

Sunbed Review



Personal and Health Services Scrutiny Panel

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1. Introduction by the Chair

I am very pleased to present this report which follows the review carried out by the Personal and Health Services Scrutiny Panel into artificial UV tanning equipment.

The Panel has found this a very interesting review and it has provided Members with an overview of the changing use of sunbeds over time. For a number of years, the national and local media have highlighted serious cases of sunbed misuse, particularly by young people in unsupervised salons. However, many people that use artificial UV tanning equipment do so moderately for cosmetic purposes and the 'feel good' benefits having a tan.



The Panel has, from the outset of this review, wanted to ensure that those people that use sunbeds receive appropriate advice from trained salon staff to better inform sunbed users and minimise the health side effects of using the equipment.

At the time of writing, national legislation is being considered to regulate the cosmetic use of artificial UV tanning equipment in England. The Department of Health has separately indicated their intention to look at this issue in the Cancer Reform Strategy 2009. This report makes a number of recommendations, which if implemented, the Panel agree will help to strengthen any potential regulatory regime and help to prevent some of the negative side effects that can be associated with sunbed misuse, especially amongst young people.

On behalf of the Panel I would like to thank all those people that gave information to Members during the course of this review and also express our appreciation for the support from our designated scrutiny support officer.

Councillor R Ambler
Chair

2. Summary

The Scrutiny Panel has had a long standing interest in the potential for regulation of operators of artificial UV tanning equipment as a result of increasing press coverage regarding the negative effects of 'aggressive' tanning particularly by young people, and the increasing volume of recent research which suggests there is a link between sunbeds and the risk of developing skin cancer, a disease which is largely preventable. In summer 2008, the Scrutiny Panel responded to the Health and Safety Executive's consultation regarding revising the guidelines for tanning salons and their customers on the safe operation of sunbeds.

The Scrutiny Panel has undertaken a review of the effects of artificial UV tanning equipment and the feasibility of introducing regulation for the operation of sunbed salons. The Panel learned that there are some medical benefits of using artificial UV tanning equipment. However, there are a significant number of negative side effects, particularly if the equipment is used by young people. Despite this there is no national legislation to regulate the cosmetic use of sunbeds in tanning salons in England and the only legal requirements that all operators of UV tanning equipment across England must comply with relate to health and safety. Although a trade association was established in 1995 to promote good practice in the industry, approximately only a quarter of sunbed outlets are members.

There is considerable support for introducing regulation for operators of artificial UV tanning equipment. Locally, Tameside Council, NHS Tameside and Glossop (primary care trust) and local MPs have all expressed support for regulatory regime.

This report makes a number of recommendations which the Panel felt would help to improve health and reducing health inequalities, locally and nationally. Many of these are similar to, and support the work of, the 2009 report by the Committee on Medical Aspects of Radiation in the Environment (COMARE).

3. Membership of the Scrutiny Panel

Councillor Ambler (Chair) Councillor W Downs (Deputy Chair).
Councillors Bowden, Brazil, Cartwright, Harrison, Middleton, Shorrock and Sweeton.
Dr Cropper (co-opted advisor).

4. Terms of Reference

Aim of the Review:

To consider the effects of artificial tanning equipment on health and examine the possibility of introducing regulation for the operation of sunbed salons.

Objectives:

- A To look at the health effects of UV tanning, especially amongst young people under 18 years;
- B To look at the possibility of introducing regulation for the operation of sunbed salons;
- C To engage with the Department of Health regarding their consideration of the options in relation to possible regulation to prevent the misuse of tanning salons.

Value for Money/Use of Resources:

This review considered the effects of artificial tanning at tanning salons and the possibility of introducing regulation to prevent misuse of tanning equipment at salons. The introduction of regulation for tanning salons would promote more responsible use of artificial tanning equipment and reduce the costs to the NHS for treating illnesses related to sunbed misuse.

