

Florian Schulze,
director - IG Umwelt Zahn Medizin
European coordinator - World Alliance
For Mercury-Free Dentistry

**The effect of an amalgam-ban on children
and the switch to alternative materials -
Challenges and Opportunities**

HCWH Europe Webinar: 24.October 2018
Eliminating the Use of Dental Amalgam in the EU - The Way Forward



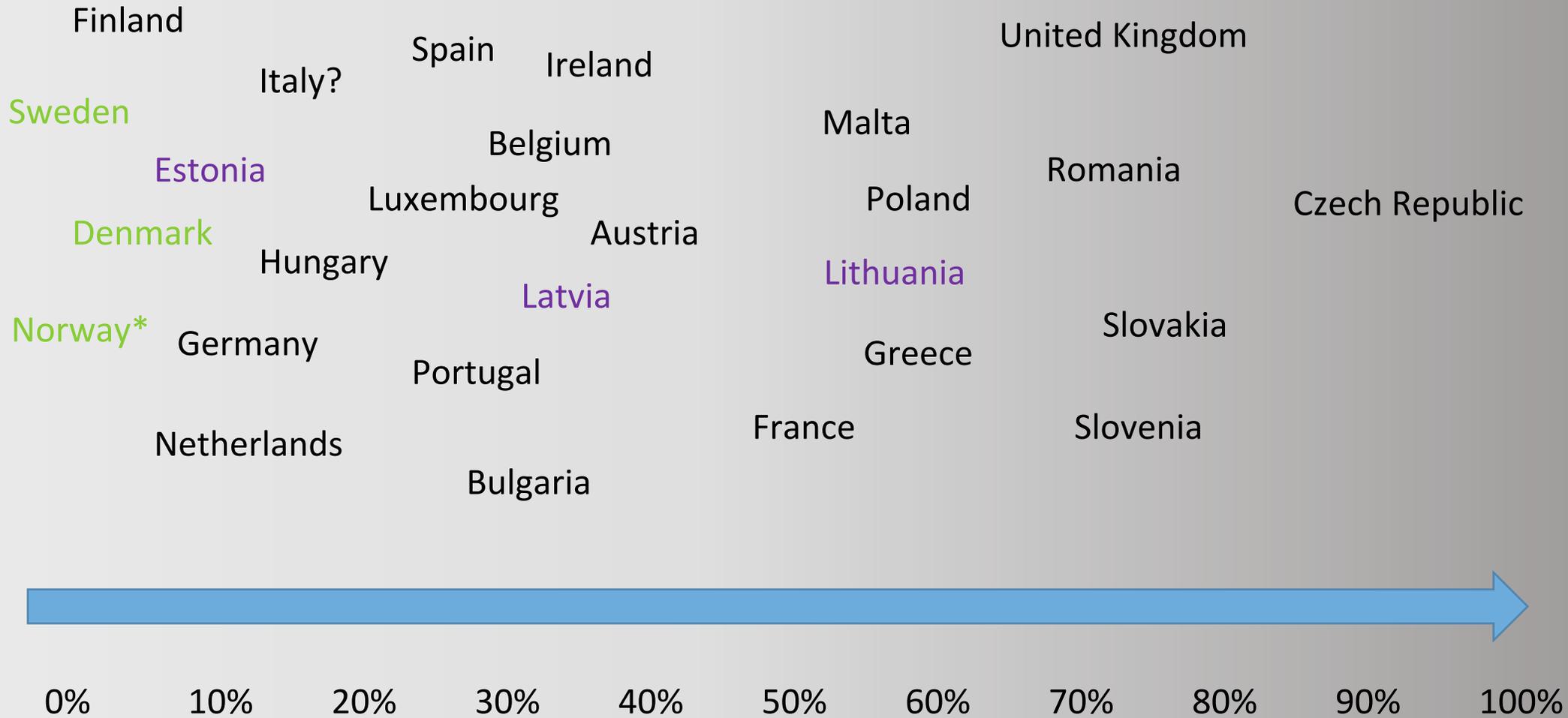
presentation outline

- **use of amalgam in the EU before the 1st July 2018**
- **implementation measures and changes in the single countries**
- **alternative filling-materials**
- **stakeholders positions**
- **example of a vicious circle**
- **challenges and opportunities**
- **learn from each other**

