



NOVEMBER 2013

// CED POSITION

ON THE MINAMATA CONVENTION CONCERNING MERCURY - UNEP PROGRAMME

// INTRODUCTION

The Council of European Dentists (CED) is the representative organisation for the dental profession in the EU, representing over 340,000 practising dentists through 32 national dental associations. Established in 1961 to advise the European Commission on matters relating to the dental profession, the CED promotes high standards of oral healthcare and effective patient-safety centred and evidenced-based professional practice across Europe.

// MINAMATA CONVENTION on MERCURY

In 2009 the Governing Council of the United Nations Environment Programme (UNEP) established an intergovernmental negotiating committee (INC) with the mandate to prepare a global legally binding instrument on mercury. The intention was to have an international agreement which would manage mercury in an efficient, effective and coherent manner, developing provisions to reduce the demand for and supply of mercury as well as to reduce and control mercury emissions in the environment. Multilateral negotiations took place for four years and the treaty was formally adopted by 139 governments on 10 October 2013 in Minamata, Japan. The treaty will be open for signature until 9 October 2014.

Dental amalgam is a compound containing mercury and therefore is among the products regulated in the treaty. Under Article 4 paragraph 3 of the treaty: *“Each Party shall take measures for the mercury-added products listed in Part II of Annex A in accordance with the provisions set out therein.”*

Part II of Annex A reads the following:

“Part II: Products subject to Article 4, paragraph 3

<i>Mercury-added products</i>	<i>Provisions</i>
<i>Dental amalgam</i>	<p><i>Measures to be taken by a Party to phase down the use of dental amalgam shall take into account the Party’s domestic circumstances and relevant international guidance and shall include two or more of the measures from the following list:</i></p> <ul style="list-style-type: none"> <i>(i) Setting national objectives aiming at dental caries prevention and health promotion, thereby minimizing the need for dental restoration;</i> <i>(ii) Setting national objectives aiming at minimizing its use;</i> <i>(iii) Promoting the use of cost-effective and clinically effective mercury-free alternatives for dental restoration;</i> <i>(iv) Promoting research and development of quality mercury-free materials for dental restoration;</i> <i>(v) Encouraging representative professional organizations and dental schools to educate and train dental professionals and students on the use of mercury-free dental restoration alternatives and on promoting best management practices;</i> <i>(vi) Discouraging insurance policies, and programmes that favour dental amalgam use over mercury-free dental restoration;</i> <i>(vii) Encouraging insurance policies and programmes that favour the use of quality alternatives to dental amalgam for dental restoration;</i> <i>(viii) Restricting the use of dental amalgam to its encapsulated form;</i> <i>(ix) Promoting the use of best environmental practices in dental facilities to reduce releases of mercury and mercury compounds to water and land.”</i>

// COMMENTS TO THE MINAMATA CONVENTION ON MERCURY

a) General remarks

The CED has for many years been active in encouraging the reduction of the environmental impact of the use of dental amalgam and acknowledges with appreciation the progress achieved in Europe in this area, and now worldwide.

The dental profession takes seriously the environmental impact of its activities, acknowledging the impact that amalgam waste has in the environment if not properly disposed. The CED takes note that many of the measures identified in the treaty to phase down the use of dental amalgam are already implemented in several EU countries.

The CED has long called on Member States for full compliance and enforcement of EU waste legislation, recommending the use of amalgam separators which respect ISO standards and the use of encapsulated form only (see [CED Resolution on responsible practice](#) from November 2011 and [CED Resolution on dental amalgam](#) from May 2007, updated in 2009 and 2010).

The CED believes that the signing of a globally-binding treaty on the use of mercury is a sensible outcome that recognises the practicalities of improving oral health. For many years, the CED has stressed the importance of avoiding a complete phase-out of the use of mercury in dentistry, particularly in a short timeframe.

The CED also welcomes the flexible approach adopted to take into account countries domestic circumstances. We believe that the treaty reaches a good balance between the use of amalgam and non-mercury based materials.

The CED further welcomes the measures which encourage research and development of non-mercury based materials. The CED has noted that the scientific community is not yet fully able to demonstrate the relative emerging risks of the use of alternative materials and that the toxicology of these materials is a work in progress. The CED strongly supports research based evidence and research based decisions.

The CED strongly encourages national dental associations and chambers (NDAs) to make themselves and their members aware of the treaty provisions and recommends that they are active in negotiations to implement the treaty at national level. The CED acknowledges that these measures are just a starting point and that they constitute an opportunity to improve oral health and the quality of life of communities, putting dentistry in the political agenda.

b) Specific remarks

The CED calls on national governments to consider the points below when interpreting and/or implementing the measures listed in Part II of Annex A.

