Global mercury treaty to be put into force

By DTI

BRUSSELS, Belgium: The European Union, together with seven of its member states, has ratified the Minamata Convention on Mercury and resultantly provided the clinching votes needed to bring it into force. The international agreement aims to protect both humans and the environment from the negative effects of mercury and mercury compounds, and its ratification is seen as a crucial step in achieving this.

The Minamata Convention was signed in October 2013 under the United Nations Environment Programme. It was named in honour of the Japanese city of Minamata, where thousands of people were poisoned as a result of dumped wastewater containing methylmercury. Though 128 countries had already signed it, the treaty needed to be ratified by 50 countries to enter into force. With the ratification provided by the EU and seven member states—Bulgaria, Denmark, Hungary, Malta, the Netherlands, Romania and Sweden—the total number of signatories reached 51, resulting in its enactment.

Owing to its ratification, the Minamata Convention will now become legally binding for all involved parties on 16 August 2017. In addition to this, the first Conference of the Parties to the Minamata Convention will be held in Geneva in Switzerland from 24 to 29 September 2017. This conference will be instrumental in deciding how the treaty will be adopted and implemented on a technical, administrative and operational level.

“This legally binding agreement is our best hope to curtail the global mercury crisis,” said Michael Bender, co-coordinator of the Zero Mercury Working Group, an international coalition formed by the European Environmental Bureau. “Over time, it will provide countries with both the technical and financial resources necessary to reduce worldwide exposure risks to mercury.”

Drug-related oral health problems investigated

By DT Asia Pacific

BRISBANE, Australia: People with substance use disorders are more prone to dental caries and periodontal disease than the general population, as well as less likely to receive regular dental care. Hence, the oral health of these patients is a particular challenge for dentists. A new review study has now aimed to examine drug-associated oral health problems and ways for dental professionals to improve these patients’ oral health.

Drug use is associated with problems such as xerostomia, an increased urge to snack, clenching and grinding of teeth, and chemical erosion due to applying cocaine to teeth and gingivae, research has shown. In addition, lifestyle-associated factors can worsen the oral health in patients with substance use disorders. These include high-sugar diets, malnutrition, poor oral hygiene and lack of regular professional dental care.

In order to lift the burden of oral health-related problems, a cautious dental approach is needed when treating these patients. However, according to lead researcher Dr Hooman Baghaie from the University of Queensland, there are simple measures that both dentists and doctors can take to improve these patients’ oral health.

“Dentists should screen their patients for substance use, notice any advanced dental or periodontal disease inconsistent with a patient’s age and consider referral to medical doctors for management,” Baghaie said. In addition, dentists should be aware of issues concerning treatment and consent when the patient is intoxicated and be alert to the possibility of resistance to painkillers, he emphasised.

“Generally, doctors and clinicians who care for people with substance use disorders should screen for oral disease and warn patients of the oral health risks associated with xerostomia and cravings for sweet foods,” Baghaie added.

The review combined the results of 28 studies from around the world, which collectively provided data on 4,036 patients with substance use disorders. The findings indicated that one in 20 people between the ages of 15 and 64 use drugs each year, with approximately 10 per cent of this number having drug dependence or substance use disorders.

The findings mirror those of increased dental caries and periodontal disease in people with severe mental illness, eating disorders and alcohol use disorders, compared with the general population.