

APPG on Skin consultation response form

Sunbed Regulation

Thank you for choosing to take part in the APPGS' sunbed regulation consultation. Please insert your comments into the text box below. Feel free to expand as required.

Completed forms should be sent to: mark.johnson@appgs.co.uk before **5pm on 14th February**.

Whilst we would like to hear about the issues that are the most relevant to you and your organisation, there are a number of topics that have been brought to our attention already that we would appreciate your views on (if they apply to you):

- The effectiveness of the 2010 Sunbed (Regulations) Act and the ban on under-18s;
- The link between sunbeds and skin cancers (melanoma or non-melanoma) – weighing up the evidence both for and against;
- The effectiveness and scope of the regulations in the devolved nations - is there a need for England to introduce further regulations?;
- Health information – should this be a mandatory requirement for presentation to users? If so, then what is the appropriate balance of information?
- Compliance testing of sunbed operators (to European irradiance standards);
- Industry self-regulation – is it effective? Could it be improved in any way? Should membership of The Sunbed Association be compulsory?
- Licencing - is it necessary? Should local authorities be able to licence sunbed operators? Is it practical to introduce licencing?
- International comparisons – are there any best practice examples?

Please try to keep your submissions under 1500 words. Thank you.

Name: Chit Selvarajah

Organisation: Cancer Research UK

Comments:

1. Every year around 330,000 people are diagnosed with cancer in the UK. Every year more than 150,000 people die from cancer. Cancer Research UK is the world's leading cancer charity dedicated to saving lives through research. Together with our partners and supporters, Cancer Research UK's vision is to bring forward the day when all cancers are cured. We support research into all aspects of cancer through the work of over 4,000 scientists, doctors and nurses. In 2012/13 we spent £351 million on research. The charity's pioneering work has been at the heart of the progress that has already seen survival rates in the UK double in the last forty years. We receive no government

funding for our research.

2. We are grateful for the opportunity to contribute to the APPG on Skin's consultation on sunbed regulation. Cancer Research UK would like to highlight the following points in response to the consultation:
 - It is firmly established that the use of sunbeds increases the risk of skin cancer.
 - The Sunbed (Regulations) Act 2010 was an important step in preventing children from using sunbeds. But children continue to be harmed by sunbeds.
 - The Government should introduce the same regulations, provided for within the Act and found in rest of the UK, to protect children and allow adults to make informed choices.
 - Sunbed businesses in England should be required to provide and display the same health information as those in Scotland, Wales and Northern Ireland. This can be achieved through the regulations provided for in the Sunbed (Regulations) Act.
 - Adherence to the British and EU UV radiation standard is necessary but not sufficient to reduce sunbed harm.
 - Self regulation is ineffective; regulation is needed together with licensing to improve business practices.
 - The Government should introduce licensing as a practical solution for enforcing regulations of harmful products. All councils should have the power to license the use of sunbeds in England.

The link between sunbeds and skin cancer

3. Skin cancer is largely preventable. Most skin cancers are caused by over-exposure to ultraviolet (UV) radiation from the sun and sunbeds. Malignant Melanoma is the 5th most common cancer in the UK and the deadliest form of skin cancer. In 2010, there were 12,818 new cases of malignant melanoma in the UK and 2,209 deaths in 2011.^{1 2 3}
⁴ In addition to this, in 2010, there were 99,549 cases of non-melanoma skin cancer cases registered in the UK, though the real number of cases is thought to be much higher.^{5 6 7 8} There has been some debate on the extent to which the rise in melanoma incidence rates could be associated with over-diagnosis. But melanoma deaths rates have also risen since the 1970s.^{1 2 3 4}
4. Sunbeds are categorized by the World Health Organization's International Agency of Research on Cancer as Group 1.⁹ This means that it is known to cause cancer in humans. This follows their prior assessment in 1992 that UV radiation is Group 1 and also causes cancer in humans.¹⁰
5. In 2012 the IARC working group carried out an update to the original IARC systematic review and meta-analysis of all the relevant studies on sunbed use and skin cancer. The meta-analysis showed that using sunbeds increased the risk of malignant melanoma

independently of other risk factors.^{11 12} The risk of malignant melanoma was 59% higher for those who had first used a sunbed before the age of 35 compared to those who had never used a sunbed.

6. Another systematic review and meta-analysis on non-melanoma skin cancers showed sunbeds also increase the risk of squamous cell carcinoma by 60%.¹³

Effectiveness of the Sunbed (Regulations) Act and comparison between the other UK nations

7. We were pleased to have worked with Julie Morgan, former MP for Cardiff North, Sian James MP, Baroness Finlay and others to support the passage of the Sunbed Act in 2010. The passage of the bill was a major step towards protecting children from the dangers of sunbeds.
8. The Sunbed (Regulations) Act had provisions for regulations that complemented the ban. These included:
 - a. Requirement for supervision of sunbed use (effectively banning the use of unsupervised coin or token operated sunbeds)
 - b. Ban the hire or sale of sunbeds to under 18s
 - c. Require the display and provision of prescribed health information in sunbed businesses
 - d. Ban on the display or provision of all other misleading health information in sunbed businesses.

