



## **Banned on the Continent & Ireland, toxic mercury does not merit Stormont Brake**

Mercury is used in dental amalgam, a filling material that is approximately 50% mercury. Recognizing that the amalgam era is over in dentistry, the European Union has taken the step to ban amalgam use and amalgam exports on 1.1.2025. This landmark action is good for the environment, good for consumer health, good for dental worker safety—and good for dentistry!

### **1. Dental amalgam pollutes our air, water, and land:**

Dental amalgam is the largest remaining intentional use of mercury in the Union and the UK.<sup>1</sup> Much of this dental mercury enters the environment via many unsound pathways, polluting (1) air via cremation, dental clinic emissions, and sludge incineration; (2) water via dental clinic releases and human waste; and (3) soil via landfills, burials, and fertilizer.<sup>2</sup> As a result, many people are exposed to a double dose of amalgam’s mercury: first when it is implanted in their teeth and a second time when it contaminates their environment and the fish they eat.

### **2. Mercury-free alternatives are available, effective, and affordable:** As the European Commission explained in its 2023 proposal to ban amalgam:

“Considering the availability of mercury-free alternatives, it is appropriate to prohibit the use of dental amalgam for dental treatment of all members of the population...”<sup>3</sup> Studies show mercury-free composite fillings can last as long as – and even longer than – amalgam.<sup>4,5,6,7,8,9,10,11</sup> Mercury-free fillings also offer both health and cost-saving advantages over amalgam. 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.<sup>12,13,14,15,16,17,18,19,20,21,22</sup> Second, mercury-free fillings can help prevent future caries.<sup>23,24,25</sup> Third, composite can be easier to repair than amalgam.<sup>26,27,28</sup> Additionally, 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).<sup>29,30</sup>

**3. The global trend is towards phasing out dental amalgam:** 34 countries worldwide have already banned the use of dental amalgam, declared no longer to use it or replaced it in the public health system, demonstrating that alternatives are effective, available and affordable. No adverse clinical effects were reported. By January 2025, this number will rise to 56 countries.<sup>31</sup>

Dental amalgam is a primitive tooth unfriendly device from the Georgian Era, far surpassed by the tooth friendly, non-polluting, cavity-fighting alternatives. Having been soundly defeated in Brussels, the dental mercury lobby is targeting the consumers of Northern Ireland to offload this 19<sup>th</sup> century relic—but one that poisons the fish children eat, and poisons the air during cremation.

The worst choice to propose a Stormont Brake is for a toxic product—like dental amalgam. **We urge the NI Legislative Assembly to reject the pressure to bring dental mercury into Northern Ireland.**

The undersigned:

15 April 2024

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Charles Gailey Brown, President, World Alliance for Mercury-Free Dentistry

James Orr, Director, Friends of the Earth Northern Ireland

Dr Michael Warhurst, Executive Director, CHEM Trust

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Kate Metcalf, Co-Director, Wen (Women's Environmental Network)

Catherine Gunby, Executive Director, FIDRA

Janet Newsham, Chair, Hazards Campaign

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<sup>1</sup> European Commission, *Proposal for a Regulation of the European Parliament and of the Council amending Regulation (EU) 2017/852 of the European Parliament and of the Council of 17 May 2017 on mercury as regards dental amalgam and other mercury-added products subject to manufacturing, import and export restrictions*  
<sup>2</sup>Concorde East West, *The Real Cost of Dental Mercury* (March 2012), [http://www.zeromercury.org/index.php?option=com\\_phocadownload&view=file&id=158%3Athe-real-cost-of-dental-mercury&Itemid=70](http://www.zeromercury.org/index.php?option=com_phocadownload&view=file&id=158%3Athe-real-cost-of-dental-mercury&Itemid=70)

<sup>3</sup> European Commission, *Proposal for a Regulation of the European Parliament and of the Council amending Regulation (EU) 2017/852 of the European Parliament and of the Council of 17 May 2017 on mercury as regards dental amalgam and other mercury-added products subject to manufacturing, import and export restrictions*

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## Position Paper

in Support of phasing out dental amalgam  
in Northern Ireland by 2025 as foreseen  
by the revised European Mercury regulation and the Windsor Framework.

