

Phase out mercury-added products: Global Workshop 21-23 June

Global Progress in Phasing Out Dental Amalgam

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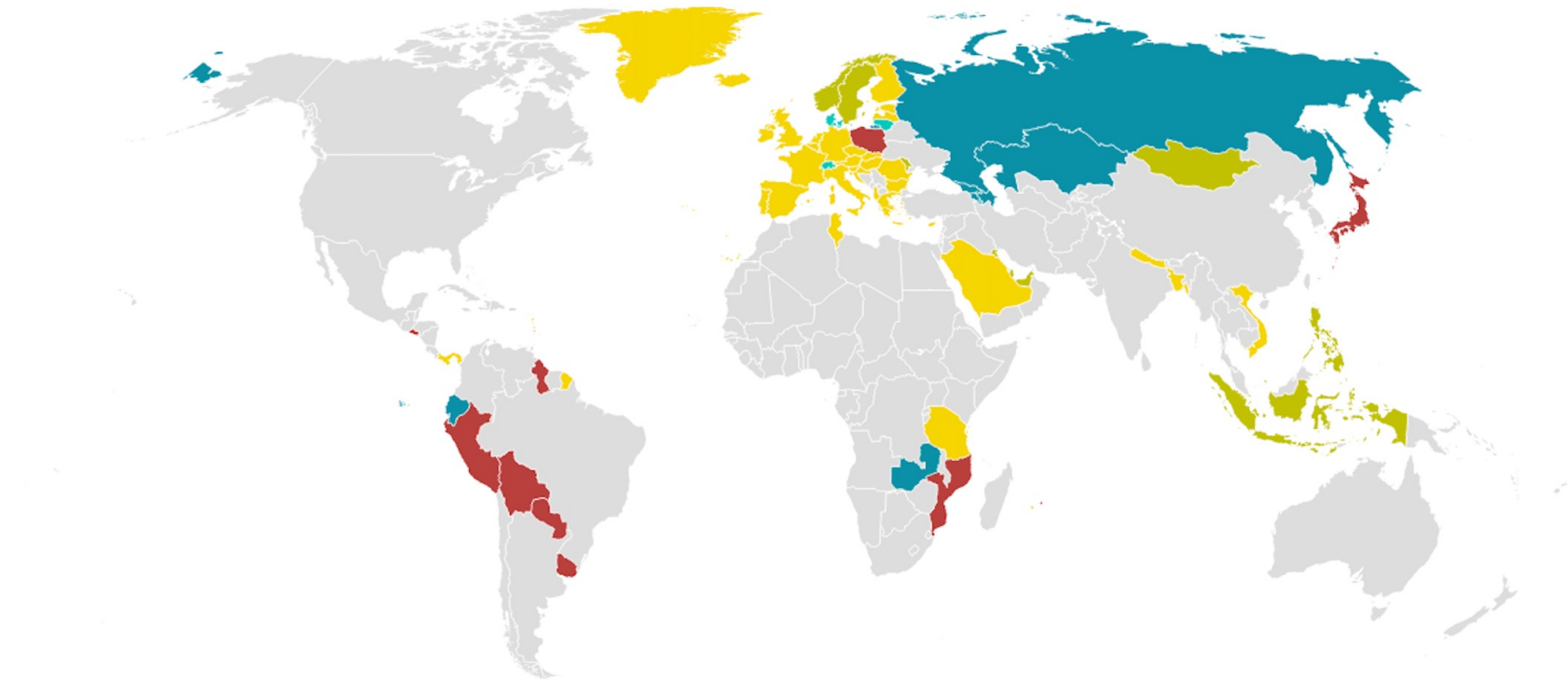







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Global Overview of Countries Phasing Out Dental Amalgam



 banned amalgam use for children (under 15), pregnant and breastfeeding women  declared not to use dental amalgam at all  generally banned amalgam with few limited exceptions  generally banned dental amalgam by law  stopped amalgam use in public programs

