

Cabinet Order No. 329

Riga, July 2, 2019 (prot. No. 31, article 46)

The Plan for the Gradual Reduction of the Use of Dental Amalgam in 2019-2020 year

1. To approve the plan for the gradual reduction of dental amalgam use in 2019-2020. (hereinafter referred to as the Plan).
2. Determine the Ministry of Health as the responsible authority for coordinating the implementation of the measures set out in the plan.
3. Provide the measures provided for in the plan in accordance with the state budget resources allocated to the Ministry of Health.
4. To place a plan on the Ministry's website on the Ministry of Health and submit it to the European Commission in accordance with Regulation (EU) [2017/852](#) of the European Parliament and of the Council of 17 May 2017 on mercury and repealing Regulation (EC) No 1049/2001. Article 10 (3) of Regulation (EC) No [1102/2008](#) .
5. The Ministry of Health shall prepare and submit to the Minister of Health by 1 July 2021 an evaluation of the impact of the plan in the Cabinet of Ministers.

Instead of the Prime Minister -
Deputy Prime Minister
Minister for Defense *Mr Pabriks*

Minister of Health *I.Iikele*

(Cabinet of Ministers
July 2, 2019
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Dental Amalgam Gradual Reduction Plan 2019-2020 year

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Abbreviations and concepts used:

The EU - the European Union

Commission - European Commission

Convention - Mercury Minamati Convention

NVD - National Health Service

LAS - Latvian Association of Dentists

University of Latvia - University of Latvia

Guidelines - Public Health Guidelines 2014-2020 year

Plan - Dentistry Reduction Plan for 2019-2020 year

WHO - World Health Organization

Regulation - Regulation (EU) [2017/852 of the](#) European Parliament and of the Council of 17 May 2017 on mercury and repealing Regulation (EC) No 1049/2001 [1102/2008](#)

RSU - Riga Stradins University

SPCC - Center for Disease Prevention and Control

Ministry of Health - Ministry of Health

I. Summary

Dental Amalgam Gradual Reduction Plan 2019-2020 (hereinafter referred to as "the Plan") is designed to comply with Regulation (EU) [2017/852 of the](#) European Parliament and of the Council of 17 May 2017 on mercury and repealing Regulation (EC) No 1073/1999. (Hereinafter referred to as the Regulation) as well as the Minamata Mercury Conventions set out in Annex A. The third paragraph of Article 10 of the Regulation stipulates that by 1 July 2019, each Member State shall draw up a national plan for the measures it intends to take to gradually reduce the use of dental amalgam. It also requires Member States to make them publicly available on the Internet within one month of the adoption of national plans and to send them to the European Commission. The Commission will use the plans developed by the Member States to fulfill the task of the Regulation and to report to the European Parliament and the Council by 30 June 2020 on the results of its assessment of the feasibility of phasing out the long-term use of dental amalgam, preferably by 2030.

Pursuant to the Cabinet of Ministers Regulation No. 2 of December 2, 2014 737 " [Development Planning Document Development and Impact Assessment Rules](#) " , [paragraph 59](#) , which states that the medium-term duration of policy planning documents may not exceed 31 December 2020, has been developed as an interim document by 2021, when long-

term planning can be developed. planning document in accordance with the policy framework for regulatory developments.

The plan **aims** to reduce the use of dental amalgam to reduce environmental pollution by mercury, thus ensuring a high level of protection of human health and the environment from anthropogenic emissions and releases of mercury and its compounds. The main lines of action for achieving the goals between 2019 and 2020 are:

1. Improving the determination and analysis of amalgam use indicators.
2. Prevention of dental and oral diseases and health promotion.
3. Improving the education and training of students, medical practitioners and the education of the public on the use of amalgam.

At the moment, it is problematic to agree on specific or stricter reduction targets, given that achieving these goals can put patients at a disadvantage and make it more difficult to provide dental services, with particular attention to the fact that due to the economic crisis until July 1, 2018, public procurement included only amalgam use of.

