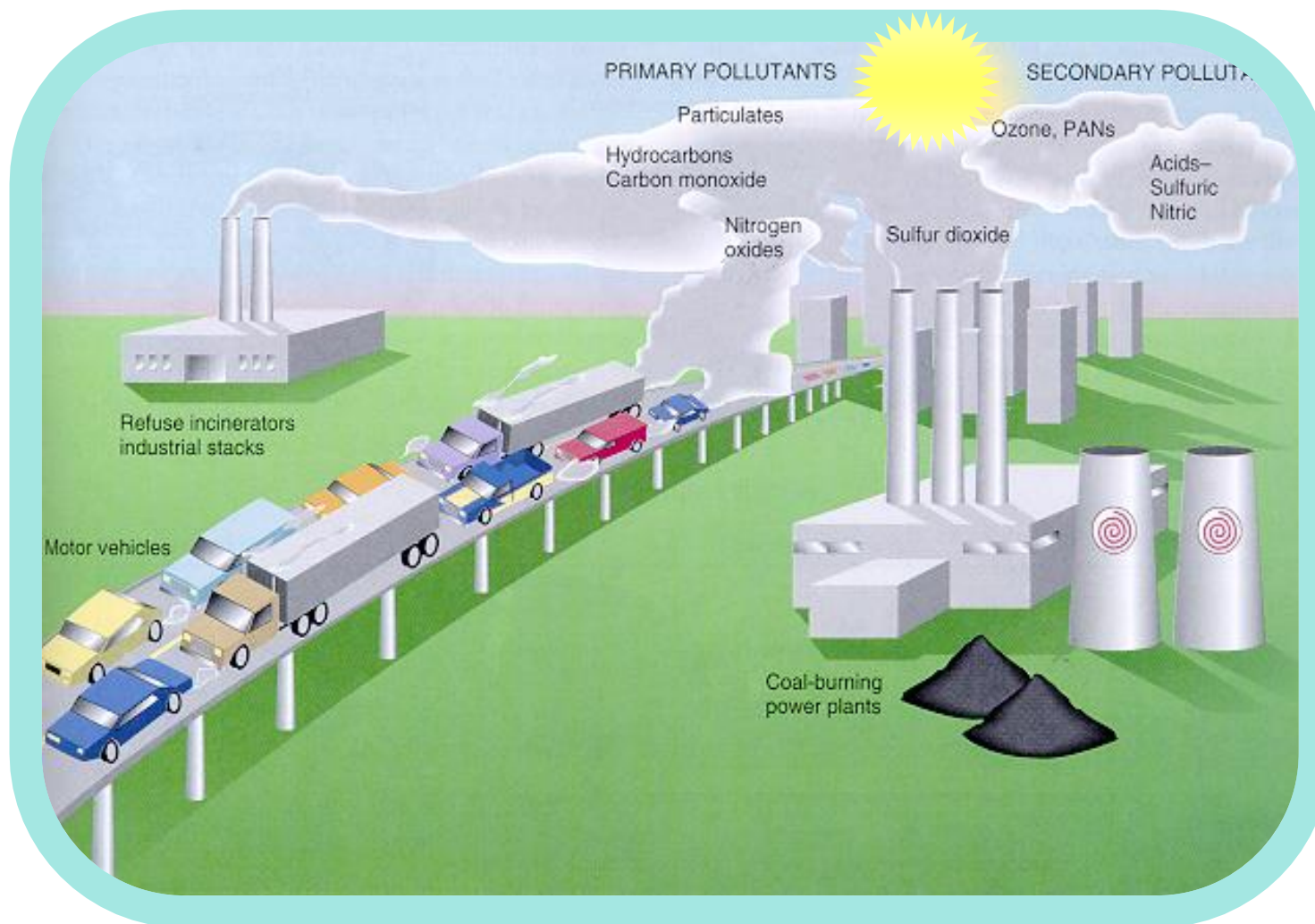
- Particles less than 100 nm

HEALTH & ENVIRONMENT

Health-related air pollutants, according World Health Organization (WHO)

O₃ – Ozone: a secondary pollutant

- photochemically produced
- Precursors: NO₂, NMVOC, methane
- Strongly dependent on meteorological availability of data + dispersion + photochemical modelling
- Daily 8h mean limit = 100 µg/m³