15 April 2024

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Administrative Vice President of the World Alliance for Mercury-Free Dentistry

The EU measure to stop the use and export of amalgam does not qualify for using the Stormont Brake. It has no significant adverse impact on everyday life in Northern Ireland neither is the EU measure a most exceptional circumstance requiring the Stormont Brake to be used as a matter of last resort. On the contrary, the Northern Irish Society will benefit from phasing out dental amalgam.

### Background

**On 8 February 2024**, the European Council and European Parliament reached a provisional agreement on a proposal to revise the 2017 Mercury Regulation, which would phase out the use of dental amalgam and prohibit its manufacturing, import and export. This agreement is pending at the time of writing (April 2024), ahead of formal adoption by the European Council. The provisional agreement is foreseeing:

1. From 1 January 2025, dental amalgam shall not be used for dental treatment in the Union, except when deemed strictly necessary by the dental practitioner based on the specific medical needs of the patient.
2. Introduce an eighteen-month derogation for member states in which dental amalgam is the only publicly reimbursed material at a rate of at least 90 % under national law for patients who are not eligible for other reimbursed materials of dental filling and persons with low income are socio-economically disproportionately affected by the phase-out date of 1 January 2025. Member states would have to justify their use of the derogation and notify the European Commission within 1 month after the entry into force of the Regulation of the measures they intend to implement to achieve the phase out of dental amalgam by 30 June 2026.
3. From 1 January 2025, the export of dental amalgam shall be prohibited.
4. From 1 July 2026, the import and manufacturing of dental amalgam shall be prohibited and by way of derogation, only be allowed for specific medical needs.
5. A review of the exemptions for the use of dental amalgam will be performed by the European Commission by 31 December 2029, taking into account the impact on the health of patients generally and of patients dependent on amalgam fillings, and the need to maintain the derogation for the import and manufacturing of dental amalgam.

A ban on dental amalgam has been in place since July 1<sup>st</sup> 2018, for children under 15 and pregnant and nursing mothers. The EU regulation is only extending what the Northern Ireland's dentists have been subject to for nearly five years already to the rest of the population.

**On 14 March 2024**, the British Dental Association (BDA) called on the NI Assembly to utilise powers available to it and apply the Stormont Brake so that a proposed amended Mercury Regulation and a ban on dental amalgam from 1 January 2025 will not directly apply to Northern Ireland.

### **The EU is phasing out dental amalgam by 2025 for good reasons**

On the use of dental amalgam, the Impact Assessment (undertaken between July 2021 and December 2022) concluded that the preferred policy option is to introduce an EU-wide obligation to phase-out the use of dental amalgam as from 2025, given that (i) it would lead to the greatest environmental and health benefits, including in terms of reductions in mercury emissions from crematoria, (ii) this timeframe is implementable as demonstrated by those Member States that have already phased out or plan to phase out dental amalgam use and the overall declining trend in dental amalgam use, (iii) the cost difference between dental amalgam and mercury-free alternatives is expected to narrow with greater demand and innovation, (iv) it would ensure a uniform phase-out across all Member States and hence place the Union in a first-mover leadership role in relation to future international negotiations within the Minamata Convention and the Unions future market competitiveness, (v) this prohibition would contribute to meeting the objectives set out under the European Green Deal, the Zero Pollution Action Plan and the Chemicals Strategy for Sustainability.

### **The Society of Northern Ireland will benefit from the phase out by 2025**

Dental amalgam still represents the largest remaining intentional use of mercury in the EU and North Ireland. It leads to adverse human health effects and mercury emissions, in particular during placement by dental practitioners and via excretion, cremation or burial of people fitted with dental amalgam. The continued use of dental amalgam is therefore a practice that contributes to the continuous build-up of mercury in the environment and excessive and unsustainable amounts of mercury in fauna, flora and habitats.