Global Overview of Countries Phasing Out Dental Amalgam



Global Dental Amalgam Tracker -
EnvMed Network

According to the Minamata Conventions...
environmentalmedicine.eu

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- 👉 **39** Countries have phased out Dental Amalgam for Children up to 15 years (2 for less), pregnant and breastfeeding Women
- 👉 **18** Countries generally ban Dental Amalgam by law (4 with narrow exceptions, for 4 countries the ban still enters into force)
- 👉 The European Union (further **24** Countries) is working on a phase out regulation. **6** European Countries have set up national phase out plans.
- 👉 **8** Countries declared not to use Dental Amalgam at all
- 👉 At least **10** Countries have withdrawn Dental Amalgam from public programs (1 by 2025)

Implementation of Children's Regulations

REPORT FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT AND THE COUNCIL

on the reviews required under Article 19 (1) of Regulation 2017/852 on the use of mercury in dental amalgam and products

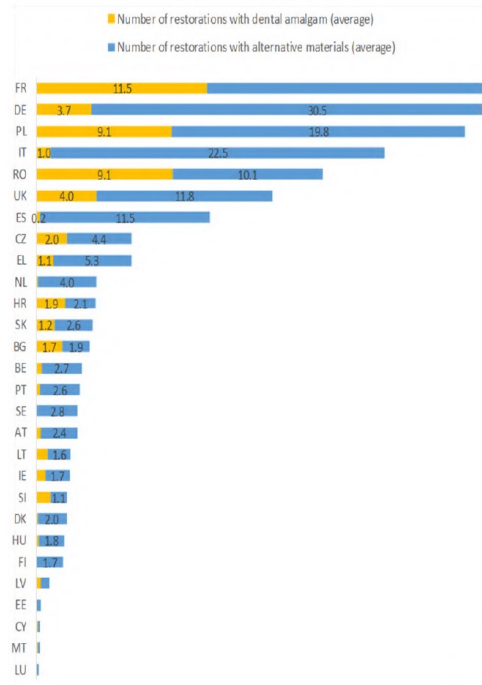


Figure 1: Number of restorations per filling material per Member State with an average use of dental amalgam (million, 2018)

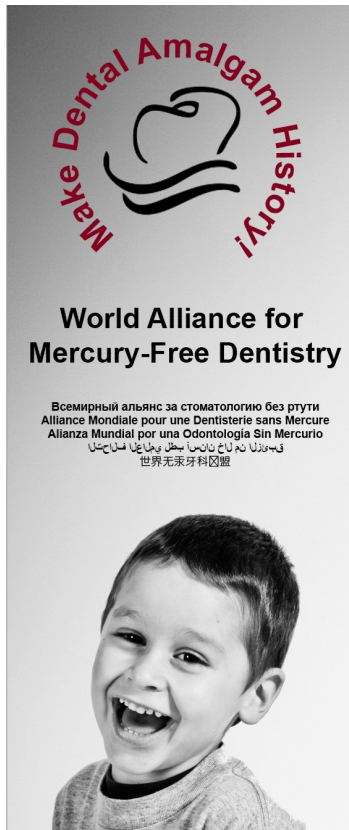
- Soviet Union:** Dental Amalgam was not allowed for children since **1982** and hardly used at all (due to direct health risks)

- Sweden:** Phase out of dental amalgam from children and adolescent dental care in **1995**

- 27 EU:** **July 2018** (1 year announcement + Phase Out Plans)
- Bangladesh:** **July 2018** (4 month)
- Vietnam:** **April 2019** (6 days + Phase Out Plan)
- Iceland:** **July 2019** (3 weeks + Phase Out Plan)
- Nepal:** **August 2019** (immediate + Phase Out: 21 August 2024)
- Philippines:** **June 2020** (2 weeks + Import Stop + Phase Out: June 2023)
- Saudi Arabia:** **2021** according to first full Reports
- Albania:** **July 2021** (2 years + Phase Out Plan)
- Tanzania:** **September 2021** (20 month + Phase Out: December 2029)
- Panama*:** **January 2021** (immediate + Phase Out: January 2025)

