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Revision of Regulation (EU) 2017/852 on Mercury - Open Public Consultation

Fields marked with * are mandatory.

Introduction

Mercury is a hazardous substance that poses a major risk to the environment and human health. Mercury is a neurotoxin that affects the nervous, digestive and immune systems, as well as the lungs, kidneys, skin and eyes. It also has detrimental effects in foetal and early childhood growth, with extensive evidence of its adverse effects on neural development. It is a volatile metal that can be airborne over long distances before it is deposited on land and water. It cannot be degraded and therefore builds up in soil, water and living organisms. Therefore, it is important to reduce its usage and emissions. Mercury has been designated as a product of global concern by the international community.

At a global level, the largest anthropogenic mercury emissions occur from processes where mercury is released into the environment e.g. through fossil fuel combustion (533 t), industrial processes (614 t) and artisanal small scale gold mining (ASGM) (838 t) in 2015. The EU is responsible for around 3.5% of global mercury emissions. This is thanks to a far-reaching policy and legislative framework to control, eliminate mercury use and, where this is not feasible, to reduce its associated risks to human health and the environment.

Regulation (EU) 2017/852 on mercury addresses the whole life cycle of mercury from primary mining to its final disposal as waste. It mainly implements the Minamata Convention (named after the city of Minamata in Japan where the release of methylmercury in the industrial wastewater from a chemical factory caused mercury poisoning of the nearby living population, resulting in serious neurological damages), but also strengthens mercury-related measures from earlier European legal acts (e.g. Regulation 1102/2008) and further develops the legal framework in a number of areas.

Despite significant progress in curbing the use and ultimately emissions of mercury, a number of mercury-added products, including dental amalgam are still allowed on the EU internal market and are being exported by the EU. Mercury-added products, where mercury or mercury compounds are used, represent the last remaining intentional uses of mercury in the EU. The upcoming revision of the Mercury Regulation aims to further restrict these intentional uses of mercury, specifically in dental amalgam and certain mercury-added products in order to contribute to the European Green Deal Zero Pollution ambition for a toxic-free environment. Furthermore, by addressing mercury-added products which are still manufactured and traded, including certain types of lamps and dental amalgam, the EU will be actively working towards Flagship 8 of the Zero Pollution Action Plan, minimising the EU's external pollution footprint.

Dental amalgam is the largest remaining use of mercury in the EU. The estimated annual demand for dental amalgam (EU28) amounted to 27-58 t of mercury in 2018. This represents a significant decrease, by approximately 43%, compared to the previous estimate 55-95 t of mercury a year in 2010. In the absence of additional policy measures at EU and Member State levels, dental amalgam use is expected to decrease by approximately 70% between 2018 and 2030. However, the resulting use would still be substantial, at approximately 8-17 t of mercury in 2030, all of which would continuously be added to the stock of mercury and ultimately released into the environment.

Article 19(1) of the Regulation required the Commission to assess and report, by 30 June 2020, to the European Parliament and to the Council on:

a) The need for the Union to regulate emissions of mercury and mercury compounds from crematoria;
b) The feasibility of a phase out of the use of dental amalgam in the long term, and preferably by 2030; and
c) The environmental benefits and the feasibility of a further alignment of Annex II with relevant Union legislation regulating the placing on the market of mercury-added products.

The report concluded that the legislation could be strengthened for these three areas. This public consultation addresses each of these topics as areas for a possible revision of the Regulation. The purpose of this consultation is to gather information from the general public and technical experts on the need, preferred methods and impacts of a phase out of mercury in these three areas.

This questionnaire contains 66 questions in total but your answers may mean you don't answer all questions and it will take between **approximately 15-45 minutes** to complete depending on the depth of answers provided. The questionnaire is split into three sections:

- Section B: Participant information
- Section C: Questions for the general public
- Section D: Questions for technical experts or those with experience

This questionnaire is available in all official EU languages.

At the end of the questionnaire, you can provide any additional comments and upload additional information, position papers, or policy briefs that express the position or views of yourself or your organisation.