Equalities Issues:

This review examined the impact of artificial tanning on the health of all Tameside residents. Recent research, undertaken by Cancer Research UK, has shown that people from more deprived backgrounds are more likely to use artificial tanning equipment. The Indices of Multiple Deprivation 2007 revealed that Tameside was the 56th most deprived local authority area in the country, from a total of 354. Tameside residents may be at greater risk of the potential negative effects of the misuse of solariums. The introduction of regulation could reduce the misuse of artificial tanning salons, and their negative effects. This would therefore contribute to reducing health inequalities.

Local Area Agreement Targets:

Reducing health inequalities and promoting healthy lifestyles are key priorities for the Tameside Health Partnership and Tameside Council. This is reflected in the following Local Area Agreement measures:

NIS 120 – Mortality rate (all age, all cause);

NIS 122 – Mortality from cancers at ages under 75; and

Local 8 – Internal inequalities in premature all cause mortality in Tameside.

5. Methodology

5.1 During the course of this review Members met:

- The Divisional Manager and Team Leader from the Licensing and Enforcement Team at Tameside Council to find out about the framework for the regulation of tanning salons; the regulatory activity currently undertaken

by the council; and how the regulation of tanning salons could work in the future should appropriate legislation be implemented;

- A Consultant in Public Health from NHS Tameside and Glossop (the primary care trust), regarding the positive and negative effects of artificial UV tanning equipment, and the range of health prevention and public awareness raising work undertaken by the Primary Care Trust, Tameside Council and the Tameside Health Partnership to promote moderate attitudes to tanning;
- A Consultant in Public Health from the Greater Manchester and Cheshire Cancer Network to find out about the sub-regional work taking place to lobby for legislation to restrict the use of sunbeds by people under 18 years;
- A representative from The Sunbed Association (TSA), the trade association for the artificial tanning industry, regarding their role in promoting standards of good practice among tanning salons, and the TSA's approach to regulation of the artificial tanning industry.

6. Background to the Review

6.1 Setting the scene

- 6.1.1 It is estimated that there are approximately 8,000 tanning salons in the UK. There are reports which suggest that a growing number of young people are using sunbeds.
- 6.1.2 There appears to have been a large number of cases of sunbed misuse in the media in recent years, especially regarding the inappropriate use of sunbeds by young people in unsupervised, or coin-operated, salons.
- 6.1.3 Although there are cosmetic and psychological benefits of sunbed use, there is evidence that artificial UV tanning equipment can have a range of negative health side effects, the most serious of which is skin cancer.
- 6.1.4 Sunbeds are currently not regulated for cosmetic use in England. Self-regulation in the industry is limited with only approximately a quarter of tanning salons having membership of 'The Sunbed Association', the trade association for the industry which promotes good practice.
- 6.1.5 The only legislation relating to sunbed salons concerns health and safety requirements. The Health and Safety Executive (HSE) produced guidance on sunbeds for operators and users in 1995. This was revised in May 2009 due to technological changes in the industry and increasing sunbed use. Although the HSE have provided extra information for both tanning salon operators and users in the document, including information on skin types and the risks of exposure to UV radiation; the guidance remains voluntary.

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- 6.1.6 In June 2009, the Committee on the Medical Aspects of Radiation in the Environment (COMARE) set up a working group to provide advice to the government on the health effects and the risks from exposure to UV radiation from artificial tanning devices. They published their report in June 2009 which outlined a series of recommendations around introducing regulation of the tanning industry to promote good practice, and the need for legislation and an inspection regime. The report also recommended a public health campaign to raise awareness of the risks of exposure to UV and further research on the effects of using artificial tanning equipment.
- 6.1.7 The Department of Health's second annual report on the Cancer Reform Strategy was published in December 2009 and indicates that the government is currently considering legislation to restrict sunbed use by under 18's. In addition, the Secretary of State for Health announced in January 2010 that the government supported a private members bill by Julie Morgan MP which is seeking to introduce regulation for the sunbed industry. This bill would ban access to artificial UV tanning equipment by people under 18 and make coin operated tanning salons illegal.