When setting real goals for dental amalgam reduction, the situation in the country must be taken into account, incl. level of oral health and use of past dental amalgam. However, the situation is progressive when planning the improvement of the prevention program and the funding system, as well as the fact that the use of amalgam has so far been reduced. It may not be possible to completely exclude the use of dental amalgam by allowing for exceptional cases where the dentist believes it is strictly necessary due to the patient's special medical needs.

The policy of phasing out the use of amalgam in dentistry is a cross-sectoral policy, as it is intended to protect the environment from mercury pollution. The Ministry of Social Affairs, SPCC, LZA, RSU, LU are responsible for the implementation of the measures included in the plan.

The planned measures for the institutions involved in the implementation of the plan are planned to be implemented in 2019-2020. within the limits of the state budget allocated during the years.

II. Description of the current situation

1. Policy framework and link to other policy planning documents

In 2005, the Commission adopted a Community Strategy concerning mercury, setting 20 actions to reduce the amount of mercury in the environment and its effects on humans. Two of the actions included in the strategy (No 4 and No 6) concern dental amalgam.

On 7 December 2010, the Commission published a communication to the European Parliament and the Council on the review of the Community strategy concerning mercury. In this Communication, the Commission stated its intention to carry out a study in 2011 to assess the use of mercury in dental amalgam, taking into account all aspects of its life cycle.

As long-range mercury spreads, its impact on people and the environment in the European Union cannot be reduced to an acceptable level, limiting mercury supply to consumers in the European Union market alone. Therefore, coordinated action at international level is needed to address the global mercury problem successfully.

On October 10, 2013 at the Diplomatic Conference in Japan, the Minamata Mercury Convention (hereafter "the Convention") was ratified by 107 entities by April 2019, including the European Union and 22 Member States of the European Union. On May 25, 2017, the Saeima passed the Law "[On the Minamatas Mercury Convention](#)", by which the Convention was adopted and approved in Latvia.

Dental amalgam is one of the product types listed in [Annex A](#) to the Convention as a mercury-containing product, the use of which is regulated by the Convention.

Already before the adoption of the Convention, a detailed legal framework for mercury regulating mercury trade, restrictions on the marketing of mercury-containing products, waste management and water quality as well as emissions and discharges from large point sources had been developed in the European Union. EU legislation also sets maximum levels for mercury in food, cosmetics and limits the use of mercury in pesticides, prohibits the export of metallic mercury from the EU and regulates its safe storage.

On 17 May 2017, a Regulation was adopted to adapt the European Union to the Convention and to be ratified by the European Union. The regulation lays down two risk management measures for the use of dental amalgam - limiting the use of dental amalgam in pre-prepared doses in encapsulated packaging and the mandatory use of amalgam separators. On the basis of the impact assessment found that the sector with the highest levels of mercury consumption in the EU is dentistry and is a major source of environmental pollution, a common understanding that the use of dental amalgam is undesirable and should be phased out if this is the case. possible. Thus, the Regulation comprehensively addresses the use of dental amalgam, including a gradual reduction in the use of dental amalgam and an end to 2030.

On 14 October 2014, the Guidelines were adopted, which stated that the consumption of sweetened drinks and sweets, as well as the lack of care for oral hygiene, had a negative impact on oral health. It is also emphasized that dental caries in Latvia are a major problem affecting the population of all age groups, and which requires dental treatment, incl. using dental amalgams.

2. Case study and problem identification

2.1. Availability of data on the use of amalgam in dentistry

Determining and analyzing the use of amalgam is necessary for the development of evidence-based further policies. One of the possibilities to obtain an indicator of amalgam use is by collecting information on the use of amalgam in children under 18 years of age who have received dental services paid from the state budget, from the data available in the NSA dental services payment system (ZPANS). According to the information available to ZPANS, in 2015, amalgam was used 163685 times (counting all manipulations), and in 2017 -127404. In 2018, however, according to the second paragraph of Article 10 of the Regulation, as from 1 July 2018, dental amalgam was no longer used for dental treatment and treatment for children under 15 years of age (unless the dentist considers this to be strictly necessary in the light of this). with the patient's special medical needs) amalgam was used only 12,359 times. As a

result, the use of amalgam-containing materials in dentistry has **decreased significantly** since 2018. This is also related to the fact that for a number of years, due to the economic crisis, insufficient access to the state-funded dental service for children was detected, but in 2018 measures were taken to solve the problem, including changes in the payment conditions of children's dentistry.