SOURCE

EMISSION

CONCENTRATION

EXPOSURE

DOSE

HEALTH EFFECT

HEALTH & ENVIRONMENT

Particulate Matter (PM) by size



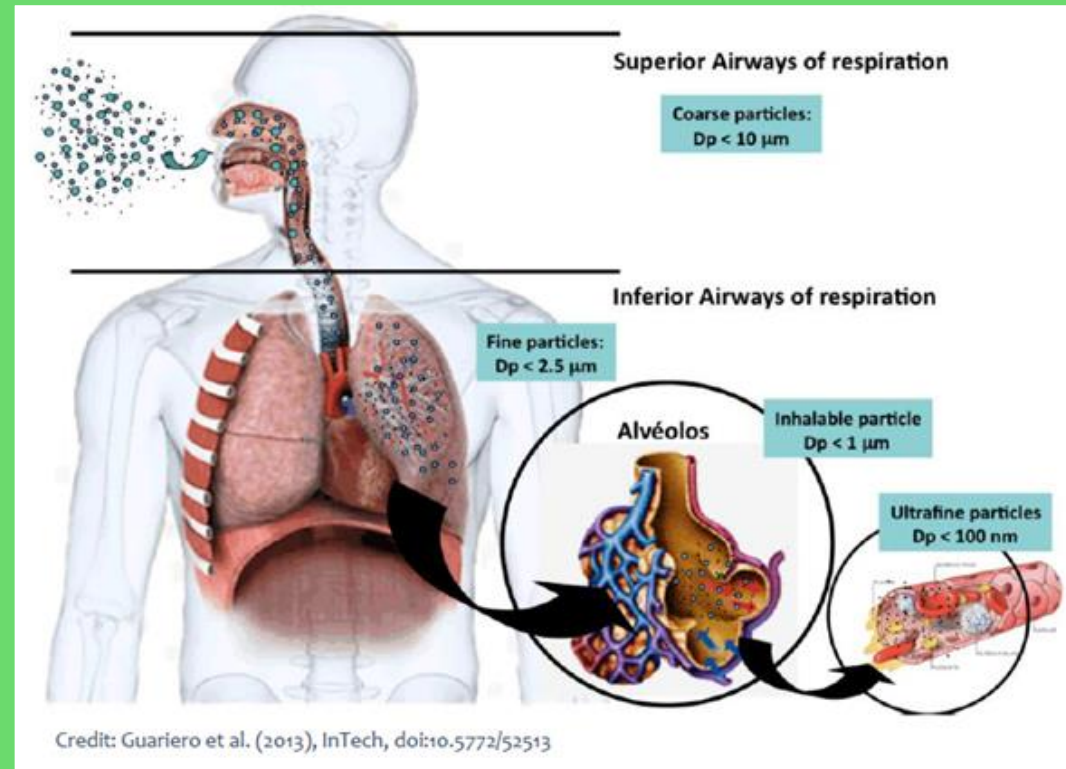
Credit: US EPA

Not all particles are created equal. Toxicity varies with:

- Particle number, size, surface area
- Chemical composition
- Pollution mixture (O₃, metals, organics, endotoxins)
- Mechanism of action (oxidative stress, inflammation, lung function)

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Particulate Matter (PM) in
human body