Fields marked with * are mandatory.

Definition of key terms used in the questionnaire:

Dental amalgam	A composite of metals (including liquid mercury) commonly used to fill cavities caused by tooth decay (i.e. tooth fillings)
Crematoria	Sites facilitating the cremation of human remains into ashes
Mercury Added Products (MAPs)	Products intentionally containing mercury in order to perform a specific function (e.g. fluorescent lamps)
BAT	'Best available techniques' (BAT) are available techniques which are the best for preventing or, where it is not practicable, minimising emissions and impacts on the environment.
RoHS	Restriction of Hazardous Substances Directive (2002/95/EC) restricts the use of certain hazardous substances (including mercury) in electrical and electronic equipment to protect the environment and public health.
REACH	The REACH (Registration, Evaluation, Authorisation and Restriction of Chemicals) Regulation (EC 1907/2006) aims to improve the protection of human health and the environment through the better and earlier identification of the intrinsic properties of chemical substances.

About you

* Language of my contribution

- ○ Bulgarian
- ○ Croatian
- ○ Czech
- ○ Danish
- ○ Dutch
- ◉ English
- ○ Estonian
- ○ Finnish
- ○ French
- ○ German
- ○ Greek
- ○ Hungarian
- ○ Irish
- ○ Italian
- ○ Latvian
- ○ Lithuanian
- ○ Maltese
- ○ Polish
- ○ Portuguese
- ○

- Romanian
- Slovak
- Slovenian
- Spanish
- Swedish

* I am giving my contribution as
  - Academic/research institution
  - Business association
  - Company/business organisation
  - Consumer organisation
  - EU citizen
  - Environmental organisation
  - Non-EU citizen
  - Non-governmental organisation (NGO)
  - Public authority
  - Trade union
  - Other

* First name

Carla

* Surname

CHIARETTI

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carla.chiaretti@eureau.org

* Organisation name

255 character(s) maximum

EurEau - European Federation of Water Services

* Organisation size
  - Micro (1 to 9 employees)
  - Small (10 to 49 employees)

- Medium (50 to 249 employees)
- Large (250 or more)

Transparency register number

255 character(s) maximum

Check if your organisation is on the transparency register. It's a voluntary database for organisations seeking to influence EU decision-making.

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* Country of origin

Please add your country of origin, or that of your organisation.

- Afghanistan
- Åland Islands
- Albania
- Algeria
- American Samoa
- Andorra
- Angola
- Anguilla
- Antarctica
- Antigua and Barbuda
- Argentina
- Armenia
- Aruba
- Australia
- Austria
- Azerbaijan
- Bahamas
- Bahrain
- Bangladesh
- Djibouti
- Dominica
- Dominican Republic
- Ecuador
- Egypt
- El Salvador
- Equatorial Guinea
- Eritrea
- Estonia
- Eswatini
- Ethiopia
- Falkland Islands
- Faroe Islands
- Fiji
- Finland
- France
- French Guiana
- French Polynesia
- French Southern and Antarctic Lands
- Libya
- Liechtenstein
- Lithuania
- Luxembourg
- Macau
- Madagascar
- Malawi
- Malaysia
- Maldives
- Mali
- Malta
- Marshall Islands
- Martinique
- Mauritania
- Mauritius
- Mayotte
- Mexico
- Micronesia
- Moldova
- Saint Martin
- Saint Pierre and Miquelon
- Saint Vincent and the Grenadines
- Samoa
- San Marino
- São Tomé and Príncipe
- Saudi Arabia
- Senegal
- Serbia
- Seychelles
- Sierra Leone
- Singapore
- Sint Maarten
- Slovakia
- Slovenia
- Solomon Islands
- Somalia
- South Africa
-