According to information provided by the SPCC chief dentist, approximately 47% of children in recent years have used dental services paid by the state budget. Therefore, the information currently available is incomplete. Enhancing the involvement of dentists in the provision of paid dental services from the state budget would provide more accurate information on trends in the use of amalgam. Information on the use of amalgam-containing materials in adult dentistry, including the use of amalgam in pregnant women, is currently not available. Such data will be available in perspective with the introduction of an information system developed by dentists for the period 2020-2021. year. In cooperation with dental practitioners, the possibilities of using the data of the future information system should be evaluated, but the use of this system in the analysis of the trends of amalgam use will be within the framework of the next period policy planning document.

An additional source of information to identify trends in the use of amalgam-containing materials in dentistry is the information available to dental material distributors on the dental materials available on the Latvian market and their sales. Considering that this information is the property of merchants and the possibilities for obtaining it are based on the principles of voluntary, it is necessary to identify possibilities to cooperate with the distributors of dental materials by involving them in identifying trends in the use of materials containing amalgam. In its turn, the State Revenue Service Customs Board could only have information on imports of amalgam from third countries.

Identified issues:

- 1. Complete data on dental materials for children under 18 are not available.**
- 2. There are no data on the use of amalgam in pregnant women, breast-feeding women and adults.**
- 3. No data are available on the total circulation of amalgam in the country.**

2.2. Dental caries prevention and dental and oral health promotion

One of the ways to reduce the use of dental amalgam is to set national targets for dental caries prevention and dental and oral health, thus reducing the need for dental repair.

The spread of dental caries is characterized by the KPE index (carious, sealed, toothed). According to the Guidelines, Latvia has a high intensity of caries in all age groups. In the last five years, there is a tendency for every third child at the age of 6 to have at least one carious tooth. For 12-year-old children, the index of permanent dental KPE is three times higher, which means that on average every twelve-year-old child has at least three caries.

In view of the high caries prevalence in Latvia (KPE index for children 12 years of age in 2012 3.0 and 2.8 in 2016), the public should be informed about the seriousness of the situation, especially parents and professionals involved in the upbringing of children

(teachers, school nurses, school psychologists)) - Educate about caries risk factors, how to prevent it and treat early on how to promote oral health.

In order to address this and focus on the impact of the use of sweets and other nutrition-related issues on dental health, the European Union Fund for 2014-2020 has already been introduced in 2018 Program for Preschool and Primary Education Educators for Healthy Meal Habits (Over 300 Preschool and Primary Teachers across Latvia) and Program for Preschool and Primary School Children in Latvia for Mouth and Dental Health Implementation in relation to dietary habits (more than 22 000 pre-school and primary school children participated in all over Latvia). Informational materials for children and educators were developed within the programs, including *Methodological Recommendations for Preschool and Primary School Educators working with children on the promotion of oral and dental health in relation to healthy eating habits*.¹ Programs and materials have also been adapted for children with visual, hearing, mental development or disability. These programs are planned to continue in 2019 and 2020. Additional information on EU fund 2014-2020 The measures implemented and planned within the framework of the 2007-2012 programming period are available on the website <http://esparveselibu.lv>.

At the same time, VM and SPCC are constantly organizing measures to promote children's oral and dental health. For example, the public awareness campaign "I have clean teeth!" for children's oral health and proper dental cleaning. In addition to pre-school and primary school activities, the campaign focused on correct dental cleaning habits and awareness of external environmental factors affecting dental health, and information materials on oral and dental health promotion (gum disease, dental hygiene) were prepared. visit, oral hygiene during pregnancy, baby's first teeth), but also created and continued its website *tirizobi.lv*, where useful information about oral hygiene can be found not only children and parents, but also educators who can use relevant information in work with pupils.