Reasons to implement the Children's Amendment

- 👉 **Children are particularly vulnerable to mercury:** Children's developing brains and neurological systems are especially susceptible to the neurotoxic effects of mercury.
- 👉 Mercury-free Alternatives are available, effective and affordable (world wide)
- 👉 Dentists know how to work with alternatives (front teeth)
- 👉 There is no need for dental amalgam (mercury-free dentists proof)
- 👉 Glass Ionomers are indicated in deciduous teeth
- 👉 Minimal invasive dentistry is indicated for first cavities







Countries generally banning Dental Amalgam












 Norway:	2008 with limited exemption period for 3 years
 Sweden:	2009 (exemptions ceased in 2018)
 Mongolia:	2011
 New Caledonia:	September 2019 (immediate implementation)
 Moldova:	February 2020 (15 month after announcement)
 Kuwait:	January 2020 (11 month)
 Qatar:	July 2021 (9 days)
 Bahrain:	Reported without specification (Ban on use of mercury 2002)
 UAE:	Reported without specification (UAE Cosmetics Control System)
 Indonesia:	December 2021 (14 month, Medical Devices Regulation)
 Philippines:	June 2023 (3 Years)
 Nepal:	August 2024 (5 Years)
 Panama:	January 2025 (4 Years)
 Tanzania:	December 2029 (8 Years)
 Slovakia:	December 2030 (11 Years)


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-  Switzerland: **September 2015** (with narrow exemptions)
-  Liechtenstein: **September 2015** (with narrow exemptions)
-  Denmark: **July 2018** (with narrow exemptions)
-  Lithuania: **May 2021** (with narrow exemptions)

Countries withdrawing Dental Amalgam from Public Programs

-  Sweden: **1999**
-  Paraguay: **2009**
-  Mozambique: **2011**
-  Japan: **April 2016**
-  Saint Lucia: **2017/2018**
-  Uruguay: **2018**
-  Peru: **2019**
-  El Salvador: **2019**
-  Bolivia: **July 2019**
-  Guyana: **2021** (Report)

 Mauritius: **Jan 2023**




 Poland: **October 2022**

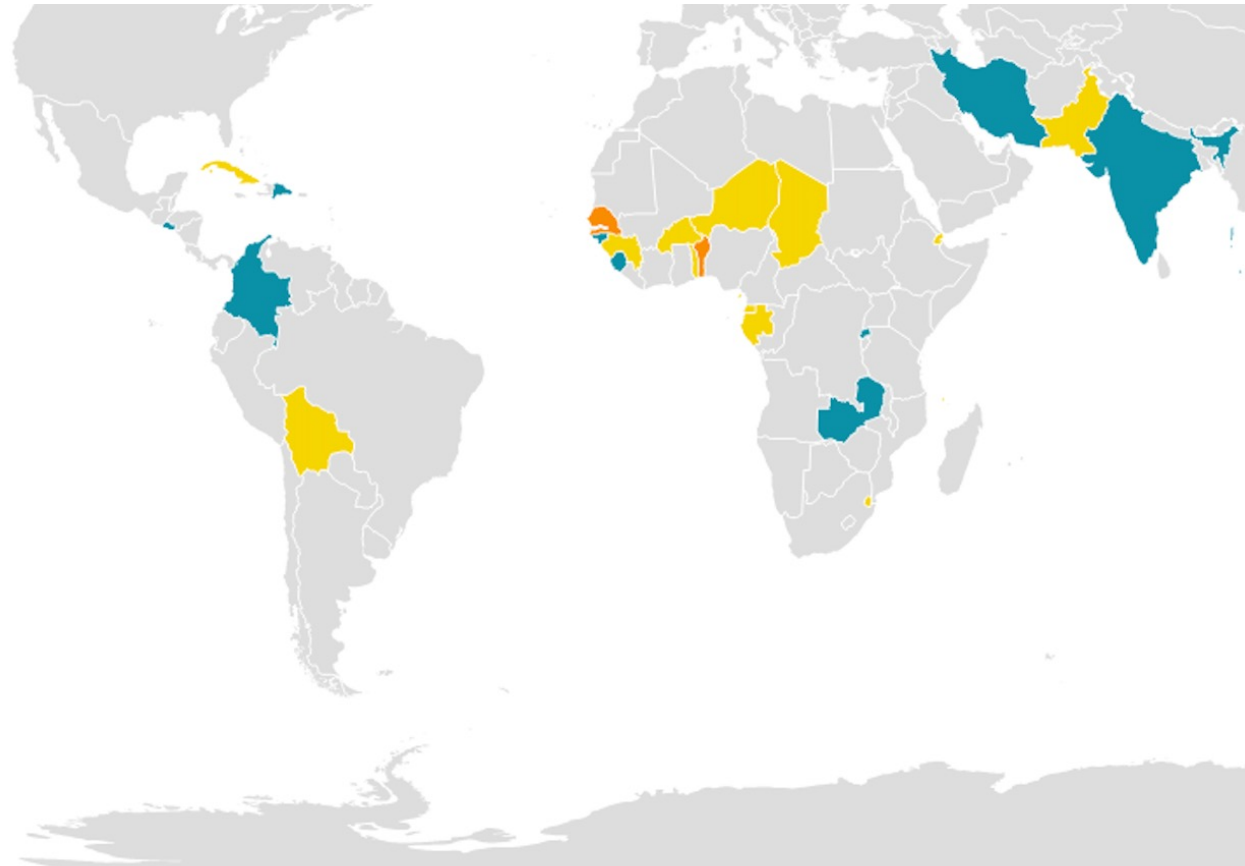
- **33 %** of Dentists with public contract
- Full Reimbursement of
 - Glass ionomer cements,
 - high density glass ionomer cements and
 - resin-reinforced glass ionomer cements.