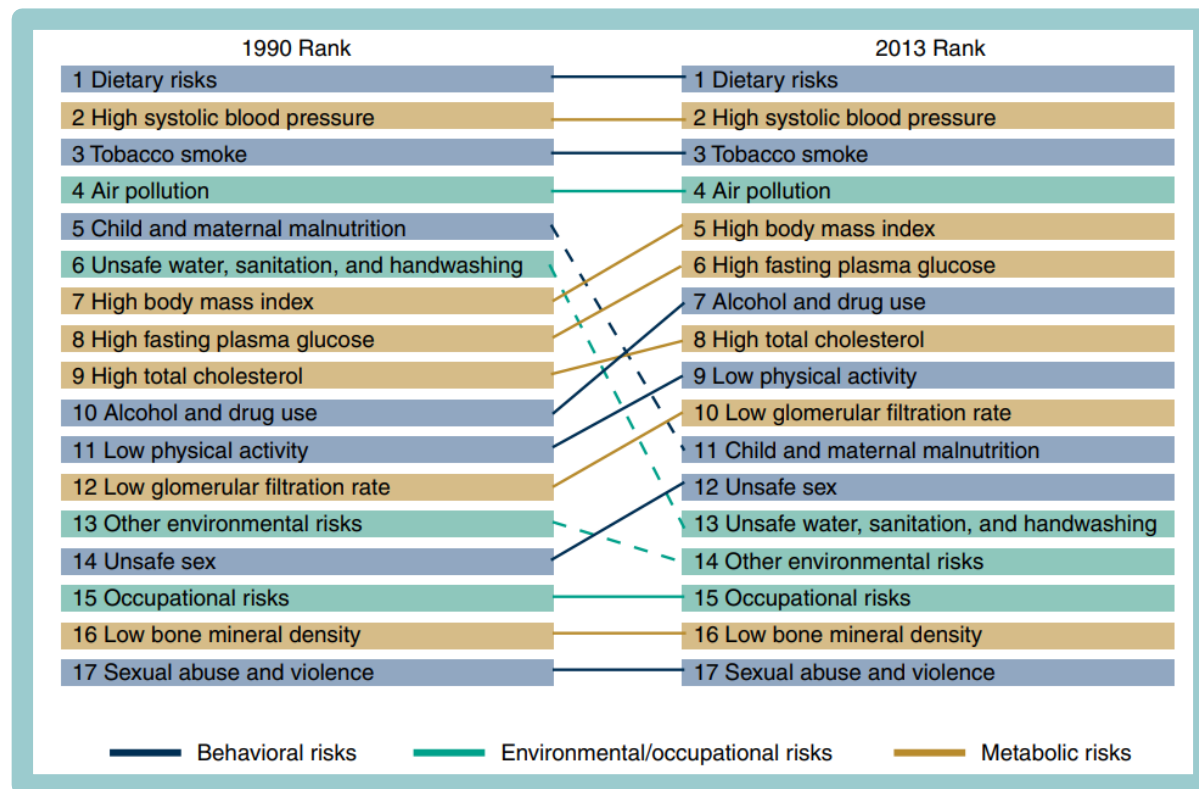
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Leading Modifiable Risks by Number of Deaths: **Globally, 1990 and 2013**

Estimated deaths – 2016

Ambient PM_{2.5}

- 7 millions (11,6%) premature deaths (600,000 children)
 - 3 x (AIDS+Tuberculosis+Malaria)
- (WHO, 2018)



Source: IHME – GBD 2013 (World Bank, 2016)

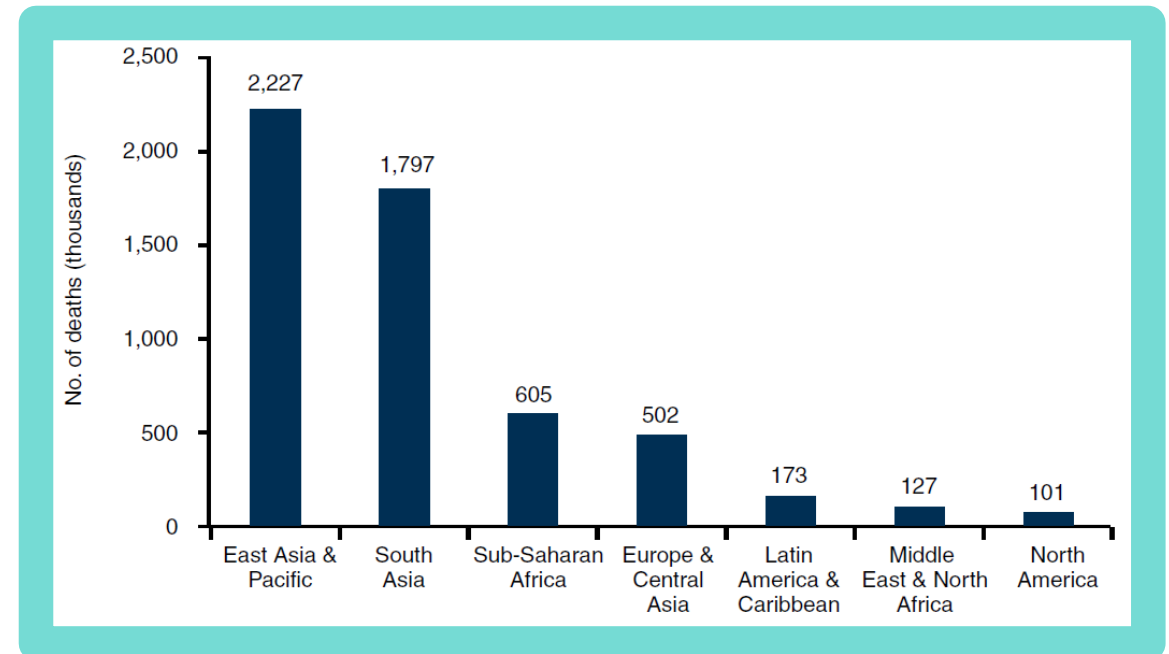
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Total Deaths from Ambient
PM_{2.5} Pollution by Region

