

Cancer Research UK Policy Statement

Sunbeds

The risks

Cancer Research UK does not recommend the use of sunbeds for cosmetic purposes.¹ There is increasing evidence to suggest that the use of sunbeds is likely to increase the risk of malignant melanoma, especially in people who find it difficult to tan. The International Agency for Research on Cancer (IARC) recently concluded that there is convincing evidence to support a causal relationship between sunbed use and skin cancer, particularly with exposure before the age of 35 years.² It has been estimated that sunbeds cause 100 deaths from melanomas every year in the UK.³

Young People

We are especially concerned by the use of sunbeds by young people as we know that younger skin is at particular risk.⁴ We believe that under-18s should not be permitted to use sunbeds and support the banning of unstaffed, coin-operated salons as a matter of priority.

Licensing

Voluntary regulation of the sunbed industry is currently inconsistent and largely unmonitored, and we believe this places users at greater risk. In addition, there is evidence that some communications from the industry have dismissed the health risks associated with sunbed use and marketed the benefits of use for the maintenance of adequate Vitamin D levels.⁵ We therefore support the principle of a licensing scheme for salons and other premises offering the use of tanning facilities to members of the public.

We believe a licensing system could ensure that a number of minimum health, safety and good practice guidelines were met in all tanning facilities. For example, licensing could certify that health information resources were displayed in all salons, describing people most at risk of any type of skin cancer and advising them against sunbed use. Adults should be free to make their own decisions about sunbed use, but we believe they should do so knowing the dangers involved. We recommend that those with fair or freckly skins, a lot of moles, who have had skin cancer in the past, with a family history of melanoma and/or those using medication that increases sensitivity to ultraviolet (UV) radiation, should be discouraged from using sunbeds for cosmetic purposes.

We also believe that salon licensing could provide an opportunity for premises to be thoroughly inspected, encourage salons to effectively train all staff, guarantee that sunbed sessions are monitored and an individual's annual number of sessions limited. It would also provide an opportunity to record more information about the sunbed industry.

Local authority premises

¹ Sunbeds can also be used for medicinal purposes.

² International Agency for Research on Cancer Working Group on artificial ultraviolet (UV) light and skin cancer. The association of use of sunbeds with cutaneous malignant melanoma and other skin cancers: A systematic review. *Int J Cancer* [epub ahead of print] (2006).

³ Diffey, B. A quantitative estimate of melanoma mortality from ultraviolet A sunbed use in the UK. *Br J Dermatol* 149, 578-81 (2003).

⁴ International Agency for Research on Cancer Working Group on artificial ultraviolet (UV) light and skin cancer. The association of use of sunbeds with cutaneous malignant melanoma and other skin cancers: A systematic review. *Int J Cancer* [epub ahead of print] (2006).

⁵ Advertising Standards Agency Adjudication- objection upheld against The Sunbed Association for production of a leaflet stating 'Vitamin D essential for good health, Sunbed sessions ARE good for you.' 7th September 2005.

Cancer Research UK supports the continued phasing-out of tanning facilities in local authority premises. Local authorities are committed to promoting health and well-being in their communities and the location of sunbeds in some local authority-owned facilities sends a mixed message to the public.

Manufacture

We also believe that all sunbeds manufactured and sold in the European Union (EU) should carry a prominent, clear and permanent warning, highlighting the risks associated with use.

Further research

There is much that is not known about patterns of sunbed use in the UK. For example, though we believe that sunbed salons are more likely to be situated in deprived areas, we have limited knowledge about the exact location of premises, the cost of sessions and the safety guidelines that are adhered to.

Cancer Research UK has identified a number of evidence gaps and future research needs,⁶ which once fulfilled would give a more complete picture of sunbed use across the UK. This, in turn, would help us to provide more relevant health information resources to users and to better target our public information work. We hope that we can work in partnership with others, including Government, to increase our knowledge in this area.

⁶ Executive Summary of Cancer Research UK Sunbed Symposium, Cancer Research UK (2006), available at www.sunsmart.org.uk.

Background

Sunbeds have been linked to a variety of poor health conditions including eye damage, photodermatosis, photosensitivity, premature skin ageing and skin cancer.⁷ UV rays from sunbeds have been classified as Group 2A carcinogens by IARC, which means they probably cause cancer in humans.⁸ The UV emissions from many sunbeds are greater than those from the midday sun in the Mediterranean.^{9,10,11}

Malignant melanoma

In the UK, the incidence of malignant melanoma is increasing at a faster rate than any other cancer except prostate, and more than 2,000 people die from skin cancer each year.

The growth in UK incidence rates over the past 20 years is a clear indication of the need for continued prevention and early treatment to avert the potential loss of many years of life. On average, about 20 years of life are lost for each melanoma death in the UK.¹²

SunSmart

SunSmart is the UK's national skin cancer prevention campaign. It is commissioned by the UK Health Departments and run by Cancer Research UK.

The SunSmart campaign aims to increase the profile of skin cancer and specifically to:

- Increase knowledge of the causes of skin cancer and the importance of early detection among defined target groups;
- Increase awareness of actions that can be taken to prevent skin cancer; and
- Influence positively attitudes to sun protection.

We know that sustained public health promotion has helped to cut deaths from and initiate a reduction in incidence of malignant melanoma in the younger generations in Australia.¹³ This has been achieved by raising awareness, influencing attitudes, facilitating behaviour change and encouraging people to seek medical help for skin changes early, when they are more likely to have curable disease.

We believe that long-term skin cancer prevention campaigns are necessary to increase public knowledge, alter attitudes and affect the behavioural changes needed to reverse the trends in skin cancer incidence across the UK. We hope that the relevant Governments will commit to the future core-funding of such campaigns.

For further information, please visit the SunSmart website: www.sunsmart.org.uk

⁷ Spencer, J. & Amonette, R. Indoor tanning: risks, benefits and future trends. *J Am Acad Dermatol* 33, 288-98 (1995).

⁸ IARC. Solar and ultraviolet radiation. (IACR Press, Lyon, 1992).

⁹ Gerber, B., Mathys, P., Moser, M., Bressoud, D. & Braun-Fahrländer, C. Ultraviolet emission spectra of sunbeds. *Photochem Photobiol* 76, 664-8 (2002).

¹⁰ Wester, U., Boldermann, C., Jansson, B. & Ullen, H. Population UV-dose and skin area- do sunbeds rival the sun? *Health Phys* 77, 436-40 (1999).

¹¹ Young, A. Tanning Devices – fast track to cancer? *Pigment Cell Res* 17, 2-9 (2004).

¹² Statistical Information Team Cancer Research UK (2006) 'CancerStats, Malignant Melanoma-UK' Information available online at <http://cancerresearchuk.org/cancerstats/>

¹³ Montague, M; Borland, R; Sinclair, C. Slip! Slap! Slop! and SunSmart 1980 to 2000: Skin cancer control and 20 years of population based campaigning. *Health Education and Behaviour* 28, 3 (2001).