Workshop Parties

Dental Amalgam Phase Down Measures



-  None
-  Only one
-  Two or More



Consider the African Proposal and the Children’s Amendment

Proposal by the Africa region to amend Part I and Part II of Annex A to the Minamata Convention on Mercury on dental amalgam at COP-5

The Africa region proposes to include in Part I, Annex A dental amalgam as mercury-added product with the following text:

Part I: Products subject to Article 4, paragraph 3

Mercury-added products	Date after which the manufacture, import or export of the product shall not be allowed (phase-out date)
Dental amalgam	2030

Furthermore, the Africa region proposes to add the following text below the two existing mandatory requirements in Part II of the Annex A as follows:

Part II: Products subject to Article 4, paragraph 3

Mercury-added products	Provisions
Dental amalgam	In addition, Parties shall: <ul style="list-style-type: none"> (iii) Submit to the Secretariat a national plan concerning the measures it intends to implement to phase out the use of dental amalgam (iv) Exclude or not allow, by taking measures as appropriate, the use of dental amalgam in government insurance policies and programmes

Decision adopted by the fourth meeting of the Conference of the Parties to the Minamata Convention on Mercury

MC-4/3: Review and amendment of annexes A and B to the Minamata Convention on Mercury

COP-4 also agreed to amend part II of Annex A by adding the following provisions for dental amalgam;

- In addition, Parties shall:
 - (i) Exclude or not allow, by taking measures as appropriate, the use of mercury in bulk form by dental practitioners;
 - (ii) Exclude or not allow, by taking measures as appropriate, or recommend against the use of dental amalgam for the dental treatment of deciduous teeth, of patients under 15 years and of pregnant and breastfeeding women, except when considered necessary by the dental practitioner based on the needs of the patient.

Pursuant to Articles 26 and 27 of the Convention, the Secretary General of the United Nations, acting in his capacity as Depository, has issued a communication following the adoption of [decision MC-4/3 “Review and amendment of annexes A and B to the Minamata Convention on Mercury”](#). The communication, including the texts of the amended Annex A in the six UN official languages, was issued on 28 September 2022 and posted on the [UN Treaty Collection website](#).

The entry into force date set in paragraph 3 (c) of Article 27 of the Convention will be **28 September 2023**.