- Barbados
- Belarus
- Belgium
- Belize
- Benin
- Bermuda
- Bhutan
- Bolivia
- Bonaire Saint Eustatius and Saba
- Bosnia and Herzegovina
- Botswana
- Bouvet Island
- Brazil
- British Indian Ocean Territory
- British Virgin Islands
- Brunei
- Bulgaria
- Burkina Faso
- Burundi
- Cambodia
- Cameroon
- Canada
- Gabon
- Georgia
- Germany
- Ghana
- Gibraltar
- Greece
- Greenland
- Grenada
- Guadeloupe
- Guam
- Guatemala
- Guernsey
- Guinea
- Guinea-Bissau
- Guyana
- Haiti
- Heard Island and McDonald Islands
- Honduras
- Hong Kong
- Hungary
- Iceland
- India
- Monaco
- Mongolia
- Montenegro
- Montserrat
- Morocco
- Mozambique
- Myanmar/Burma
- Namibia
- Nauru
- Nepal
- Netherlands
- New Caledonia
- New Zealand
- Nicaragua
- Niger
- Nigeria
- Niue
- Norfolk Island
- Northern Mariana Islands
- North Korea
- North Macedonia
- Norway
- South Georgia and the South Sandwich Islands
- South Korea
- South Sudan
- Spain
- Sri Lanka
- Sudan
- Suriname
- Svalbard and Jan Mayen
- Sweden
- Switzerland
- Syria
- Taiwan
- Tajikistan
- Tanzania
- Thailand
- The Gambia
- Timor-Leste
- Togo
- Tokelau
- Tonga
- Trinidad and Tobago
- Tunisia
- Turkey

- Cape Verde
- Cayman Islands
- Central African Republic
- Chad
- Chile
- China
- Christmas Island
- Clipperton
- Cocos (Keeling) Islands
- Colombia
- Comoros
- Congo
- Cook Islands
- Costa Rica
- Côte d'Ivoire
- Croatia
- Cuba
- Curaçao
- Cyprus
- Czechia
- Democratic Republic of the Congo
- Denmark
- Indonesia
- Iran
- Iraq
- Ireland
- Isle of Man
- Israel
- Italy
- Jamaica
- Japan
- Jersey
- Jordan
- Kazakhstan
- Kenya
- Kiribati
- Kosovo
- Kuwait
- Kyrgyzstan
- Laos
- Latvia
- Lebanon
- Lesotho
- Liberia
- Oman
- Pakistan
- Palau
- Palestine
- Panama
- Papua New Guinea
- Paraguay
- Peru
- Philippines
- Pitcairn Islands
- Poland
- Portugal
- Puerto Rico
- Qatar
- Réunion
- Romania
- Russia
- Rwanda
- Saint Barthélemy
- Saint Helena Ascension and Tristan da Cunha
- Saint Kitts and Nevis
- Saint Lucia
- Turkmenistan
- Turks and Caicos Islands
- Tuvalu
- Uganda
- Ukraine
- United Arab Emirates
- United Kingdom
- United States
- United States Minor Outlying Islands
- Uruguay
- US Virgin Islands
- Uzbekistan
- Vanuatu
- Vatican City
- Venezuela
- Vietnam
- Wallis and Futuna
- Western Sahara
- Yemen
- Zambia
- Zimbabwe

* If you are a technical expert or have specific experience, please select the areas that apply: Tick all that apply.

- [x] Dental amalgam

- [x] Crematoria
- [x] Mercury Added Products
- [ ] Not Applicable

* Dental Amalgam: Tick all that apply

- [ ] Dental professionals
- [ ] Manufacturers of dental filling materials
- [ ] Distributors
- [x] National authorities/healthcare organisations
- [ ] Social Security organisation
- [ ] Private health insurance company

* Crematoria: Tick all that apply

- [ ] Operator of crematoria
- [ ] Manufacturer of crematoria and emission control installations
- [x] National authority responsible for approving and monitoring compliance with emission requirements
- [ ] Funeral and/or cremation trade body

* Mercury Added Products: Tick all that apply

- [ ] Non-electric measuring devices
- [x] Lamps
- [ ] Electrical devices
- [ ] Other products (e.g. counter balancing devices, tattoo inks, toys etc.)