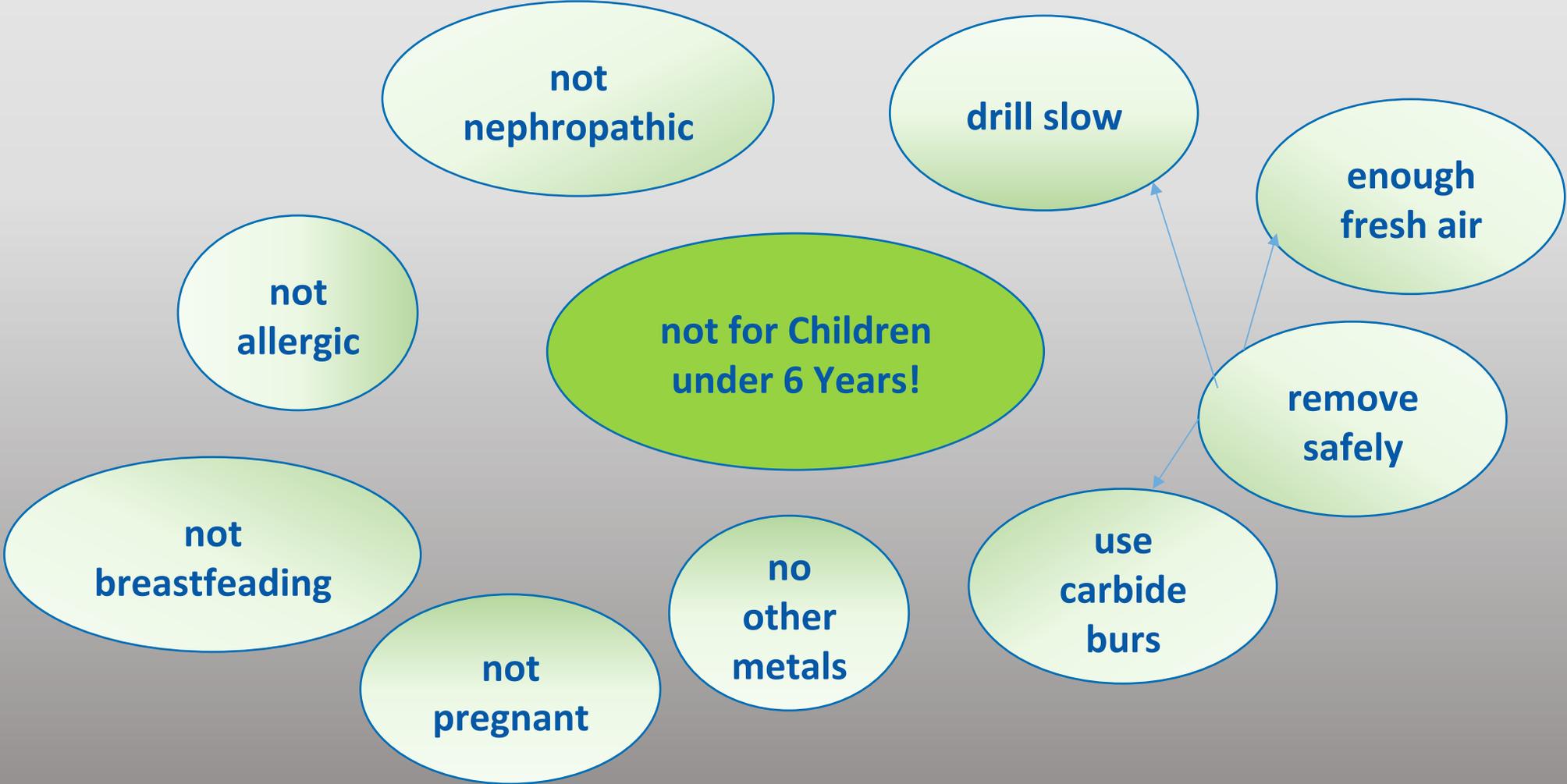


Estimated shares of dental amalgam and Hg-free restorations in 2010

Biols - Report 2012



national recommendations for the use of amalgam



EU-Regulation 1st July 2018

From 1 July 2018, dental amalgam shall **not** be used for dental treatment of deciduous teeth, of children **under 15 years and** of **pregnant or breastfeeding women,** except when deemed strictly necessary by the dental practitioner based on the specific medical needs of the patient.



Public Awareness

Suche ANMELDEN

Sport Stars Kultur Lifestyle Video MEHR

WISSEN | GESUNDHEIT 20.05.2018

Wie schädlich sind Amalgamfüllungen für Kinder?



© Bild: lagom - Fotolia/lagom/Fotolia

Viele Eltern sind nach einer neuen EU-Verordnung verunsichert, ob Quecksilber die Gesundheit beeinträchtigt.

ABO SHOP AKADEMIE JOBS MEHR

ZEIT ONLINE

Politik Gesellschaft Wirtschaft Kultur

Amalgam-Füllungen



SLOVENSKÁ KOMORA ZUBNÝCH LÉKÁROV

AKTUALITY O KOMORE ZUBNÝ LÉKÁRI PRE VEREJNOSŤ KALENDR

Hlavná stránka Aktuality Prechod od amalgámu k základným estetickým výplňiam zvládneme

Prechod od amalgámu k základným estetickým výplňiam zvládneme

Katgoria: Aktuality Uverejnené: utorok, 03. júl 2018



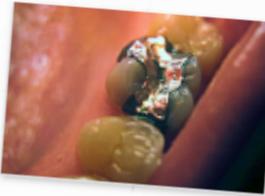
E-PAPER AUDIO APPS ARCHIV ANMELDEN



ANDI Gruppo ANDI Fondazione ANDI onlus Presidenza Sindacale Culturale ANDI Young Network

Presidenza

Amalgama: l'Europa si allinea alle norme italiane