The "Oral Health Study for Students in Latvia 2015/2016" commissioned by SPCC states that currently 12-year-old children have an average of 6 teeth or 12.5 surfaces with early enamel caries, which can be completely stopped if appropriate early caries treatment is applied. methods, or they will be potential sealed surfaces, for which long-term treatment will require considerable financial resources. Experience to date has shown that the state budget is not sufficient to provide good and adequate treatment for caries (when dental tissues lost due to illness are restored with different materials), this approach has not significantly reduced the spread and intensity of caries in Latvian children. There is a similar experience in other parts of the world, therefore it is increasingly recommended to use early caries treatment methods that have shown the highest efficiency - application of fluoride lacquer in high risk population 4 times a year and occlusive silanes for both caries prevention and early treatment. Training in the use of these methods should also be planned, as not always in all cases.

Identified issues:

1. High caries prevalence in children in Latvia.

2. No modern methods for early caries treatment are used.

3. Professionals are not sufficiently trained to use methods for early caries treatment.

2.3. Professional development of students, medical practitioners, education of society on the reduction of amalgam use

The Convention states that recognized professional organizations and dental training institutes shall ensure that all dental practitioners are trained and trained in the use of non-mercury dental repair materials and promote good management practices. Already today, RSU and UL dental students are trained to use mercury-free dental repair materials and are widely used by dental practitioners. However, you should make sure that practitioners and students are informed about the latest considerations for reducing amalgam use. Where necessary, appropriate recommendations should be made.

As evidenced by information from the SPCC chief dentist, the use of amalgam materials in dentistry has declined in recent years before the Regulation was introduced, as dental professionals have the knowledge and skills to use the latest technologies in dentistry. However, there is no certainty that dentists understand the impact of amalgam use on environmental pollution. This understanding is important to reduce the use of amalgam-containing materials to achieve the objectives of the Regulation - to avoid the use of amalgam in dentistry to prevent environmental pollution. Therefore, the development of environmental awareness in both dentistry and students should be encouraged in the future.

The regulation currently restricts the use of dental amalgam to treat damaged teeth in children under the age of 15 and to pregnant or breastfeeding women unless the dentist considers that this is strictly necessary for the patient's special medical needs. However, the Regulation does not lay down uniform criteria for dental practitioners to decide to use amalgam in exceptional cases. According to the LAS, dentists should consider aspects such as caries prevalence, general health and co-operation with the patient before evaluating the medical need.

Similarly, dentists need clear instructions for communicating with patients or their guardians in order to get their consent for the choice of tooth sealing material. Such instructions are also required for the detailed information to be stored for the negotiation of such decisions. Management of such guidelines should be undertaken by LAS together with SPCC, providing in-depth consultations to dental specialists. Similarly, when some patients do not understand the environmental aspects that lead to a gradual reduction in dental amalgam use, clarification work is required. For example, a patient may be asked to replace an amalgam-containing seal that is not only necessary but can be harmful to health. Thoughtful treatment requires careful and valid patient consent. The SPCC chief dental practitioner and the LAS can help with the advice of dentists to know how to answer such questions and manage the risks that may result from unwanted treatment-induced adverse effects.

The introduction of restrictions on the use of dental amalgam, especially in patients under 15 years of age, may cause unjustified public and patient concerns about the possible adverse health effects of dental amalgam, patients may not understand the reasons for choosing amalgam and alternative materials. It is therefore important to develop and agree on consistent communication, emphasizing that the limitations are mainly related to the environmental impact of this material and the consequent indirect impact on human health (eg by eating certain types of fish), and explaining that the negative health effects of materials containing amalgam are not present. proven. In order to mitigate public concerns about the health effects of materials containing amalgam, provision should be made for public education and anxiety prevention and measures should be provided to ensure effective communication in the event of public concern.

Identified issues:

1. Insufficient information on the grounds for reducing amalgam use by specialists.

2. Insufficient information for the indications for the use of amalgam for sensitive groups.

3. Insufficient information for communication with customers to explain the use or replacement of materials containing amalgam.