The Commission will publish all contributions to this public consultation. You can choose whether you would prefer to have your details published or to remain anonymous when your contribution is published. **For the purpose of transparency, the type of respondent (for example, 'business association, 'consumer association', 'EU citizen') country of origin, organisation name and size, and its transparency register number, are always published. Your e-mail address will never be published.** Opt in to select the privacy option that best suits you. Privacy options default based on the type of respondent selected

* **Contribution publication privacy settings**

The Commission will publish the responses to this public consultation. You can choose whether you would like your details to be made public or to remain anonymous.

- ( ) **Anonymous**

  Only organisation details are published: The type of respondent that you responded to this consultation as, the name of the organisation on whose

behalf you reply as well as its transparency number, its size, its country of origin and your contribution will be published as received. Your name will not be published. Please do not include any personal data in the contribution itself if you want to remain anonymous.

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Questions for the general public

C1.1) Are you aware that mercury has negative health and environmental impacts?

- (●) Yes
- ( ) No

C1.2) Are you aware of the Minamata Convention and its objectives?

- (●) Yes
- ( ) No

C1.3) Are you aware of legislation aimed at banning or reducing the use of mercury in the EU?

- (●) Yes
- ( ) No

Dental Amalgam

Dental amalgam is the biggest remaining intentional use of mercury in Europe. However, its use for dental cavity filling is declining due to emerging mercury-free alternatives that are preferred by patients and dentists. This decline is, however, too slow to cause a phase-out of dental amalgam use in Europe by 2030, a scenario indicated by EU Regulation 2017/852 on mercury. The phase-out of the use of dental amalgam will not only remove a source of significant mercury emission to the environment in the EU (as preparing and removing dental amalgam in dental practices releases mercury to the environment and dental amalgam in cavities releases mercury in small amounts), it will also impact on mercury released to the air from crematoria. Replacing dental amalgams with other materials raises several concerns about the safety and reliability of the alternatives for patients and dentists, the possibly increased financial burden for social security systems and/or patients, and the necessity to identify which patient categories may require

an exemption from an eventual amalgam ban. This consultation aims at filling some data gaps that have been identified as well as gaining insight on the awareness and opinion of the general population about mercury in dental amalgam fillings and its environmental and health impacts.

C2.1) Are you aware that mercury-free materials for treating dental cavities exist?

- (●) Yes
- ( ) No

C2.2) When visiting the dentist, do you ask to be informed about the material which will be used for filling the dental cavity?

- ( ) Yes
- ( ) No

C2.3) Given a choice, which material would you choose to treat a dental cavity if the price did not play a role?

- (●) A mercury-free material
- ( ) Dental amalgam
- ( ) Either/no preference
- ( ) I don’t know

C2.3.1) Why did you make this decision? (Please tick all that apply)

- [x] Because of reduced environmental impact
- [ ] Because of lower potential health risk
- [ ] Because of the dentist’s advice
- [ ] Don’t know

C2.4) Would you be willing to pay an extra price to be treated with a mercury-free material?

- ( ) Yes
- ( ) No
- ( ) Don’t know
- (●) Does not apply (reimbursement system already covers application of mercury-free materials)

C2.5) In your view, should amalgam be banned for use in dental fillings (except for a limited number of cases where other materials cannot be applied due to specific health conditions of the patient)?

- (●) Yes

- No
- I don't know

C2.6) Are there additional or alternative measures you would consider necessary to support the phase-down of the use of dental amalgam or to reduce mercury releases from dental clinics?