Con il primo luglio 2018 l'Unione Europea ha dato corso ufficiale al nuovo regolamento in tema di utilizzo dell'amalgama nelle terapie ricostruttive dentali. Per la precisione, il testo prevede che, da quella data, gli odontoiatri non possano più utilizzare questo materiale per le cure dei denti decidui, per i minori di 15 anni, per le donne in gravidanza o in allattamento, salvo esigenze cliniche particolari e motivate.

Se, per molti stati membri si tratta di un importante cambiamento, nulla di nuovo per i dentisti italiani che, ormai da quindici anni, rispettano questa normativa. Infatti era stato l'allora Ministro Girolamo Sirchia a introdurre analoghe disposizioni sul territorio nazionale, compreso l'obbligo di utilizzare l'amalgama dentale esclusivamente in forma pre-dosata, così come descritto nel Decreto del 10 ottobre 2001.

Maggiori perplessità destano ancora le normative legate allo smaltimento dell'amalgama, in particolare quello rimosso dalle vecchie otturazioni, sulle quali il discorso è ancora in divenire. ANDI continuerà a farsi parte attiva, sia informando tempestivamente gli associati sull'evolversi della situazione, che relazionandosi con i decisori politici a tutti i livelli, al fine di addivenire a soluzioni chiare e condivisibili.

Sul prossimo numero di ANDInforma, l'argomento amalgama e normative europee sarà ulteriormente approfondito, con contributi e commenti.