Government should introduce the regulations as soon as possible. Currently England has the weakest regulatory regime for protecting children and adult sunbed users. England is the only UK nation not to require supervision of sunbed use and the provision and display of health information.

9. The Welsh Government consulted on introducing the additional regulations provided within the Sunbeds Act in 2011 and found overwhelming support (79%) for the introduction of all the regulations.¹⁴ On the basis of the strong evidence and support, they introduced the regulations in October 2011.
10. CRUK commissioned Public Health England and the University of the West of England to undertake a study into sunbed use by children since the legislation. The study included a representative survey of children's use of sunbeds and an assessment of enforcement by local authorities. The initial conclusions¹⁵ of the study were:
 - a. Sunbed use by children had fallen since the ban. This is likely to be a result of the legislation and health campaigns. But supervision of sunbeds is poor as children continue to use them.
 - b. While Scotland and Wales had higher rates of prevalence before the ban, they had the biggest falls in prevalence.

- c. About half of children who used a sunbed reported a sign of burning from sunbed use and all those who used unsupervised coin or token operated sunbeds reported a sign of burning. This could increase their risk of skin cancer further.

Health Information

11. Clear and consistent health information is needed to make adult users aware of the health risks of sunbed use. Adults should be free to decide whether or not to use sunbeds but they should be able to make fully informed decisions. This should be a legal requirement.
12. There is established wording for the health information to be provided and displayed in sunbed businesses in Scotland, Wales and Northern Ireland. We would recommend using this wording as it is already been in place in three similar jurisdictions and provides evidence based information.^{16 17 18}

Compliance Testing

13. The risk of melanoma is most strongly linked to intermittent exposure to high-intensity ultraviolet radiation, which often results in sunburn.¹⁹ A CRUK funded study tested sunbeds in England and found that 9 out of 10 sunbeds were producing radiation above the British and European standard of 0.3W/m^2 .²⁰ The average skin cancer risk from the sunbeds tested was more than twice that of spending the same amount of time in the Mediterranean midday summer sun.
14. Adherence to the British and EU standard is necessary but not sufficient to protect against the harms from sunbed use. But even sunbeds that meet the British and European standards could cause harm.

Industry self regulation

15. There is no effective framework for self regulation given that membership of the Sunbed Association (TSA) is no more than 25% of the 8,000 businesses.²¹ Moreover, there is no independent evidence to demonstrate that businesses who are TSA members regularly enforce all the rules needed to protect children and inform adult users from the harms of sunbed use.
16. A study by CIEH conducted prior to the Sunbed Act 2010 found that basic practices were not undertaken by a majority of sunbed businesses.²² 59 premises (57% of surveyed businesses) would allow an under-16 to use a sunbed with parental consent. 3 of 59 were members of the TSA, despite the fact that this was a violation of TSA rules. The authors concluded that while the requirements of the Sunbed Association were

good, in practice members do not follow their rules. This conclusion is reinforced by the recent PHE study showing that 44% of children were never asked their age in a sunbed business and 53% were never asked for identification.²³

17. If further regulations and licensing were introduced, it may be sensible to encourage sunbed businesses to become members of the Sunbed Association if their training programmes could enable proper compliance of all the appropriate regulations and standards.

Licensing

18. Given the established risk of harm from sunbeds, it would be reasonable to expect that its use is licensed by local authorities to ensure that the sunbed regulations are properly enforced. Currently those who offer tattoo or piercing services have to register with the local authority in England and Wales and seek a license to practice in Greater London. We would like this principle introduced for sunbeds, which are shown to increase the risk of skin cancer. Licensing of sunbed businesses has been shown to be practical as it is currently enforced in London, and some other parts of the UK. Licensing conditions for sunbed businesses should complement the regulations provided for within the Sunbed (Regulations) Act. Government should enable the licensing of sunbed businesses.
19. Under the current rules only certain authorities have the power to license sunbeds. While no systematic assessment has been undertaken to establish whether licensing leads to greater adherence and better outcomes, licensing enables local authorities to identify and maintain records of sunbed businesses. This not only would help enforcement of the law but enable the local authority to target advice and support to sunbed businesses to ensure that they follow best practice. Licensing would also offer the local authorities with more tools to tackle those not abiding by the rules. Currently the law only allows local authorities to initiate criminal proceedings that would result in a fine after providing warnings. This is a high cost and long process. But licensing powers gives a local authority more flexibility to deal with poor practice.
20. Licensing throughout England could also play a role in reducing health inequalities. A report by the South West Public Health Observatory (now PHE) showed that the distribution of sunbed locations is higher in more deprived areas.²⁴ By improving enforcement, licensing throughout England could enable effective enforcement in areas where sunbed density is highest and contribute to the reduction in associated health inequalities.