2500 character(s) maximum

The Regulation on Mercury, implementing the Minamata Convention and addressing also dental amalgam should be seen in the light of the European Zero Pollution Action Plan under the Green Deal, whose aim is to reduce air, water and soil pollution to levels no longer considered harmful to health and natural ecosystems and that respect the boundaries our planet can cope with, thus creating a toxic-free environment. The revision of the Mercury Regulation should be the opportunity to fully implement the principles of art. 191.2 of the TFEU (precautionary principle, principles that preventive action should be taken, that environmental damage should be rectified as much as possible at the source and that the polluters should pay) and the zero pollution ambition.
EurEau advocates setting a date for a ban on the use of dental amalgam by 2025, since alternatives to dental amalgam exist and the ban has already been successfully imposed in several Member States.
By doing so, it will be possible to move to a true circular economy for water where sludge resulting from waste water treatment will meet the quality standards to be reused thus contributing to the European Open Strategic Autonomy.
Currently there are huge amounts of old mercury sediments in waste water pipes from dental clinics all around in the EU. The stock of old mercury from dental clinics in these waste water pipes (1-100 meters from the dental clinic) are quite possibly higher than many years of the yearly mercury use in the dental clinics. The leachate of mercury from these old sediments is high and nowadays could represent the dominant source of emissions of mercury to European waters. Several successful projects have been carried out in Member States (eg Sweden) where the State has subsidised the cleaning of the waste water pipes thus ensuring that mercury sediments are taken care of in a sustainable way with minimal leakage to the water environment. EurEau proposes the European Commission make it possible for countries to specifically apply for EU funds for this type of cleaning of mercury sediments from dental clinics.

C2.7) Do you have any further comments about dental amalgam that you would like to make?

2500 character(s) maximum

Crematoria

The most significant anthropogenic releases of mercury globally are through emissions to air. Whilst the Commission's 'Article 19(1) review report' concluded that further evidence is required on the scale of the issue, the OSPAR Convention has identified crematoria as one of a number of significant sources for releases of mercury due to dental amalgam present in human remains. These yearly emissions to air were estimated at 1.6 tonnes in 2018 and were expected to remain relatively stable until 2025 and then decline. These emissions depend on the historic, current and potential future continued use of dental amalgam, as well as the use of abatement technologies at the crematoria themselves. For the former, this clearly has overlaps with the problem area focused on dental amalgam i.e. a ban on the use of dental amalgam would

influence the timescales over which emissions would continue to be significant and relevant. For the latter, the only legislative drivers (excluding any specific national level actions) are the OSPAR Convention and the Helsinki Commission (HELCOM) which may drive crematoria to implement appropriate technologies to abate emissions. However, only 11 EU Member States are signatories to the OSPAR Recommendation 2003/4 and a further five to HELCOM (some are members of both).

C3.1) Did you know that crematoria release mercury into the air?

- (●) Yes
- ( ) No

C3.2) Are you concerned about mercury emissions from crematoria?

- (●) Yes
- ( ) No
- ( ) I don't know

C3.3) In your view, should there be EU wide policy to limit mercury emissions from crematoria?

- (●) Yes
- ( ) No
- ( ) I don't know

C3.4) Are there additional or alternative measures you would consider necessary to reduce mercury releases from crematoria?

2500 character(s) maximum

C3.5) Do you have any further comments about mercury releases from crematoria that you would like to make?

2500 character(s) maximum

The mercury released from crematoria emissions will come down as atmospheric deposition/rain and will enter the water cycle via stormwater/urban runoff.
Therefore it is fundamental to tackle also this pollution at source. The revision of the Mercury Regulation should be the opportunity to fully implement the principles of art.191.2 of the TFEU (precautionary principle, principles that preventive action should be taken, that environmental damage should be rectified as much as possible at the source and that the polluters should pay) in line with the zero pollution ambition.

Mercury Added Products

To protect the environment and human health, the European Union has banned or restricted the marketing of many products containing mercury. However, the export of such products to non-EU countries is often still allowed. This includes products such as certain types of lamps, some non-electronic measuring

devices, as well as electrical devices such as melt-pressure transducers, transmitters, and sensors, and mercury vacuum pumps. This section investigates whether this practice should be ended.

C4.1) Did you know that many mercury-added products whose sale within the EU is prohibited, may still be manufactured in the EU and exported to third countries?