Use financial support for phasing out Dental Amalgam

10. The Committee agreed on the following recommendations to the Conference of the Parties:
- to amend the reporting format as follows:
 - to include in question 4.4 an additional option to the existing options “Yes” and “No”, on “No - not applicable (do not have facilities assembling products using mercury-added products)”.
 - to take into account, in its consideration of the financial mechanism of the Convention, that some Parties that have not met their obligations under Article 4, in particular the deadline for phasing out mercury-added products and taking measures to phase down dental amalgam, cited lack of resources and the need for further attention and action by the Global Environment Facility and its respective implementing agencies, and the Specific International Programme to support Parties in implementing the provisions of Article 4;


- 👉 Developing countries – with less infrastructure to collect, transport, and store even the insubstantial amounts caught in separators – are particularly burdened by this toxic product.
- 👉 The only way to prevent mercury exposure and pollution from this significant source is to phase out dental amalgam use.

Before investing in Separators, turn off the Amalgam tap!

Mercury-free fillings have substantial advantages

1. **Effective:** Studies show mercury-free composite fillings can last as long as – and even longer than – amalgam (although this fact is not relevant for children’s short-lived baby teeth).
2. **Health and cost-saving:** Mercury-free fillings also offer both health and cost-saving advantages over amalgam.
 - a) First, mercury-free fillings preserve tooth structure that must be removed to place an amalgam filling, which can increase the longevity of the tooth itself.
 - b) Second, mercury-free fillings can help prevent future caries.
 - c) Third, composite can be easier to repair than amalgam.
3. **Environment-friendly:** Mercury-free alternatives eliminate the high environmental costs of amalgam (studies show that after environmental costs are factored in, amalgam is more expensive than composite).
4. **More accessible:** Glass ionomers, used in atraumatic restorative treatment (ART), have proven valuable in certain clinical situations where they can be more accessible and less expensive than amalgam (for example, in communities without electricity).

Key Messages

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- 👉 Dentistry is in transition: There is no more need for Dental Amalgam
 - 👉 Mercury-free Alternatives are available, effective and affordable
 - 👉 Focus on the Children's Amendment which shall be implemented **in just 3 month**
 - 👉 When drafting your regulation for the Children's Amendment, include a general Phase out date as proposed by the African Region or phase out dental amalgam directly.
 - 👉 Stop the Import: Examples show that there is no need for long transition periods
 - 👉 Withdraw Dental Amalgam from government insurance policies and programs
 - 👉 The Minamata Convention is not about Caries Prevention

10 Reasons to Support Mercury-Free Dentistry

1 Amalgam pollutes our environment

Amalgam pollutes 1) water via dental clinic releases and human waste; 2) air via cremation, dental clinic emissions, sludge incineration, and respiration; and 3) land via landfills, burials, and fertilizer. Once in the environment, dental mercury converts to its even more toxic form: methylmercury and becomes a major source of mercury in the fish people eat. Dental mercury in the environment can cause brain damage and neurological problems, especially for children and the unborn babies, according to the United States Environmental Protection Agency.

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10 Reasons to Support
Mercury-Free Dentistry



2 Amalgam endangers our health

Amalgam emits mercury vapor even after it is implanted into the body. This mercury is bioaccumulative, and it crosses the placenta to accumulate in fetuses as well. Dental amalgam's mercury is a known health risk, especially for children, fetuses, nursing infants, and people with impaired kidney function especially. Even the U.S. Food and Drug Administration concedes that the developing neurological systems of children and fetuses are more susceptible to "the neurotoxic effects of mercury vapor" - and that there is no evidence that amalgam is safe for these populations.

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10 Reasons to Support
Mercury-Free Dentistry

3 **Amalgam damages teeth**

Placing amalgam requires the removal of a significant amount of healthy tooth matter. This removal, in turn, weakens overall tooth structure which increases the need for future dental work. On top of that, amalgam fillings - which expand and contract over time - crack teeth and once again create the need for still more dental work.


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10 Reasons to Support
Mercury-Free Dentistry

4 Amalgam endangers dental workers

Due to mercury exposure from amalgam in the workplace, studies have shown that dental workers have elevated systemic mercury levels. Few of these dental workers – mostly women of child-bearing age - are given protective garb or air masks to minimize their exposure to mercury; many are not aware of the risks of occupational mercury exposure. As a result, dental workers have reported neurological problems, reproductive failures, and birth defects caused by amalgam in the workplace.