Main factors – upward trend

- PM2.5 increases in large populations
- Population growth
- Population aging
- Changes in the prevalence of diseases affected by air pollution

(TWB, 2016)

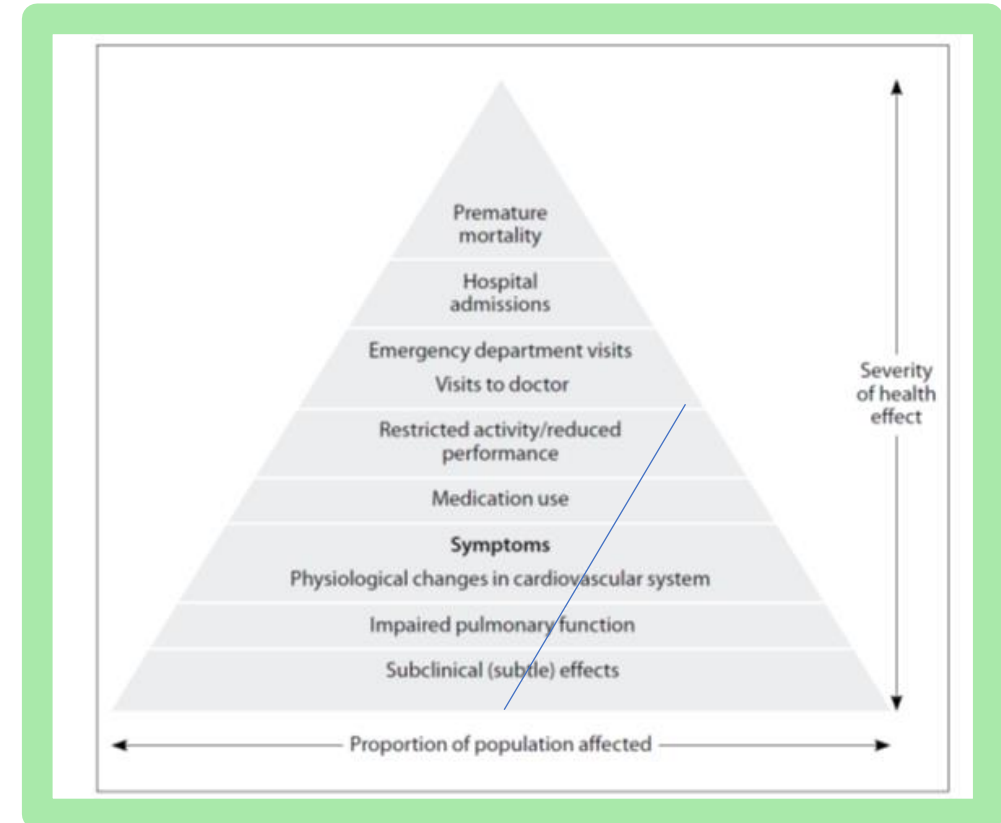


Sources: World Bank and IHME, using data from IHME, GBD 2013 (World Bank, 2016)

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Health Effect severity x Proportion
of population affected

- Most severe effect => less frequent
- Less severe effect => more frequent
- The severity of each health effect depends on the dose of pollutant exposure, and it's associated hazard ratio