- (●) Yes
- ( ) No

C4.2) Do you think that mercury-added products that are prohibited within the EU should no longer be manufactured and exported to countries outside the EU?

- (●) Yes
- ( ) No
- ( ) I don't know

C4.3) Should the EU and its Member States advance initiatives to ban globally the mercury-added products that are already banned in the EU (e.g. by means of the Minamata Convention)?

- (●) Yes
- ( ) No
- ( ) I don't know

C4.4) Do you think that the EU and its Member States should increase efforts to assist countries outside the EU in developing and adopting national legislation to further restrict mercury-added products?

- (●) Yes
- ( ) No
- ( ) I don't know

C4.5) Are there any additional or alternative measures you would consider necessary to reduce the manufacturing and sale of mercury-added products outside the EU?

2500 character(s) maximum

EurEau supports the goals of the RoHS Directive (2011/65/EU) and the revision of the Mercury Regulation 2017/852 to phase out the remaining uses of mercury over time.
Until viable alternatives become available, water services need mercury-containing UV lamps for water disinfection and treatment to ensure public health.
Mercury-based UV low pressure and medium pressure discharge lamps are widely used across Europe for disinfection and treatment purposes, both for drinking water to comply with the Drinking Water Directive (2184/2020/EU) and for waste water in relation to the Water Framework Directive 2000/60/EC, the Water Reuse Regulation (EU) 2020/741 and the Bathing Water Directive 2006/7/EC.

The characteristics of these lamps are unique, efficiently delivering the correct wavelength of UV light which interacts with DNA strands, damaging the genetic material of target microorganisms and protozoa which, if untreated, can harm human health. UV disinfection technology is chemical-free and easy to operate, it is suitable for small and large utilities, and has relatively low energy consumption and produces hardly any disinfection by-products.
Research and innovation activities for non-mercury based UV alternatives based on LED technology are ongoing and supported by our sector but we cannot foresee today when equally practical and economically affordable LED systems for the water sector will become available on the market.
Exclusion from the scope of the RoHS Directive for mercury-containing UV lamps in drinking water and waste water disinfection and treatment facilities
The RoHS Directive, article 2.4.e), excludes large-scale fixed installations from its scope. The drinking water and waste water facilities are a complex combination of treatment trains composed of a set of devices that include mercury-based UV lamps. These installations are assembled and installed by professionals at water works and waste water treatment plants as permanent installations. The operation, maintenance and eventual de-installation and disposal is carried out by professionals.

C4.6) Do you have any further comments about mercury-added products that you would like to make?

2500 character(s) maximum

Technical questions - Dental Amalgam

D1.1) By when do you think a phase-out of dental amalgam is achievable in the EU?

- (•) 2025
- ( ) 2027
- ( ) 2030
- ( ) Phase out is not achievable
- ( ) Phase out is not needed
- ( ) None of the above

D1.2) For an EU-wide discontinuation of dental amalgam use, what would be the most appropriate approach?

- (•) General phase-out
- ( ) Gradual phase-down to be chosen by each Member State according to national priorities and conditions (e.g. reimbursement system of medical expenses)
- ( ) Other

D1.3) Should there be exemptions in case of a general phase-out, e.g. for patients with specific health conditions? (Please tick all that apply.)

- [ ] Dry mouth patients
- [ ] Excessively salivating patients
- [ ] Allergic patients
- [ ] Patients with large cavities
- [ ] Patients with cavities in posterior teeth
- [x] Other

D1.3.1) Please specify:

500 character(s) maximum

The impact assessment should consider the experiences from those Member States which have imposed restrictions for more than a decade already (eg Sweden and Finland): hardly any exemptions are needed.

D1.4) Do you have any views on how these exemptions could be implemented in practice?

500 character(s) maximum

The impact assessment should consider the experiences from those Member States which have imposed restrictions for more than a decade already (eg Sweden and Finland): hardly any exemptions are needed.

D1.5) Do you consider mercury-free dental filling materials safe?

- (•) Yes
- ( ) No
- ( ) I don't know

D1.6) If relevant, what prevents you from using alternatives to dental amalgam? (Please tick all that apply.)