6.2 How does skin tan?

- 6.2.1 Our natural skin colour is determined by the presence of melanin in the skin. When skin is exposed to ultraviolet (UV) rays, either in natural or artificial sunlight; cells deep in the skin create melanin, a brown-colored pigment, producing a tan. UV also causes the outer layer of the skin to thicken. This is the body's way of building up protection to UV and to avoid burning.
- 6.2.2 People react differently to UV rays. Fair skinned people, with light coloured hair and eyes, produce less melanin. They are more likely to burn than tan and are more at risk of sun damage than dark skinned people. The skin of some very fair people contains very small amounts of melanin and they will not tan, either in natural sunlight or on a sunbed.

6.3 Attitudes to artificial tanning in the UK

- 6.3.1 A range of surveys have been undertaken by various organisations to find out about attitudes to sunbeds and sun tanning.
- 6.3.2 The Sunbed Association carried out consumer research in 1996¹ and found that over 3 million people used sunbeds in the UK and that 50% of the adult population wanted to be tanned. They also established that: -
- (i) 88% of the UK population has skin types that can tan successfully in a controlled environment;
 - (ii) 83% of sunbed users claim to be quite or very knowledgeable of the possible risks from over-exposure to UV;
 - (iii) Most sunbed users had less than 20 sessions per year.

¹ Consumer Research on Sun tanning and Sunbeds, The Sunbed Association, UK, 1997, conducted by Taylor Nelson with a sample base of 6143 adults

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- 6.3.3 Although this suggests that most adults use sunbeds in a considered and informed way, more recent research suggests that a growing number of young people are inappropriately using sunbeds.
- 6.3.4 Research carried out by the Chartered Institute of Environmental Health (CIEH) in 2008 analysed 23 premises and 65 sunbeds across South Wales. The survey found that: -
- (i) More than half of tanning salons surveyed, both manned and unmanned, will allow children under 16 to use a sunbed;
 - (ii) 88 % of premises would allow a customer to have a tanning session every day despite the risk of skin cancer;
 - (iii) In 16 of the 23 premises, there was no mention of the number of sessions recommended/ allowed according to skin type.
- 6.3.5 In November 2009, Cancer Research UK (CRUK) carried out two face to face surveys of sunbed use with over 9000 children aged 11-17 in England². They established that: -
- (i) 6% of 11-17 year olds had used a sunbed (more than 250,000 children) and the average age of first use of sunbed was 14;
 - (ii) 26.5% of 11-17 year olds said that they used a sunbed at least once a month;
 - (iii) Supervision of sunbed use was poor. Nationally, of those children who used sunbeds, 23.2% did so at home. The remaining three quarters had used tanning/ beauty salons or gym/ leisure centres, where 21.8% had been unsupervised; only 11.4% of children who were supervised were warned of possible harms.

6.4 Artificial tanning and deprivation

- 6.4.1 The South West Public Health Observatory (SWPHO) undertook a mapping exercise of all the sunbed outlets in the UK³ using a desktop focused search of internet directories. The study found 5,350 outlets across the UK, with the large majority in England.
- 6.4.2 They established a strong association between the prevalence of sunbed outlets and deprivation. There were 1,216 sunbed outlets in the most deprived fifth of areas in England, compared with 517 in the most affluent fifth.
- 6.4.3 This trend is significant due to the prevalence of deprivation in Tameside. The Indices of Multiple Deprivation (IMD) 2007 shows that Tameside is the 56th most deprived area of 354 local authorities in the country.

² Thomson CS, Woolnough S, Wickenden M, Hiom S, Twelves CJ. Sunbed use in over 9000 children aged 11 to 17 years in England: the national prevalence and six cities face-to-face quota sampling surveys. *BMJ*

³ Sunbed Outlets and Area Deprivation in the UK, Cancer Intelligence Service, South West Public Health Observatory (November 2009)

- 6.4.4 Within the Greater Manchester and Cheshire Cancer Network, two local authorities, Wigan and Salford, are amongst the top ten areas for sunbed outlet density in the UK. Wigan has 24.6 outlets per 100,000 population and Salford has 21.3 outlets per 100,000 population.
- 6.4.5 Tameside follows closely with 20.6 sunbed outlets per 100,000 population (and 84 per 100,000 population for people aged 15-34). There are a total of 44 in the borough. This means Tameside is ranked 12th highest in England for the density of sunbeds per head of population.
- 6.4.6 The table below shows the density of tanning outlets in Greater Manchester and Cheshire.