February 2014

Chit Selvarajah, Senior Policy Advisor

Chit.selvarajah@cancer.org.uk

-
- ¹ Data were provided by the Office for National Statistics on request, June 2012. Similar data can be found here: <http://www.ons.gov.uk/ons/search/index.html?newquery=cancer+registrations>
- ² Data were provided by ISD Scotland on request, April 2012. Similar data can be found here: <http://www.isdscotland.org/Health-Topics/Cancer/Publications/index.asp>
- ³ Data were provided by the Northern Ireland Cancer Registry on request, June 2012. Similar data can be found here: <http://www.qub.ac.uk/research-centres/nicr/CancerData/OnlineStatistics/>
- ⁴ Data were provided by the Welsh Cancer Intelligence and Surveillance Unit on request, April 2012. Similar data can be found here: <http://www.wales.nhs.uk/sites3/page.cfm?orgid=242&pid=59080>
- ⁵ Data were provided by the Office for National Statistics on request, June 2012. Similar data can be found here: <http://www.ons.gov.uk/ons/search/index.html?newquery=cancer+registrations>
- ⁶ Data were provided by ISD Scotland on request, April 2012. Similar data can be found here: <http://www.isdscotland.org/Health-Topics/Cancer/Publications/index.asp>
- ⁷ Data were provided by the Northern Ireland Cancer Registry on request, June 2012. Similar data can be found here: <http://www.qub.ac.uk/research-centres/nicr/CancerData/OnlineStatistics/>
- ⁸ Data were provided by the Welsh Cancer Intelligence and Surveillance Unit on request, April 2012. Similar data can be found here: <http://www.wales.nhs.uk/sites3/page.cfm?orgid=242&pid=59080>
- ⁹ Coglianò VJ, Baan R, Straif K, et al. Preventable exposures associated with human cancers. *J Natl Cancer Inst* 2011;103:1827-39
- ¹⁰ IARC, Solar and ultraviolet radiation. Monographs on the evaluation of carcinogenic risks to humans. 1992, Lyon: IARC Press.
- ¹¹ Boniol M, Autier P, Boyle P, et al. Cutaneous melanoma attributable to sunbed use: systematic review and meta-analysis. *BMJ* 2012;345:e4757. doi:10.1136/bmj.e4757
- ¹² British Medical Journal. Correction to Cutaneous melanoma attributable to sunbed use: systematic review and meta-analysis. *BMJ* 2012;345: e8503
- ¹³ Wehner MR, Shive ML, Chren MM, et al. Indoor tanning and non-melanoma skin cancer: systematic review and meta-analysis. *BMJ*. 2012;345: e5909
- ¹⁴ Explanatory memorandum to the Sunbed (Regulations) Act 2010 (Wales) 2011 regulations. <http://www.assemblywales.org/sub-ld8457-em-e.pdf>
- ¹⁵ Verne, J et al (2014) Self-reported use of sunbeds by under-18 year olds has fallen following introduction of legislation but half of users get burnt. In Press.
- ¹⁶ Scottish Government (2009) A guide for employers, managers and those in control of premises, Annex A <http://www.scotland.gov.uk/Resource/0039/00398177.pdf>
- ¹⁷ <http://wales.gov.uk/topics/health/protection/environmental/publications/leaflet/?lang=en>
- ¹⁸ <http://www.dhsspsni.gov.uk/sunbeds-act-2011-guidance.pdf>
- ¹⁹ Gandini S, Sera F, Cattaruzza MS, et al. Meta-analysis of risk factors for cutaneous melanoma: II. Sun exposure. *Eur J Cancer* 2005;41: 45-60
- ²⁰ P Tierney et al, 'Nine out of ten sunbeds in England emit UV radiation levels that exceed current safety limits', DOI : 10.1111/bjd.12181
- ²¹ <http://sunbedassociation.org.uk/tsa.php>
- ²² Barrett, J and Nunn, A (2011) The efficacy of industry self regulation of the use of UV skin tanning equipment. *Journal of Environmental Health Research*, Vol. 11, 1,9-16 <http://www.cieh.org/assets/0/72/948/66424/78221099-5aa8-4603-98c8-664b1e250041.pdf>
- ²³ Verne, J et al (2014) Self-reported use of sunbeds by under-18 year olds has fallen following introduction of legislation but half of users get burnt. In Press.
- ²⁴ Walsh, A, Harris, S, Bowtell, N (2009) Sunbed outlets and area deprivation in the UK. Bristol, South West Public Health Observatory