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10 Reasons to Support
Mercury-Free Dentistry

5 Amalgam is frequently implanted without
informed consent

Most dentists do not inform consumers that amalgam contains mercury. As a result, over 76% of consumers do not know that amalgam is mainly mercury according to Zogby polls. But once they are informed, 77% of people do not want mercury fillings - and they were even willing to pay more to avoid this unnecessary source of mercury exposure.


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10 Reasons to Support
Mercury-Free Dentistry

6 Amalgam perpetuates social injustice

While middle class consumers opt for mercury-free filling materials, people in developing nations, low-income families, minorities, military personnel, prisoners, and people with disabilities are still subjected to amalgam. Racial minorities are more likely to receive amalgam; for example, dentists place almost 25% more mercury fillings in American Indian patients than in white patients. In his testimony before Congress, former Virginia state NAACP president Emmitt Carlton described this injustice as "choice for the rich, mercury for the poor."


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10 Reasons to Support
Mercury-Free Dentistry

7 **Amalgam costs taxpayers**

Taxpayers foot the bill for the environmental clean-up of amalgam and the medical care associated with mercury-related health problems. Meanwhile, the dentists who dump their mercury into our environment and our bodies are not held financially responsible.




10 Reasons to Support
Mercury-Free Dentistry

8 **Amalgam is diverted to illegal gold mining**

Amalgam is commonly shipped to developing countries labeled for dental use, but then it is diverted to illegal use in artisanal and small-scale gold mining. Not only are the miners exposed to the risks of mercury poisoning, but the dental mercury they use to extract gold is released into the environment.

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10 Reasons to Support
Mercury-Free Dentistry

9 Amalgam is interchangeable with mercury-free filling materials

Amalgam is interchangeable with numerous other filling materials – including resin composites, compomers, and glass ionomers - that have rendered amalgam completely unnecessary for any clinical situation. In fact, the mercury-free alternatives have made amalgam so non-essential that entire nations, such as the Scandinavian countries, have banned the use of amalgam. Developing nations have benefitted from modern mercury-free techniques, such as atraumatic restorative treatment (ART), that only cost half as much as amalgam and make dental care more accessible.

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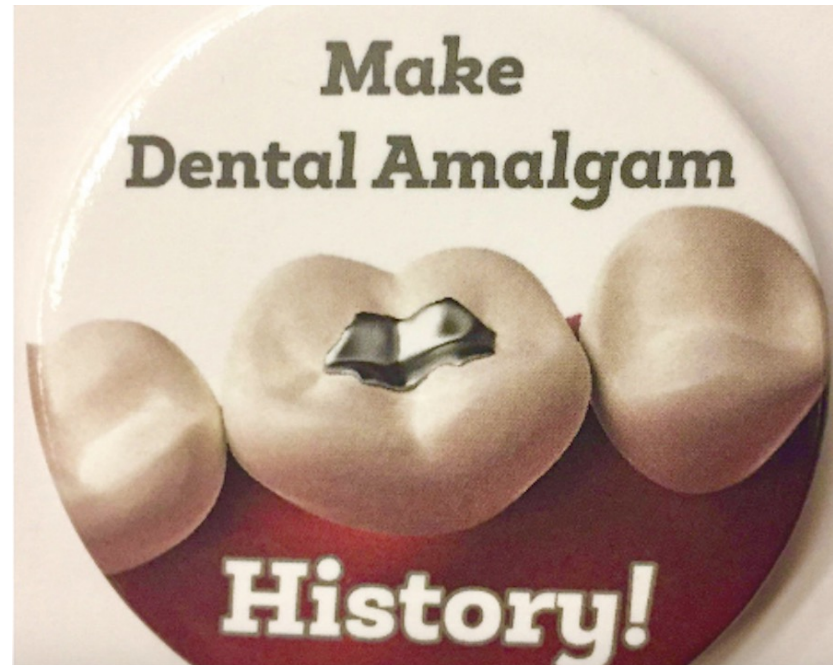


10 Reasons to Support
Mercury-Free Dentistry

10 Amalgam drives up the price of mercury-free
alternatives

The continued use of amalgam keeps the price of mercury-free filling materials high by decreasing demand for these alternatives. As use of mercury-free materials increases, their price is expected to decrease even further.

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Thank you!