Governments have to decide where to draw the red line. Currently the society is bearing the costs for the environment pollution and health-effects for the use of dental amalgam - an injustice that needs to be stopped. Alternative dental filling materials are "Available, Effective & Affordable."

### **Mercury-free fillings will become accessible for the low-income population**

Currently Patients have to pay £80 - £150 for alternative fillings, instead of £8 - £20 for dental amalgam, although it is sometimes questionable whether the cost is actually reflecting the workload and material cost. For example, for a properly placed dental amalgam filling, patients have to visit the dentist twice, as the surface can only be polished after 24 hours, whereas composite fillings can be placed in one visit only.

The material cost only plays a minor role. The cost for an amalgam capsule is about £1 and composites are about twice as expensive, as stated by the BDA and the price difference is expected to decrease with further request.

The processing and durability of filling materials in particular have improved significantly over the past decades, so that a wide range of time-saving, single-layer materials can nowadays be used for basic care.

If the current composite fees for children up to 15 years of age of £21.64 - £47.96 were applied to the whole population, this could be ensured with these same materials. For a large part of the population, it would be a great financial relief. Dentists could still continue to sell multi-layer composites with colour matching as higher quality fillings based on current private fees.

The BDA itself suggested in its consultation that the Scottish model, which is similar to implementing the current composite fees for children up to 15 years to the whole population, would be a quick solution.

When looking at NHS costs, this shouldn't be overly challenging, especially when considering that adults in NI bear 80% of the costs themselves and the Minister for Health has just announced a £9.2m funding boost. Surely the expenditure will outweigh the environmental and health impact costs of dental amalgam.

In Poland, where the public health system covers 100% of the cost of fillings, dental amalgam was replaced in 2022 by glass ionomer cements, higher density glass ionomer cement and resin-reinforced glass ionomer cement.

### **Less mercury will pollute the environment**

Mercury from dentistry contributes to polluting our water and air and poisoning the fish we eat and vegetables we grow. Because of the high environmental and health costs associated with mercury emissions, amalgam is more expensive than most, possibly all, filling materials (Hylander 2006).

Costs that are borne primarily by taxpayers, often without being aware of the reasons. Mercury from dentistry inevitably enters the environment: when new fillings are placed or old ones removed in dental offices, at the end of life of people with amalgam fillings (through cremation or burial), and during the progressive decomposition of amalgam fillings in the mouth through chewing, drinking hot beverages, and corrosion (through mercury excreted by humans).

It enters wastewater from dental clinics despite safety precautions because amalgam separators filter only part of the clinics wastewater and are often not properly maintained. From the excess amalgam from processing (about 60%), mercury still enters the environment in large quantities during waste treatment, even when properly disposed of. An "environmentally sound" management of amalgam is illusory.

### **Less health risk for consumer, dentists and dental assistants**

A recent investigation by the U.S. Food and Drug Administration (FDA) concluded in 2020 that dental amalgam poses a risk to vulnerable populations, affecting all women who are planning to become pregnant, pregnant and breastfeeding women, children, people with pre-existing neurological disease such as Multiple Sclerosis, Alzheimer's disease, or Parkinson's disease, and patients with impaired kidney function or known allergies to amalgam.

Studies have shown that dentists who work with amalgam also have significantly higher mercury levels in blood and urine. Especially for female dentists and dental assistants of childbearing age, amalgam poses a high risk. It accumulates in the body and passes through the placenta during pregnancy, which may affect the development of the unborn child.

The EU Medical Devices Regulation only allows carcinogens, mutagens or reprotoxic substances to exceed 0.1% by mass (dental amalgam contains 50% reprotoxic mercury) based on a scientific justification, but the current SCENIHR opinion from 2015 is outdated and last concluded that further research is needed, particularly on the possible neurotoxicity of mercury from amalgam and the effects of genetic polymorphisms.

