HOME

Europe Restricted These Mercury Fillings. Why Are They Still Used in America?

By bestfolkmedicine · 19/10/2026 · 10 min read



For generations, dentists placed silver-colored fillings in millions of teeth. But behind their familiar appearance lies a controversial ingredient: mercury. Now that Europe has largely phased them out, Americans are asking an uncomfortable question—why are they still permitted in the United States?

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For more than 150 years, dental amalgam fillings have been a routine part of dentistry. They were affordable, durable, and strong enough to withstand years of chewing. Millions of people grew up

with them, often without giving much thought to what those dark metallic patches in their teeth actually contained.

But here's something that might surprise you.

Those so-called silver fillings are approximately 50% mercury by weight.

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Yes, mercury—the same toxic metal that health authorities have worked for decades to reduce in the environment.

The presence of mercury does not automatically mean a dental filling is dangerous. Its chemical form, the amount released, and the level of exposure all matter. Nevertheless, growing environmental concerns, evolving dental technology, and questions about long-term exposure have pushed governments toward different regulatory approaches.

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And in 2026, the contrast between Europe and the United States is particularly striking.

What Exactly Are Those Old Silver Fillings Made Of?

Despite their name, silver fillings are not made entirely of silver.

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Dental amalgam is a mixture of metals, typically containing:

- Approximately 50% elemental mercury by weight.
- Silver, which contributes strength and durability.
- Tin, which helps influence the material's properties.
- Copper, which improves strength and corrosion resistance.
- Sometimes zinc, depending on the formulation.

Mercury serves a specific purpose: it binds the other metals together, allowing dentists to shape the mixture before it hardens into a strong restoration.

This combination made amalgam one of the most widely used filling materials in dental history.

But it also created a lasting controversy.

Mercury is a recognized toxic substance. Although the mercury in dental amalgam behaves differently from the methylmercury found in certain fish, amalgam fillings can release small amounts of elemental mercury vapor.

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The central scientific question has never been simply whether mercury is present.

It is whether the amount released from dental fillings creates a meaningful health risk.

And that distinction is essential.

Europe Took a Major Step Against Mercury Fillings

On January 1, 2025, the European Union introduced a broad prohibition on the use of dental amalgam for dental treatment.

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Certain countries were allowed a temporary transition period until June 30, 2026, while narrow exceptions remain for patients with specific medical needs when dentists consider amalgam strictly necessary.

Additional restrictions on manufacturing and importing dental amalgam took effect on July 1, 2026, subject to medical-necessity exceptions.

The decision represented a major shift in European dentistry.

However, there is an important detail often missing from social media discussions.

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Europe’s phaseout was driven substantially by environmental policy, not by a scientific determination that everyone with an existing amalgam filling is being poisoned.

Mercury can persist in the environment, contaminate ecosystems, and accumulate in food chains. Dental amalgam contributes to mercury waste through dental procedures, wastewater, and disposal.

By reducing its use, European policymakers aim to limit future mercury pollution while encouraging mercury-free dental materials.

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The decision also reflects the growing availability of alternatives such as tooth-colored composite resin.

But across the Atlantic, the regulatory picture remains different.

Why Are Mercury Fillings Still Allowed in America?

As of October 2026, dental amalgam has not been banned nationwide in the United States.

The U.S. Food and Drug Administration continues to permit its use, while recommending that certain higher-risk populations avoid receiving new amalgam fillings whenever possible and appropriate.

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The American Dental Association has historically supported amalgam as a durable, affordable restorative option when selected through appropriate clinical judgment.

Several factors help explain why the United States has taken a different approach.

1. Scientific evidence has not established widespread harm

Although dental amalgam releases small amounts of mercury vapor, studies have not conclusively demonstrated that amalgam fillings cause harmful health effects in the general population.

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This does not mean scientists have answered every question about long-term exposure, particularly among vulnerable individuals.

It means that the existing evidence does not justify claiming that amalgam fillings routinely cause neurological disease, kidney damage, or other chronic illnesses.

2. Amalgam has practical advantages

Amalgam has traditionally been valued for its strength, longevity, and relatively low cost.

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In certain clinical situations, particularly when keeping a tooth completely dry is difficult, amalgam may offer practical advantages over some alternative materials.

3. Replacing dental materials involves costs

A nationwide transition affects dental practices, insurance reimbursement, public healthcare programs, equipment, and patients.

Access to affordable dental treatment remains an important consideration.

However, America’s position is changing.

A Major U.S. Policy Shift Happened in 2026

In February 2026, the Indian Health Service announced plans to discontinue dental amalgam use in its facilities by 2027.

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Then, on July 22, 2026, the U.S. Department of Health and Human Services announced another significant development.

The Centers for Medicare & Medicaid Services encouraged state Medicaid programs to restrict or eliminate coverage for dental amalgam procedures and consider incentives for mercury-free alternatives.

This was not a nationwide ban.

States still retain authority over their Medicaid coverage decisions.

Nevertheless, the announcement signaled growing federal interest in reducing mercury-containing dental restorations.

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According to dental insurance claims data discussed by the American Dental Association, amalgam accounted for approximately 6.2% of paid restorative procedures in a 2024 commercial claims analysis.

That suggests the material has already become a relatively small part of modern American restorative dentistry.

The debate is no longer simply about whether amalgam works.

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It is increasingly about whether continuing to use mercury is necessary when suitable alternatives exist.

Can Mercury From Dental Fillings Enter Your Body?

Yes. Dental amalgam fillings can release small quantities of mercury vapor, which may be inhaled and absorbed through the lungs.

The amount released can vary depending on several factors, including the number and condition of fillings and habits such as teeth grinding.

