World Alliance for Mercury-Free Dentistry

316 F St. NE, Suite 210, Washington DC 20002 USA Telephone (1) 202-544-6333 Fax 202-544-6331

Phase out dental amalgam – a primitive, polluting, 19th century mercury product

Charlie Brown, President
World Alliance for Mercury Free Dentistry
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Dental amalgam – a product composed of 50% mercury – came into use in the 19th century when physicians were still hawking mercury to "cure" everything from minor cuts to syphilis. Doctors have abandoned such primitive treatments. But the pro-mercury half of dentists persist in using mercury as a filling material despite knowing that in the developed world more mercury resides in our mouths than in all other products combined and dentists are the #2 purchasers of amalgam in countries like the United States. All of this dental mercury will re-enter the environment – into our air (via cremation), our water (via toilets), and our land (via burial). Once in the environment, it is known to convert to methylmercury and it even contaminates the fish we eat. Additionally, amalgam creates an unsafe workplace environment for dental workers, as shown in studies of Norwegian dental nurses and Scottish dentists. Mercury exposure in the workplace puts young women's reproductive systems at particular risk.

When all the costs of this hazardous material are included, amalgam is the most expensive filling material on the market today. But pro-mercury dentists who use this mercury product don't pay the external costs of amalgam, such as the expense of removing mercury from our wastewater or managing the health effects of environmental mercury exposure. Governments pay the clean up costs and health care bills.

With alternative non-mercury filling materials – such as resin and glass ionomers – readily available, dental mercury is an unnecessary environmental threat and government expense. Since all of the dentists in Scandinavia and up to half of the dentists in the United States never use amalgam for any type of cavity, the suggestion that amalgam is an essential component of modern dentistry is plainly false.

At the first session of the treaty negotiations to rid the world of man-made mercury, the Nordic Council of Ministers issued a report calling for an end to mercury use in dentistry. In Scandinavia, amalgam is virtually non-existent; the ministers even title their report on amalgam "Dental Treatment Without Mercury is Becoming the Norm." Likewise, nations across the globe are recognizing the prudence of restricting the use of dental mercury: Germany does not permit the use of amalgam in vulnerable patients and Canada has asked its dentists to stop placing amalgam in children, pregnant women, and individuals with impaired kidney function. Just last week, the United States announced that it is considering similar measures to protect the populations most susceptible to the neurotoxic effects of mercury exposure.

The E.U. should set an end date for amalgam. While the pro-mercury side of dentistry opposes an end date, no industry that is such a major polluter should have the right to veto progress. Tobacco was a 500-year mistake; amalgam is a 200-year mistake. By acting now, the E.U. can prevent a 3rd century of dental mercury polluting our environment, dental workers, and children.