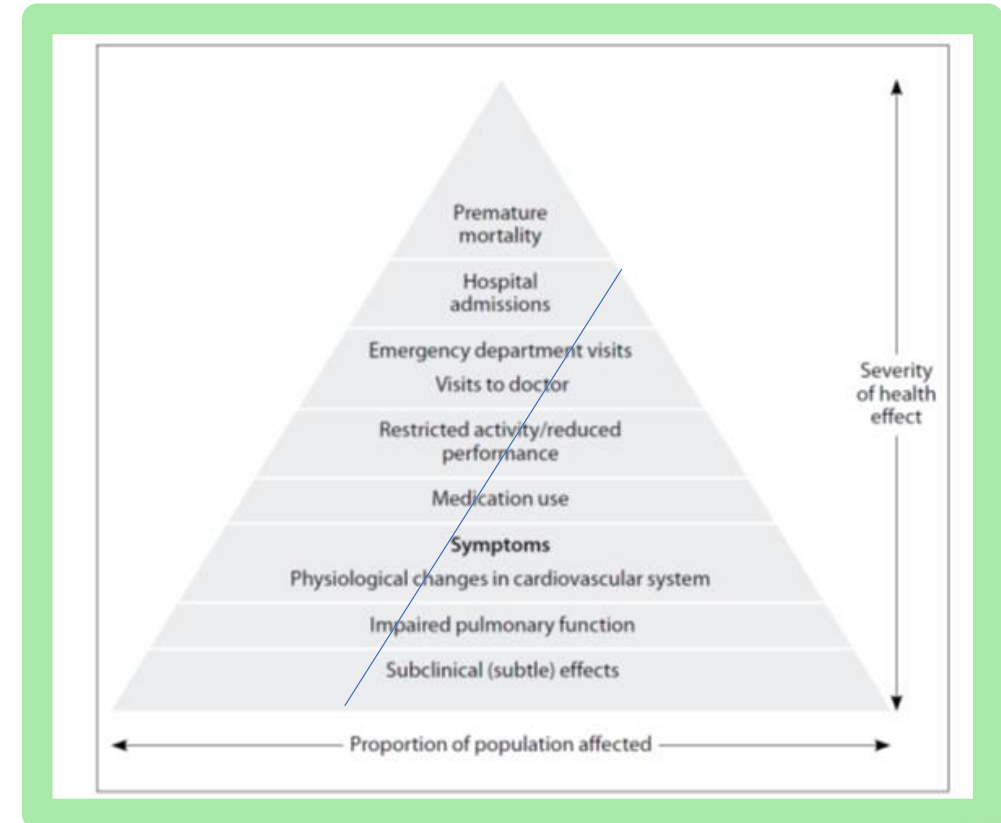


Source: American Thoracic Society (in WHO, 2006)

HEALTH & ENVIRONMENT

Health Effect severity x Proportion
of population affected

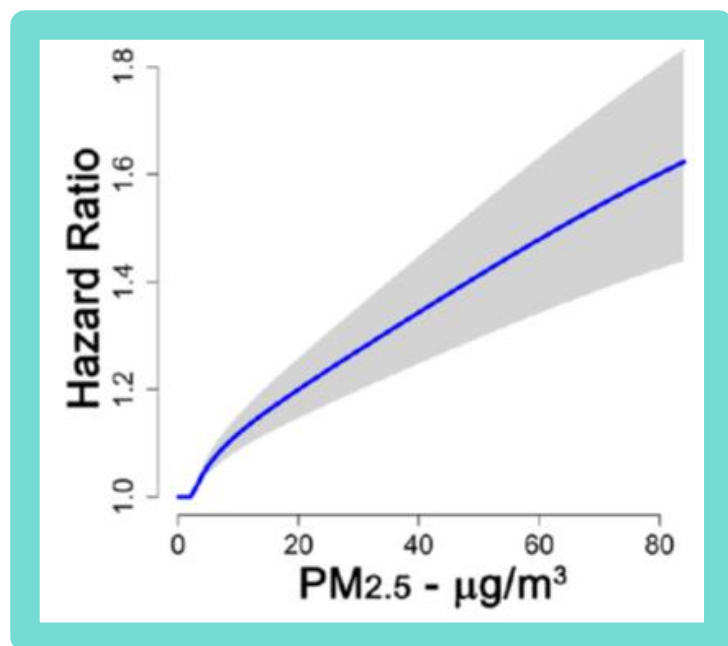
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Source: American Thoracic Society (in WHO, 2006)

HEALTH & ENVIRONMENT

Hazard ratio – nonaccidental premature death for PM_{2.5}



Source: Burnett et al, 2018

WHO Air Pollution Guidelines targets (global update 2005):

- Annual mean: 10 $\mu\text{g}/\text{m}^3$
- 24-h mean: 25 $\mu\text{g}/\text{m}^3$
- A 10 $\mu\text{g}/\text{m}^3$ reduction in PM_{2.5} reduces total mortality risk by 6%