Publicato il 4 luglio 2018



Adoptions of the national health care insurance schemes to a full reimbursement of alternative filling materials for children and pregnant and breastfeeding women

Austria	Slovakia	Slovenia	Germany	Ireland	Scotland	UK
glass ionomer	glass ionomer	composite	composite	composite, glass ionomer or resin fillings	composite, glass ionomer or resin fillings	to be announced. ..



initiatives of producers to promote alternatives after 1st July 2018

„The EU has resolved that dentists may no longer use amalgam fillings in children under the age of 15, pregnant women and breastfeeding mothers. So what alternatives are available to dentists? They can choose between different products which can be processed more easily and quickly than amalgam, yet which are just as cost-effective and long-lasting.“, VOCO

Products



IonoStar Plus
Adhäsionsmittel/Adhäsivsysteme
VOCO

» Product information



Ionolux

» Product information



x-tra fil

» Product information



EQUIA FORTE GC

Fast-curing bulk-fused glass-hybrid restorer material for the posterior region. Very good physical properties through the use of glass hybrid technology. Thanks to the integrated adhesion technology and exceptional wettability, conditioning or bonding is not required. EQUIA FORTE is highly moisture tolerant and, regardless of the age of the teeth, bonds equally well to all surfaces. EQUIA FORTE COAT works like a low viscosity gloss coating. This saves you time when polishing and improves translucency and aesthetics in the shortest possible time. [Learn more](#)

Dentsply Dyract eXtra Universal Compomer Restorative



Dyract eXtra
UNIVERSAL COMPOMER RESTORATIVE
DENTSPLY

Email a Friend Add to Favorites

Dyract eXtra is a filling material for all classes of anterior as well as posterior cavities. The special properties of Dyract eXtra result from the combination of fluoridated glass filler with acid-modified monomers patented by DENTSPLY. Dyract eXtra fillings release fluoride ions continually and function as acid-buffers along the interface with the tooth structure.