### **The global trend is towards phasing out dental amalgam**

34 countries worldwide have already banned the use of dental amalgam, declared no longer to use it or replaced it in the public health system, demonstrating that alternatives are effective, available and affordable. No adverse clinical effects were reported. By January 2025, this number is expected to rise to 56 countries and 2 further countries have stopped the Import.

For example, Bolivia, Croatia, Denmark, Ecuador, Finland, Gabon, Indonesia, Italy, Japan, Lithuania, Moldova, Nepal, Norway, Peru, Philippines, Poland, Russia, Slovakia, Sweden, St. Kitts and Nevis, Suriname, Uruguay, and Vietnam among others, have phased out amalgam use, announced plans for phasing out amalgam use, or use de minimis amounts of amalgam. (<https://environmentalmedicine.eu/mercury-free-dentistry-for-planet-earth/>)

The Minamata Convention will discuss in November 2025 weather to phase out dental amalgam by 2030 and to exclude or not allow by taking measures as appropriate, the use of dental amalgam in government insurance policies and programmes. Current Obligations under the Convention are:

- to take two or more out of nine phase down measures
- exclude or not allow, by taking measures as appropriate, the use of mercury in bulk form by dental practitioners
- 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.
- Parties that have not yet phased out dental amalgam shall: Submit to the secretariat a national action plan or a report based on available information with respect to progress they have made or are making to phase down or phase out dental amalgam every four years as part of national reporting.

### **The supply of dental amalgam is drying up in the EU**

There are serious doubts as to whether dental amalgam will continue to be available due to the increased requirements of the EU Medical Devices Regulation, which also apply in NI.

Apart from the need for a scientific justification for exceeding the CMR threshold (see above), manufacturers have to declare for the first time the release rate of mercury under all possible circumstances, such as poor processing, age of the filling, contact with other metals or habits such as grinding teeth, chewing, drinking hot drinks or brushing teeth. The problem for manufacturers with this specification are potential compensation claims if consumer can prove exceeding releases.

Numerous manufacturers have therefore already withdrawn from the European business. <https://environmentalmedicine.eu/manufacturers-exiting-the-amalgam-business-in-europe/>

Due to the EU-wide phase-out by 1 January 2025, it is expected that most manufacturers will refrain from renewing their expiring certificates by 26 May 2024, as extending the approval until 31 December 2028 will no longer be profitable.

From December 2028 at the latest, sales should cease completely and only stocks may be sold off. **There is no point in continuing to offer amalgam in public health systems when it's no longer available.**

In addition, the safety of alternative filling materials is further improving due to the increased requirements of the new Medical Device Regulation.

### **There is no alternative to phasing out dental amalgam in Northern Ireland**

The national action plan to phase down dental amalgam is not resolving the problem. Focussing on prevention means to keep dental amalgam forever as there will always be tooth decay. Dental amalgam needs to be phased out for good reasons:

1. Dental Amalgam will no longer be available.
2. Dental Amalgam pollutes the environment and poses a health risk
3. New alternatives are as time saving or even more time saving and effective as dental amalgam
4. At least since the phase out of dental amalgam for children, pregnant and breastfeeding women, dentists are trained in using alternatives
5. Numerous countries show that there are no adverse health effects from phasing out dental amalgam.

Only dentists are benefitting from keeping dental amalgam by selling alternatives as a special more expensive treatment - an immoral business based on the NHS reimbursing a toxic material. Aesthetic and safe alternatives should become standard. The interests of around 700 dentists should not take precedence over the interest of the current society and the future generation.

Like in Norway and Sweden there will be exceptions for patients that need dental treatment under general anaesthesia or are allergic to components in mercury-free fillings. Exceptions, which in Norway or Sweden were withdrawn after some years. Countries like Moldova, the poorest country in Europe, directly implemented a ban on dental amalgam use without exceptions in 2020.



11th April 2024

## Written testimony to Northern Ireland Legislative Assembly

Thank you for this opportunity to present my written views to the Windsor Framework Democratic Scrutiny Committee of the Northern Ireland Legislative Assembly.