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Tailpipe emissions

	MUÑOZ (2017) E0 / E10 / E85						TIBAQUIRA (2018) (*) E0 / E20	UIC (2019) E0 / E25-30, E83	
	PM (PN)	CO	CO ₂	NO ₂	PAH	Genotox. Potential	Perfor mance	VOC	AROMATICS
GASOL	↑	↑	↑		↑	↑		↑	↑
ETHANOL	↓	↓	↓	●	↓	↓	●	↓	↓
REDUCTION	96%	81%	13%	very low	67~96 %	72~83 %	=	20-40 %	9.3~17.3 %

(*) Carbureted vehicles

PAH = Polycyclic Aromatic Hydrocarbon

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Tailpipe emissions

	ETHANOL	GASOLINE
ACETALDEHYDE	↑	↓
FORMALDEHYDE	↓	↑
TOXICITY RATIO (ACET : FORM)	1 : 6	
FINAL TOXICITY	↓	↑

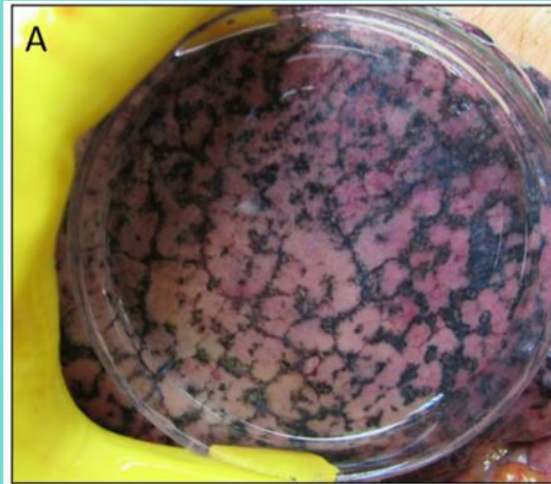
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Toxicological studies with animal exposition

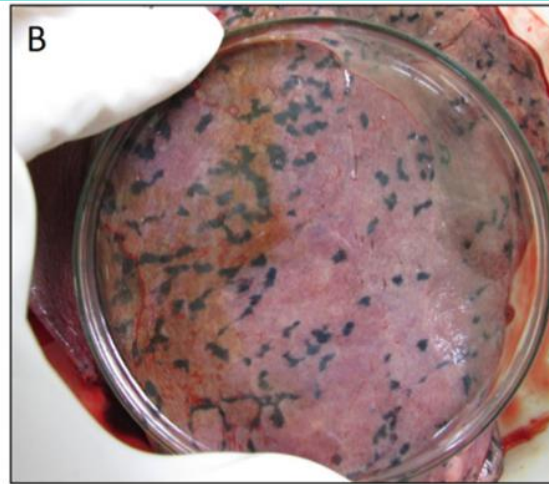
HARDWARE	ENDPOINT	ETHANOL	GASOLINE
EXPOSITION CHAMBER	ACCUTE	↓	↑
	CHRONIC	↓	↑

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Autopsy-based studies (Antracosys)