Hotlist



Ketac Universal 3M



Ketac Universal 3M

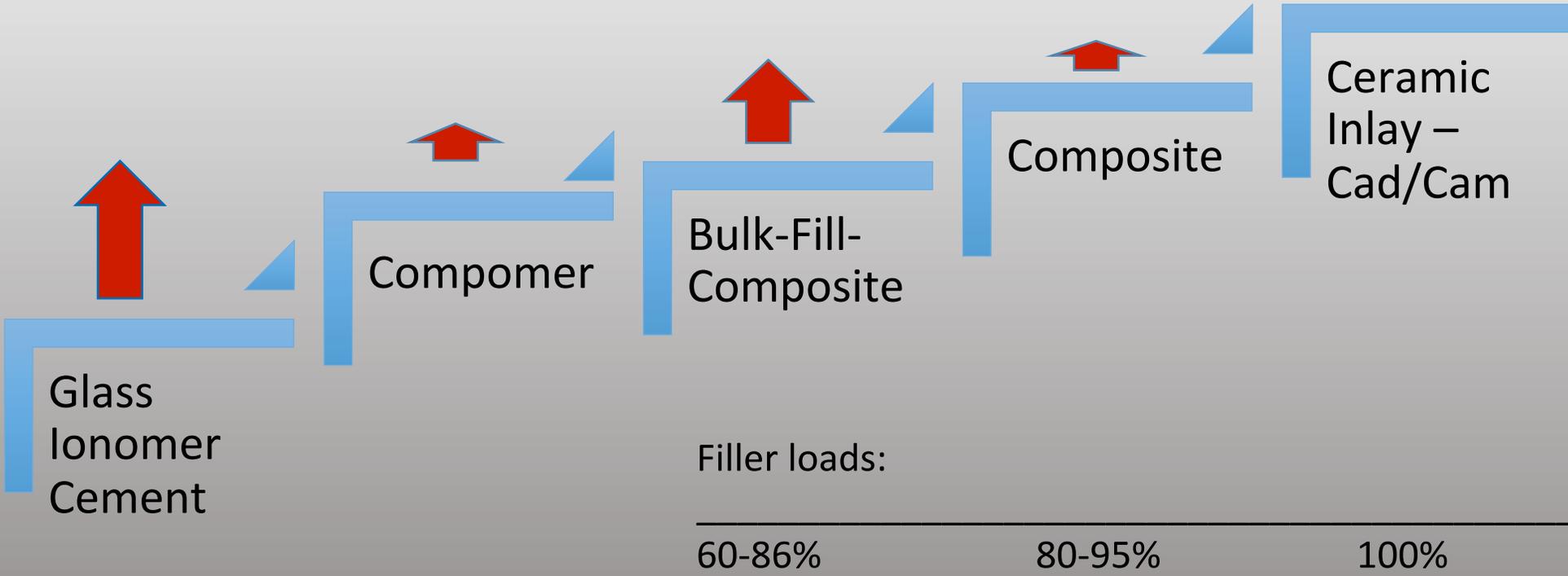
Ketac Universal 3M

Glass ionomer filling material for fully billable supplies - up to a limited ranged class II indications. Due to the excellent mechanical properties, pretreatment / conditioning of the cavity and additional coating can be dispensed with. Ketac Universal combines the good aesthetics of Ketac Fil and the outstanding mechanical properties of Ketac Molar's flexural strength, compressive strength and surface hardness in one product. Further product features: simple adaptation to the cavity wall, low stickiness, self-adhesive, single-layer technique without limit of layer thickness, self-hardening, biocompatible, fluoride release, application rate per capsule 0,13 ml. Indications: Fillings of class III and V as well as limited filling loads of class I and II, underfill material for single-surface or multi-surface composite fillings, butt abutments before crown restorations, deciduous tooth fillings, single-surface or multi-surface temporary restorations, self-adhesive fissure sealant. [Learn more](#)



evolution of alternative materials

Longevity:
before
after



stakeholders positions

If you ban it for children, why not for all?

I want to
be voted

politicians

I can't pay

people

Mercury is toxic,
please do something!!

people/environment/
science

I want to earn
money

dentists/private insurances/industry

I want to save
money

public Insurances



full reimbursement-system

- underpaid standard treatments with amalgam
- extra cost for alternatives has to be payed directly to the dentists
- patients who can afford it, prefer alternatives because of health concerns and for aesthetic reasons
- dentists are happy to reduce their own health risk and charge up to three times for composites
- insurances accept these composites as alternatives, but dentists have to give a guarantee of two years
- private insurance companies build up a business with schemes for extra costs



little changes

- since 2004 amalgam is no longer explicitly required as standard treatment
- dentists are allowed to become mercury-free, if they offer composites to the same fee
- since dentists don't have to declare the material for the fee, the "illicit" use of time-saving materials increases. Insurance companies tolerate this.
- universities reduce to educate students in the use of amalgam
- the use of amalgam dropped down to under 10%



challenges

- mercury from amalgam continues to be an environment and health risk
- the drop down of the use of amalgam is build on a semi-legal system
- insurances continue to ignore the evolution of alternative fillings
- many consumer are not informed about the existence and quality of alternatives
- insurances are afraid to pay multiple treatments, if the materials don't last long
- an artificial business is build around the extra-payment for alternatives



opportunities

- time-saving, effective and affordable alternatives made amalgam needless
- a switch to semi-permanent alternatives as standard treatment doesn't signify the end for high-quality fillings. Quality based sales strategies can go on without amalgam.
- a phase out or at least **the measurement to discourage insurances which infavour amalgam**, could be credibly justified with the external decision of the Minamata-Convention
- in **2020** all other main mercury containing products will be banned, the new medical devices guideline will enter into force and new standards for the corrosion will be set, meanwhile the transparency for the composition of composites becomes mandatory
- the recognition of the alternatives would finally open the global market for producers



learn from each other

- take inspirations from steps that other countries had taken before
- remind authorities of their duty to take complementary steps
- inform authorities about available, effective and time-saving alternatives
- join with partners that are on your side
- create a list of mercury-free dentists and join with them
- ask dentists to inform patients about alternatives in their waiting room or on their websites
- prepare leaflets to give to patients
- raise public awareness about grievances
- correct public entries of fake news about the composition of amalgam



Amalgam consists to more than 50% of mercury !!

Thank you for your attention!

Florian Schulze

www.ig-umwelt-zahnmedizin.de

florian.schulze@ig-umwelt-zahnmedizin.de