My name is Robert King-Hall. I live in Dublin. I am very Proud of my Northern Ireland Heritage as My Granny was from Belfast. Northern Ireland is my second home and I always feel so welcome when I return. I worked as a Senior Hospital Representative for 35 years covering both Northern and Southern Ireland as my territory calling on Consultant Ophthalmologists.

I want to address the subject of the use of Mercury Dental Amalgam Fillings. I suffered ill health effects at the hands of Mercury Dental Amalgam Fillings. However, I am writing to You in relation to the impact of continued usage of Mercury Fillings in dental practice on the environment. The Good Friday Agreement tore down the Trade Barriers which is a good thing for the North and South of Ireland.

So with the Environment; No barriers exist. The rivers and lakes and air link us all: pollution in one place pollutes Our Beautiful Island. Dental amalgam is the largest intentional use of mercury, and it is dreadful pollutant. We in the South are as concerned as those in the North if the Legislative Assembly asks London to overrule EU law. Dental Mercury's Pollution cannot be controlled, because it walks out of the office inside our teeth—and from there, into the environment. Dental Mercury poisons fish that children eat, and some of those children will suffer brain damage. Dental Mercury poisons the air via cremation; if we ban its use, eventually, as all consumers will have Mercury-free fillings in the future, that air pollution will cease. You can stop this Mercury pollution—but only by allowing the EU amalgam ban to go into effect.

This push to keep mercury is by a self-interested London-based dental trade group that repeatedly went to Brussels to block the EU from acting—and lost. The European Parliament just voted 98% to 2% in favor of the amalgam ban. No political party is for amalgam on the continent—nor in the Republic of Ireland.

If the Stormont Brake is imposed, consumers in Northern Ireland will still get mercury, but those in the Republic will not. No Irish consumers want mercury in their mouths—for them or for their families. Dental workers too suffer by being forced to breathe the mercury vapors 8 hours or more every day.

We urge you to recognize that dental amalgam is a primitive pollutant from the 19<sup>th</sup> century that is condemned in all of Europe. I ask You to Please stand with me as a Proud Irish Man who is Proud of my Northern Irish Heritage against the mercury lobby and make Northern Ireland Mercury Free. Thank You.

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To Windsor Framework Democratic Scrutiny Committee  
Northern Ireland Legislative Assembly

Written testimony, Charles Gailey Brown, president,  
World Alliance for Mercury-Free Dentistry,  
15 April 2024

After 14 years of careful study, the engagement of all stakeholders, and input from its 27 Member States, the European Union moves forward with the fantastic reform of enacting the ban on dental amalgam as of 1.1.2025.

Last week, the European Parliament voted 98% in favor, 2% against; the vast majority of every political party (called Groups there) voted yes. For the Northern Island Legislative Assembly, it is the equivalent of 88 in favor, two against—yes, one of those political rarities of virtual consensus!

Defeated soundly was the dental mercury lobby—dental associations who no longer speak for young dentists, for modern dentists, but instead for a primitive, unfriendly, 50% mercury pollutant invented during the reign of Queen Victoria's uncle. The pro-mercury British Dental Association was heavily involved in trying to defeat the ban EU—testifying in Brussels at hearings even after Brexit. The BDA and its Continental allies were overwhelmingly defeated—as well they should have been!

Why did Europe, by consensus, shutter dental amalgam to the dustbins of history? My colleagues have capably covered the reasons—environment, toxic-free food supply, safety of dental workers, health risk to patients, dentists already prepared for the transition, and consumer opinion against mercury in the mouth.

With its agenda to chaining Northern Ireland to Georgian-era dentistry, the pro-mercury BDA calls on you to reject the environment, reject the safety for dental workers, reject the risk to consumers, reject modern dentistry itself—so that Northern Irish dentists continue doing what both consumers and dentists now overwhelmingly reject. A public vote a few years ago by the European Commission, when you were still in the EU—found 89% support the amalgam ban.