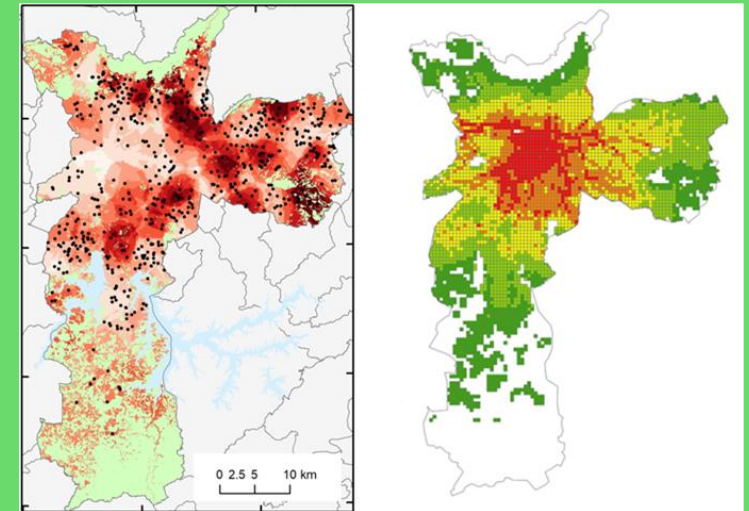


Smoker



Non-smoker

Lung



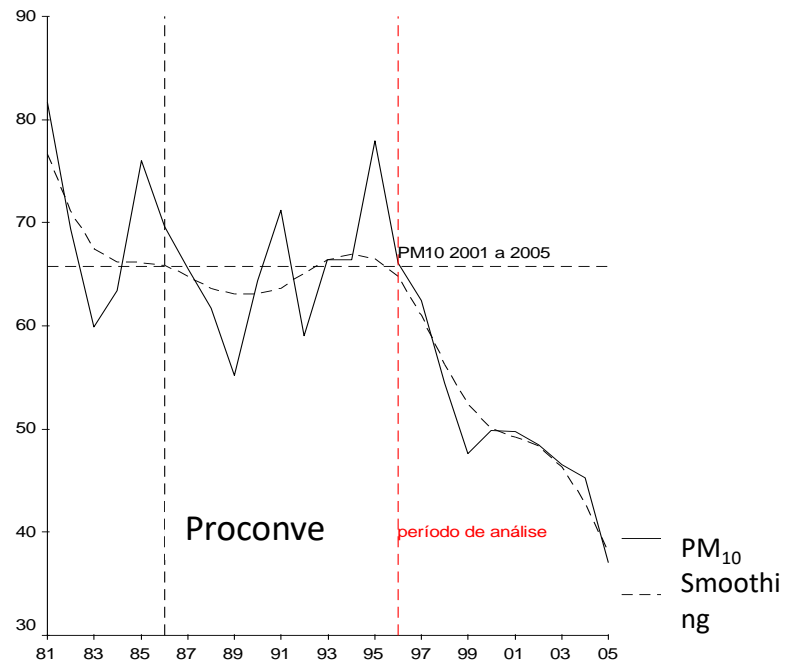
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UF - ultrafine particle and Ozone formation

POLUTANTS	ETHANOL	REDUCTION	GASOLINE
PM (PN) SALVO, 2017	↓	33%	↑
OZONE FORMATION TIBAQUIRA, 2018	↓	17%	↑

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Metropolitan Area of São Paulo (MASP) – yearly concentration of PM_{10}



PROALCOOL = started in 1975

PROCONVE = Started on 1986

$PM_{2.5}$ variation from 1996~2005 = $18 \mu\text{g}/\text{m}^3$

- Annual deaths ~ 80,278 (2005)
- Mortality risk @ $18 \mu\text{g}/\text{m}^3$ ~ 10.8%
- Avoided annual deaths (2005) ~ 8.640
- Costs (DALY) ~ US \$1.5 billion

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		PROCONVE (2005)	SALDIVA (2010)		UIC (2019)		VORMITTAG (2018)		PINICHKA (2017)
		MASP	10% D => E	100% G => E	100% E0 => E25/30	100% E0 => E83	MASP D => 18% biof	MARJ D => 18% biof	20% PM _{2.5} reduction
NUMBER OF CASES	MORTALITY	8,640	112/y	130/y	2,403	4,469	7,319	5,712	160 ~ 5,982
	MORBIDITY	-	675/y	8,002/y	-	-	22,003	6,167	-
US \$	MORTALITY	1.5 b	20.1 m/y	23.3 m/y	22 b	40 b	612 m	311.7 m	-
	MORBIDITY	-	1.9 m/y	19.8 m/y	-	-	22.9 m	5 m	-
	TOTAL	1.5 b	22 m/y	42.1 m/y	22 b	40 b	634.9 m	316.7 m	-

m=million; b=billion

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CONCLUSIONS

- Accute and chronic toxicity of ethanol is lower than gasoline
- Tailpipe emissions from ethanol blended fuels are lower than gasoline
- UF particles have more significant toxicity than the attributable to PM_{2,5}
- Ethanol blended fuels emit a much lower UF particles than gasoline
- In MASP despite the fleet increase and extensive use of ethanol and advanced engine technologies, the concentration of aldehydes did not show any growth

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CONCLUSIONS

- Photochemical modeling for MASP concluded that ethanol use does not explain ozone behavior
- Among several scenarios the use of biofuels replacing fossil fuels always relay on positive and significative impact on public health and economic
- The more time we take to act, the more people will die



SUSTAINABLE MOBILITY: ETHANOL TALKS

PAKISTAN

REALIZATION:



BRAZIL
Sugarcane Bioenergy Solution



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