4. Public misunderstanding about the nature of amalgam containment measures.

III. Event plan

Aim of the plan		Gradually reduce the use of dental amalgam as an essential environmental polluter				
Policy outcome (s) and result indicator (s)		<i>Improved oral health in the community, reaching the KPE score for 12-year-olds (caries, sealed and pulled teeth, calculated per capita in the area) not more than 2.0 in 2020</i>				
1. Action direction		Determination and Analysis of Amalgam Usage Indicators				
No . pk	Event	Result of action	Result Score	Responsible institution	Co-responsible institutions	Deadline (with half-yearly accuracy)
1.	To start collecting and analyzing available information of the NSA in order to evaluate the trends of amalgam use in Latvia	Information on trends in the use of amalgam for publicly funded services is available	Informative material for policy planning on amalgam use trends has been developed	SPCC	NVD	31 December 2020
2.	In cooperation with dental specialists to evaluate the possibilities of using the information of the future information system	More comprehensive information on dental materials including state budget unpaid services	Proposals for the use of data from the future dental information system have been prepared	SPCC	LAS	31 December 2020

3.	Identify opportunities to get information on the amount of amalgam distributed by dental material distributors	Available information on market trends for amalgam-containing materials in Latvia has improved	Proposals for the collection and analysis of information available to merchants on market trends for materials containing amalgam	SPCC	LAS	31 December 2020
2. Action direction		Dental health prevention and oral health promotion				
No . pk	Event	Result of action	Result Score	Responsible institution	Co-responsible institutions	Deadline (with half-yearly accuracy)
4.	To ensure the education of teachers of pre-school and primary education in the promotion of oral and dental health in relation to healthy eating habits	Improved knowledge of oral and dental health education for healthy eating habits by teachers in pre-primary and primary schools	Project "Complexes for Health Promotion and Disease Prevention" Nr. 9.2.4.1/16/I/001 Implemented Program for Preschool and Primary School Educators for Promoting Oral and Dental Health in Healthy Nutrition Involving at least 300 Preschool and Primary Teachers across Latvia	VM	SPCC	31 December 2020
5.	Provide pre-school and primary school education for oral and dental health in relation to	Improved knowledge of oral and dental health for pre-school and primary school children in terms of	Project "Complexes for Health Promotion and Disease Prevention" Nr. 9.2.4.1/16/I/001 Implemented Program for	VM	SPCC	31 December 2020

	healthy eating habits.	healthy eating habits.	Preschool and Primary School Children in Latvia on Promoting Oral and Teeth Health through Nutrition Practices Involving at least 18,000 Preschool and Primary Children across Latvia.			
6.	Evaluate the possibility of providing the following state-funded services for children: fluoride varnish applications 2-4 times a year, applications of occlusive silant for premolars and molars, and supervised dental cleaning programs at educational institutions.	Improved treatment and prevention of early caries	Proposals for the implementation of state-funded fluoride lacquer applications and applications of occlusive silanes have been prepared and monitored for the implementation of a dental cleaning program at educational institutions.	SPCC	VM, NVD, RSU, LU	31 December 2020
3. Direction of action		Training and further education of students, practitioners, public education on reducing amalgam use				
No . pk	Event	Result of action	Result Score	Responsible institution	Co-responsible institutions	Deadline (with half-yearly accuracy)
7.	Provide uniform criteria for	Improved knowledge of dental	Recommendations for dentists for the assessment of	SPCC	LZA, RSU, LU	2nd half of 2019

	dentists to use materials containing amalgam.	practitioners about the selection criteria for dental fillings	medical needs for amalgam use.			
8.	Provide informative support to dentists for communicating with patients or their legal representatives in order to obtain their consent for the choice of dental filler material, the detailed information to be kept on the negotiations that make such decisions, and the importance of the environmental aspect in decision making.	Dental specialists are provided with complete information for communication with patients	Informative material has been developed, as well as advice for dentists in communicating with patients on the choice of tooth filling material	SPCC	RSU, LU	December 31, 2019
9.	Developing information material for effective communication in the event of public concern over the health effects of materials containing amalgam and to educate the public to	Public awareness of the objectives of limiting amalgam-containing material in dentistry has improved		SPCC	RSU, LU	31 December 2020

	prevent such concerns.					
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