Waste mercury from amalgam draws regulatory attention

By John Hoffman
Dental Tribune

Waste mercury from spend amalgam restorations is drawing increased attention from state and federal agencies. Although the Environmental Protection Agency has not yet issued national guidelines on the disposal of mercury from dental amalgam, 25 states and the District of Columbia have adopted local regulations or guidelines. EPA estimates that 0.7 tons of mercury are emitted from medical wastes, including dental preparations, each year.

“Medical facilities, because of the large variety of uses for mercury-containing equipment and items, have an increased responsibility for proper disposal and treatment of their mercury waste,” the EPA says. “Many states also are undertaking both regulatory and non-regulatory activities to ensure proper management of mercury-containing dental amalgam.

Various states have proposed or enacted legislation as well as set up voluntary programs that address the use and management of dental amalgam.

In addition, some federal and national organizations have developed outreach materials to provide information exchange, training and general education for the public and dental professionals.”

On its Web site, the Northeast Waste Management Officials’ Association, a nonprofit, nonpartisan interstate association that has a membership composed of the hazardous waste, solid waste, waste site cleanup agencies of the states and the District of Columbia, provides a list of state programs aimed at collecting mercury from dental amalgam and other sources.

New Jersey is on the verge of becoming the latest state to regulate the disposal of mercury from dental wastes. Once New Jersey’s new guidelines are adopted, most dentists in the state will have a year to comply with best management practices for controlling mercury and two years to install amalgam separators.

The World Health Organization reports that the use of amalgam in dentistry continues to decline because of improvements in dental hygiene and preventive care, as well as competition from other restorative materials. In the 1970s, the use of amalgam restorations in the U.S. was 58 percent higher than it was in 1990, according to 1995 data from the U.S. Department of Health and Human Services. The use of dental amalgam is also declining in the U.K. The annual replacement rate in National Health Service patients in England and Wales fell from 50 million amalgam restorations in 1980 to 12 million to 15 million in 1996.

The Food and Drug Administration, the Centers for Disease Control and Prevention, and the National Institutes of Health continue to review dental amalgam but have found nothing to indicate that it is unsafe for patients.

“To date, the agencies have found no scientific studies that demonstrate dental amalgams harm children or adults, but we continue to review the literature and ask experts their opinions on the safety of dental amalgam,” FDA says.

In September 2006, an advisory panel reviewed FDA’s research and heard presentations from the public about the benefits and risks of mercury and amalgam. “The panel generally agreed that there is no evidence that dental amalgams cause health problems in the majority of the population,” FDA says. “However, the panel did raise concerns about the lack of knowledge concerning the effects of dental amalgam on specific groups, including pregnant women, small children, and people who are especially sensitive to mercury.”

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