Young dentists beware! For Northern Ireland consumers receiving private dentistry, with mercury-free dentistry awaiting them in the South and with the North tethered to mercury, the consumers of Northern Ireland will vote with their feet. The pro-mercury BDA speaks only for a dwindling ban of pro-mercury dentists—advocating policies to keep young dentists behind and without patients.

Can you afford it? Well, Moldova, banned amalgam totally five years ago. According to the World Bank, the per capita annual income of the United Kingdom is £36,750. The

per capita annual income in Moldova is £4552—to repeat, that’s the *annual* per capita income. The poorest country in Europe, with income at one-eighth that of the UK, has banned amalgam absolutely. The question is not whether you can afford it—the question rather is whether you can afford not to switch. Adding the environmental costs of the mercury in amalgam—it walks out of office inside us, so it cannot be controlled by office technology—*the costs of amalgam is \$87 more per filling than composite*; [https://www.mercury-free.org/pressRoom\\_recentNews/April-2012/New-Economics-Report-The-Real-Costs-of-Dental-Mer.aspx](https://www.mercury-free.org/pressRoom_recentNews/April-2012/New-Economics-Report-The-Real-Costs-of-Dental-Mer.aspx) .

Seeing an opportunity to get a huge budget increase, the BDA grabs the amalgam issue as its reason for the money. But the survey they keep touting is not about amalgam. It is about dentists wanting more money—and of course, what interest group does not want you to give them more money? To repeat, the survey of dentists has nothing to do with amalgam—it is the BDA press machine which falsely links the two. If they need more money, have them make the case on the merits, not study apples then throw you oranges.

How much is the conversion to mercury-free dentistry for the NHS of NI? The BDA answered that question, in its Position Paper, Point 32 (<https://www.bda.org/media/vd2ae15l/final-dental-amalgam-bda-position-paper-february-2024.pdf>):

*“If the current volume of patients requiring amalgam fillings were instead paid using the equivalent codes for children’s composite fillings, the NI dental service would be spending £2,649,954.96 more per year (2023 treatment volumes). If this were applied to 2019-20, the most recent ‘normal year prior to the COVID-19 pandemic, the additional cost would be even higher at £3,639,476.10.”*

So the cost of amalgam conversion for the dental service is £3,6 million. But the adult patients (most, not all) pay 80% of that, up to a cap. So being cautious, let us assume the NHS is paying 50%, not 20%; that total is only £1.8 million. (Did the BDA ask that an appropriation go to consumers for pay the extra? No, not a single ha’penny; the BDA wants it all go to their trade group.) *But the Health Minister is giving dentists five times that amount—and without the quid quo to end amalgam.* He forks over the money without asking for a single step of accountability. Whether the BDA has made its case for more money is for you to decide; we have no position on it. But it is absolutely irresponsible to hand any group a blank cheque and say here’s the money, no strings attached. *The quid quo pro for that gigantic nine-million-pound increase must be mercury free dentistry at the NHS starting 1.1.2025.*

Are dentists ready? Of course they are. Every single British dentist, every single Irish dentist, every single European dentist, is trained to do mercury-free dentistry. And the average dentist expects it: he and she know the end of amalgam is near (so does the BDA).

To invoke the Stormont Brake may indeed be necessary in other circumstances—but *certainly not to import mercury fillings from Britain*. The northern part of this island will quickly become known as the mercury end of Ireland—not exactly great for drawing in new business.

The BDA has not made its case, not one bit. The high standards of the Stormont Brake have not remotely been met.

The pushback against a request to import mercury fillings is a lead pipe certainty. With 98% of MEPs for mercury-free dentistry, assuredly, the EU will not stand idly by and let this product enter the North, and likely be transshipped throughout the EU. If the BDA says it can restrict the product to the North, I remind you of the Good Friday Agreement and my government's central role; Ireland's commerce cannot be roadblocked.

We urge you to stand up for consumers, for the environment, for modern dentistry, for safe dental clinics, and for mercury-free fish for Irish children: reject use of the Stormont Brake. Tell the pro-mercury BDA what it knows to be true but will not publicly admit: the 200-year era of mercury fillings is over.