- [ ] Lack of knowledge / training
- [ ] Increased length of the procedure
- [ ] Habit
- [ ] Patient demand
- [ ] Cost for dental practitioner
- [ ] Cost for the patient
- [ ] Cost for the social security system
- [ ] Durability of the alternatives
- [ ] Safety of the alternative
- [ ]

- [ ] Unavailability of the alternative
- [x] Other

D1.6.1) Please provide further information.

500 character(s) maximum

The environmental costs of dental amalgam are not mentioned in the survey. Why? It is necessary to take a life-cycle approach to the pollution and environmental costs should be also part of the assessment.

D1.7) Could dental health be improved in the EU or has it reached a plateau due to dental hygiene and prevention actions having achieved their maximum impact?

- ( ) It could be improved
- ( ) It has reached a plateau
- ( ) I don’t know

Technical questions - Crematoria

D2.1) With the view of restricting mercury emissions from crematoria, do you think that emission limits should apply?

- (•) Emission limits should apply
- ( ) No mercury emission limits
- ( ) Don’t know

D2.1.1) Should emissions limits apply to facilities of all sizes or should be there be less stringent limits or exceptions for smaller facilities?

- (•) Emission limits should apply to all facilities
- ( ) Less stringent limits for crematoria with a low number of cremations per year
- ( ) Don’t know

D2.2) State of the art control technologies can achieve a reduction of mercury emission by >85%. Do you think that such a level should be made obligatory on an EU wide basis?

- (•) Yes
- ( ) No
- ( ) I don't know

D2.3) Please provide any further details to support your answers.

500 character(s) maximum

Technical questions - Mercury Added Products

D3.1) Many importing countries outside the EU currently lack efficient options for environmentally sound management of mercury containing waste leading to contamination of land and water bodies. Do you think that the problem of mercury waste management in importing countries can be effectively solved using any of the following approaches? (Please tick all that apply.)

- [x] Obligatory take back programs by manufacturers (e.g. as part of extended producer responsibility schemes)
- [ ] Public/ Private Partnerships between industry and state institutions in importing countries to establish effective waste management recycling capacities
- [ ] Other
- [ ] I don’t see an effective approach

D3.2) How do you expect demand for mercury-added products (that are banned in the EU but still being exported) will further develop in importing countries?

- ( ) Demand will further decrease (e.g., because of changing consumer behaviour and/or legal e.g., RoHS-like restrictions in importing countries)
- ( ) No change, demand will stabilise
- ( ) Demand will increase
- ( ) Other
- ( ) I don’t know

D3.3) Do you think there is a future for exporting Mercury Added Products that are already banned in the EU?

- ( ) Yes, for most products that currently exported
- ( ) Yes, but only for a narrow range of products (e.g. for specialised uses or repair/ replacement)
- ( ) No
- ( ) I don’t know

D3.4) In your opinion, would a unilateral EU export ban be effective in reducing sale of Mercury Added Products in importing countries?

- ( )

Yes, MAP imports from other countries are not likely to replace EU made MAPs in significant numbers

- ○ No, the export needs to be accompanied by global trade restrictions
- ○ I don't know

Additional information

E1) Are there other key aspects which you did not find reflected in the questions and you would like to comment upon?

2500 character(s) maximum

The costs of the environmental pollution originating from mercury seemed not to be taken into account. We advise that a full LCA is carried out and environmental costs are internalised in the price of dental amalgam.

E2) If appropriate, please upload position papers or policy briefs that express the position or views of yourself or your organisation.

Only files of the type pdf,txt,doc,docx,odt,rtf are allowed

b0c872bd-b1bd-4fb4-97ca-fde32d7c3bb0/EurEau_position_paper_Dental_amalgam_June_2016.pdf

* **E3)** Would you be willing to be contacted regarding further participation in questionnaires or interviews as part of the impact assessment process supporting the revision?

- ◉ Yes
- ○ No

Contact

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