First measure: setting national objectives aiming at dental caries prevention and health promotion, thereby minimizing the need for dental restoration

The CED believes that this is the most important measure and should be particularly encouraged by NDAs. Dental prevention and health promotion increase quality of life and reduce health inequalities. Prevention is the basis for all further considerations.

The CED recognises the responsibility of national governments, as well as other relevant health stakeholders such as NDAs, for setting up national public health objectives on dental caries prevention and health promotion. The CED urges national governments properly to invest and to develop a joint approach involving public health departments, insurances, NDAs, healthcare professionals, patients' organisations, etc. when designing and implementing prevention and health promotion programmes.

The CED considers that as a major aspect of this measure there should be a focus on high risk groups (e.g. children, potential mothers, special needs groups etc.) and be aimed at targeted fluoride

programmes, sugar control, diet, oral hygiene measures and regular dental checks. The CED strongly recommends general public awareness raising campaigns appropriate to domestic needs which may include the issues previously mentioned.

The CED favours the acknowledgment that oral health is an integral part of general health and well-being. Good oral health is essential for individuals to communicate effectively, to eat a variety of foods, and is important in overall quality of life, self-esteem and social confidence.

Second measure: setting national objectives aiming at minimizing its use

The CED draws the attention to the fact that before national objectives can be set, accurate data is required. In particular, accurate data on the number and type of fillings carried out per year are necessary. Policy makers should not work in the long term with rough estimates. To set responsible objectives minimizing the use of dental amalgam, today's figures and trends must be evaluated.

The CED notes that trends indicating the declining use of amalgam have been reported and this decline should be quantified. The data will thus allow the development of different strategies for minimising the use of amalgam in different situations and audiences.

Third measure: promoting the use of cost-effective and clinically effective mercury-free alternatives for dental restoration

The CED notes that a replacement material for amalgam is not yet available. The available alternative materials are not as cost-effective and clinical experience for some alternative material is limited. This measure can be achieved when the fourth measure is accomplished.

The CED highlights that patients' interests should be paramount.

Fourth measure: promoting research and development of quality mercury-free materials for dental restoration

The CED strongly supports this measure. Improving knowledge of existing materials, developing new materials and new methods rapidly to assess the clinical performance and safety of materials as well their environmental impact should be highly encouraged. To this end, the CED urges manufacturers fully to declare the chemical composition of mercury-free materials. The CED also urges policy-makers to prioritise funding and include these issues in research programmes at a national and EU level.

Fifth measure: encouraging representative professional organisations and dental schools to educate and train dental professionals and students on the use of mercury-free dental restoration alternatives and on promoting best management practices

The CED stresses that dentists throughout Europe are trained in the cavity preparation, placement and properties of all dental materials, including mercury-free dental restoration alternatives. They are also fully trained in diagnosis and treatment planning and have instilled in them from the early days of student-hood that patients' interests come first.

The CED notes that at national level there are structures and mechanisms available to ensure, through continuous professional development, that necessary training is undertaken in the use of emerging new materials. The CED considers such training to be a professional responsibility.

Sixth and seventh measures: discouraging insurance policies, and programmes that favour dental amalgam use over mercury-free dental restoration; encouraging insurance policies and programmes that favour the use of quality alternatives to dental amalgam for dental restoration

The CED notes that these measures point to potential economic considerations. At present, however, there should be a degree of flexibility allowing amalgam to remain part of the dentist's armoury in order to best meet the needs of patients. The CED stresses that dentists and patients together are best placed to decide on the appropriate material.

The CED notes that the use of high quality alternatives of mercury-free dental restorations results in higher costs.

Eighth measure: restricting the use of dental amalgam to its encapsulated form

The CED fully endorses this measure. Since 2009, the CED has included such a recommendation in its statement of responsible practice.

Ninth measure: promoting the use of best environmental practices in dental facilities to reduce releases of mercury and mercury compounds to water and land

The CED strongly welcomes this measure. The CED has long called for the use of amalgam separators which respect ISO standards and for full compliance with waste management regulations (see [CED Resolution on responsible practice](#) from November 2011 and [CED Resolution on dental amalgam](#) from May 2007, updated in 2009 and 2010). In support of responsible practice for the reduction of the environmental impact of dental amalgam, dentists should ensure proper separation of amalgam waste and ensure that the disposal of amalgam waste is carried out by licensed carriers leading to appropriate recycling.

Unanimously adopted by the CED General Meeting on 22 November 2013