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Activities involving chewing may also temporarily influence mercury vapor release.

However, detecting mercury exposure is not the same as demonstrating mercury poisoning.

The dose, duration of exposure, individual susceptibility, and chemical form all influence risk.

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For most people, current evidence has not established that exposure from intact amalgam fillings causes disease.

Still, certain groups deserve additional consideration.

Who Should Be Especially Cautious?

The FDA has identified several populations that may be more vulnerable to potential adverse effects from mercury exposure.

These include:

- Pregnant women and women planning pregnancy.

- Breastfeeding mothers.
- Children, especially those younger than six.
- People with pre-existing neurological diseases.
- People with impaired kidney function.
- Individuals with a known allergy or sensitivity to mercury or other amalgam components.

For these populations, the FDA recommends choosing non-amalgam fillings whenever possible and appropriate.

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This recommendation reflects a precautionary approach, particularly where scientific uncertainty remains.

It does not establish that all people in these categories who already have amalgam fillings have suffered harm.

Should You Have Your Old Mercury Fillings Removed?

This is perhaps the most important question for anyone who still has silver-colored fillings.

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And the answer may surprise you.

If your amalgam fillings are intact, functioning properly, and there is no decay underneath them, routine removal solely because they contain mercury is generally not recommended.

Why?

Because drilling out an amalgam filling can temporarily increase exposure to mercury vapor.

Removing a functioning restoration can also require removing additional healthy tooth structure, potentially weakening the tooth.

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Every replacement introduces the possibility of further dental treatment.

However, replacement may be appropriate when a filling is cracked, damaged, leaking, associated with recurrent decay, or otherwise clinically unsuitable.

People with a confirmed allergy to an amalgam component may also require individualized assessment.

The decision should be based on an examination by a qualified dentist rather than fear generated by an alarming headline.

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Importantly, claims that removing old fillings can automatically reverse fatigue, memory problems, autoimmune conditions, or chronic illness are not supported by reliable clinical evidence.

Are Modern White Fillings Actually Better?

Today, many dentists prefer tooth-colored composite resin fillings.

These materials are designed to blend naturally with the surrounding teeth and do not contain mercury.

Their advantages can include a more natural appearance and adhesive bonding to tooth structure, which may allow for more conservative cavity preparation.

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However, white fillings are not automatically superior in every situation.

Composite restorations require careful placement, and their durability depends on the size and location of the filling, technique, and the patient's oral health.

Some resin-based dental materials also contain chemicals such as methacrylate monomers, which have their own safety considerations.

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Glass ionomer restorations and ceramic materials offer additional options.

The most appropriate choice depends on the individual tooth, the extent of decay, clinical circumstances, and patient preferences.

A good dentist should explain the benefits and limitations of available materials before treatment.

The Environmental Argument May Be Stronger Than Many People Realize

One of the most compelling reasons to reduce dental amalgam use has little to do with what happens inside an individual patient's mouth.

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It concerns what happens to mercury outside it.

Improperly managed mercury waste can enter water systems and the wider environment.

Once released, mercury can undergo chemical transformations, including conversion into methylmercury under certain environmental conditions.

Methylmercury accumulates in aquatic food chains and can create serious health risks through contaminated food.

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Dental offices in the United States are subject to requirements intended to reduce mercury discharges, including the use of amalgam separators in covered facilities.

These measures help control pollution, but avoiding unnecessary mercury use can reduce the future waste burden.

This is why the international Minamata Convention on Mercury has encouraged countries to move away from mercury-containing products.

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In November 2025, countries participating in the convention agreed to pursue a global phaseout of dental amalgam manufacturing, importing, and exporting by 2034, with an exception for cases considered medically necessary.

The future of dental amalgam is increasingly being shaped by environmental responsibility as well as clinical practice.

What Should You Ask Your Dentist?

If you have old silver fillings, there is no need to panic.

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Instead, make informed decisions about your dental health.

At your next appointment, consider asking:

- Are my existing amalgam fillings still in good condition?
- Is there any decay, cracking, or other reason to replace them?
- Which mercury-free materials would be suitable for my teeth?
- What are the risks and benefits of replacing an existing filling?
- If replacement is medically necessary, what precautions will be used during removal?

These questions can help you make decisions based on your own dental condition rather than generalized claims.

Regular dental examinations, good oral hygiene, adequate fluoride exposure, and reducing frequent sugar consumption remain among the most effective ways to prevent new cavities and avoid unnecessary dental procedures.

The Bottom Line: If Europe Is Moving Away From Mercury, Should America Follow?

The debate surrounding mercury fillings reveals an important distinction between individual patient safety and broader public health policy.

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Europe has largely eliminated routine dental amalgam use, motivated significantly by environmental concerns and the availability of alternative materials.

The United States still permits amalgam, although federal recommendations and industry practices are shifting toward mercury-free dentistry.

Both positions exist alongside an important scientific finding: available studies have not conclusively shown that intact amalgam fillings cause harmful health effects in the general population.

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Yet it is reasonable to ask whether a mercury-containing dental material should remain a routine option when appropriate alternatives are available.

For people with existing fillings, the most responsible approach is not automatic removal. It is individualized dental care and informed discussion.

And for those who need new fillings, understanding the materials going into their teeth is a reasonable place to begin.

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One question remains: If you knew your silver dental filling contained approximately 50% mercury, would you still choose it today?

Medical Disclaimer: This article is intended for educational purposes only and does not replace professional dental or medical advice. Do not attempt to remove dental fillings yourself or undergo unnecessary removal based solely on concerns about mercury. Consult a qualified dentist about the condition of your existing restorations and the most appropriate treatment options.

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Downloaded on 21/11/2026

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