

Indoor Tanning Position Statement

The American Society for Dermatologic Surgery Association's Position on Indoor Tanning was is supported by the Connecticut Dermatology and Dermatologic Surgery Society- Adopted May 2012

Support:

Age restrictions on the use of indoor tanning facilities to eighteen years or older

Required posting and dissemination of scientific information regarding the health risks of indoor tanning to customers

Oppose:

Unregulated access to indoor tanning facilities

Dissemination of false or misleading information regarding the safety and medical benefits of indoor tanning

Indoor Tanning is ranked within the World Health Organization's highest cancer-risk category. In 2009, the International Agency for Research on Cancer, the cancer division of the World Health Organization, classified tanning beds as "carcinogenic to humans" — the agency's highest cancer-risk category, which also includes radon gas, plutonium and radium. Total doses of ultraviolet rays from a tanning bed may be as much as five times more than natural sunlight. This means that 20 minutes spent in a tanning salon may be equal to 2-3 hours in the noontime sun, according to a 2008 scientific article from Dermatologic Surgery.¹ Acknowledging the popularity of indoor tanning amongst teens, the World Health Organization and the International Commission on Non-Ionizing Radiation Protection have recommended that indoor tanning be restricted to only those ages eighteen and older. Stricter regulation of indoor tanning is needed to properly educate consumers on the significant medical risks and protect teenagers from carcinogenic radiation.

Indoor tanning is a threat to the health and safety of our youth with no signs of slowing down. A 2006 study of the 100 most populous cities in the United States found that there was an average of 42 tanning salons per city—exceeding the number of Starbucks or McDonald's. The same study demonstrated that 76% of teens lived within two miles of a tanning salon.² Not only are minors more susceptible to misinformation about indoor tanning, minors are increasing their use of indoor tanning devices and consequently, increasing their incidence of melanoma. Two studies presented at the Sixth World Congress on Melanoma reported an increase in melanoma rates among young women. Furthermore, the studies concluded that young women are six to seven times more likely to develop melanoma than young men, attributing that difference primarily to the prevalence of indoor tanning amongst young women.

Melanoma, the most deadly form of skin cancer, has been linked to indoor tanning. As a common cause of melanoma, the deadliest form of skin cancer, consumers should be protected from the sea of misinformation about this dangerous activity. Concurrently, minors, amongst whom tanning is especially dangerous and prevalent, should be banned from the use of indoor tanning devices to protect them from the dangers of skin cancer associated with tanning at a young age. A scientific paper entitled Recent Tanning Bed Use: A Risk Factor for Melanoma stated that sun or UV radiation is one of the primary causal factors in the development of melanoma and that indoor tanning increases one's risk of melanoma.³

Nonmelanoma skin cancer treatment is a costly drain on the American economy. As the incidence of nonmelanoma skin cancer continues to rise, due in part to indoor tanning beds, so too does the cost to the American health care system to treat patients with skin cancer. A 2001 study revealed that the cost to the Medicare population to treat nonmelanoma skin cancer exceeded \$425 million per year.⁴ If continued unabated, treatment of nonmelanoma skin cancer will increase the cost burden on an already heavily burdened American health care system.

Indoor tanning does not constitute phototherapy. Contrary to claims by indoor tanning advocates, indoor tanning devices found in tanning salons do not constitute medical treatments. There are legitimate uses of UV devices to treat skin conditions such as psoriasis and eczema. However, these types of UV devices, found in physician offices, are classified differently by the Food and Drug Administration, and thus more strictly regulated.

Tanning beds are breeding grounds for dangerous bacteria. Although most states have some level of regulation on the books for tanning beds, most do not address sanitation in any meaningful way. Even among those that do, such as New York, such regulations are not effectively enforced. A recent study measured the presence of bacteria capable of causing serious skin infections in top ten rated tanning salons in New York City. Bacteria were found on the tanning beds tested in all ten salons, with most salons registering three or more different types of dangerous bacteria. Other studies addressing adherence to safety regulations give credence to these results as representing the norm among tanning salons.⁵

The Federal Trade Commission has ruled against claiming health benefits for indoor tanning. Members of the indoor tanning industry have tried repeatedly to discredit the medical research linking indoor tanning to cancer, even distributing propaganda purporting health benefits, including the prevention of lung, kidney, and liver cancers through use of UV devices. Such statements, however, are based on junk science at best and willful misrepresentation at worst. In a 2010 ruling, the Federal Trade Commission (FTC) found that such claims constitute unfair or deceptive acts or practices, and that the making of false advertisements, in or affecting commerce is in violation of the Federal Trade Commission Act.⁶

Model legislation has passed in California and Vermont. On October 9, 2011, Gov. Jerry Brown signed into California law SB 746, making California the first state to pass a ban on the use of indoor tanning beds for all minors under the age of 18. Vermont followed suit on May 2, 2012 with H 157, also banning minors under the age of 18 from indoor tanning. The ASDSA supports these bills as model legislation for other states.

1Ibrahim, S; Brown, M; Tanning and Cutaneous Malignancy. *Dermatol Surg.* 2008;34:460–474.

22006: Number of Tanning Salons. CITY 100: Controlling Indoor Tanning in Youth. Retrieved from:
<http://indoortanningreportcard.com/numberofsalons.html>

3Buckel, T; et al; Recent Tanning Bed Use: A Risk Factor for Melanoma. *Arch Dermatol.* 2006; 142: 485-488.

4Chen JG; et al; Cost of Nonmelanoma Skin Cancer Treatment in the United States. *Dermatol Surg.* 2001 Dec;27(12):1035-8.

5Russak, J; Rigel, D; Tanning Bed Hygiene: Microbes Found on Tanning Beds Present a Potential Health Risk. *Journal of the American Academy of Dermatology.* 2010 Jan; 62(1): 155-157.

6File No. 082-3159; United States of America Federal Trade Commission Complaint in the Matter of Indoor Tanning Association, a Corporation.