Local Authority Area	Sunbed outlets per 100,000 population
Wigan	24.6
Salford	21.3
Tameside	20.6
Bolton	19.4
Bury	19.2
Stockport	17.1
Rochdale	15.5
Oldham	14.6
Macclesfield	13.3
Trafford	12.8
Manchester	12.4
Crewe & Nantwich	8.7

6.5 The Rationale for the Scrutiny Review on Sunbeds

- 6.5.1 Increasing amounts of recent research have shown that the most significant risk factor for developing skin cancer is exposure to ultraviolet (UV) rays, from both natural and artificial sunlight.
- 6.5.2 The World Health Organisation estimates that one in every three cancers diagnosed worldwide is a type of skin cancer and the Department of Health has stated that skin cancer, in terms of incidence, is the most common form of cancer in the UK.
- 6.5.3 The South West Public Health Observatory has established that Tameside is ranked 12th highest in the UK for the density of sunbeds per head of population. This may contribute to the health inequalities gap between Tameside and the rest of the UK.
- 6.5.4 This Scrutiny Review enables the Personal and Health Services Scrutiny Panel to identify good practice in the sunbed industry, and examine the potential for introducing regulation for the operation of sunbed salons in order to minimise the risks of using artificial UV tanning equipment.

6.5.5 This is a particularly timely review. The Department of Health has stated their intention to consider the options for limiting sunbed use nationally amongst people under 18. The Panel's findings may be used to inform these considerations.

6.5.6 This Scrutiny Review supports a number of local priorities and targets, including:

- The Tameside Community Strategy theme 'A Healthy Population';
- The Tameside Health Inequalities Strategy

7. Review Findings

7.1 Positive effects of artificial UV tanning

7.1.1 There are some positive side effects of using artificial UV tanning equipment. The Committee on Medical Aspects of Radiation in the Environment (COMARE), The Sunbed Association, and others, have highlighted that there are psychological and medical benefits.

7.1.2 Controlled exposure and psychological benefits

7.1.3 The Sunbed Association claims that if used sensibly, sunbeds can be a good method of achieving tanned skin. They offer the ability to achieve a tan in a controlled environment, which means avoiding over-exposure to UV, and burning, providing the sunbed is used responsibly. Exposure to natural sunlight cannot be controlled in the same way. The cosmetic effects of having a tan can also have a positive psychological impact on sunbed users.

7.1.4 Medical benefits

7.1.5 Small amounts of UV are beneficial for people and treat certain medical conditions. The British Medical Association (BMA) states that when ultra violet radiation is used under supervision, its health benefits can outweigh its harmful effects. For example, PUVA (psoralen ultraviolet light treatment) is used by dermatologists to treat psoriasis and eczema. The UV exposure is carefully monitored in this treatment. It can also be used as a treatment for lymphoma and facial acne.

7.1.6 UV radiation can be used to treat lack of vitamin D. Vitamin D is an essential nutrient, the lack of which can cause rickets and some other illnesses. Vitamin D strengthens the bone and musculoskeletal system. There are three major sources of vitamin D: photosynthesis in the skin, ingestion in the diet (from cod liver oil, oily fish such as salmon, mackerel and sardines) and oral supplementation. Worldwide, photosynthesis from sunlight is the most common source of vitamin D.

7.1.7 However, most people in the UK get all the vitamin D they need by eating a balanced diet, and spending time outdoors. A sufficient dose is usually provided from exposure as part of our daily routine.

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- 7.1.8 The sunbed industry argues that it is difficult to definitively prove that sunbeds are dangerous, as people that use sunbeds are also exposed to the sun. Therefore, it is hard to generate evidence which separates the effects of sunbeds from natural sunlight.

Conclusions

1. The cosmetic effect of having a sun tan, from either natural or artificial sources, has a positive psychological impact.
2. There are some positive effects of using artificial UV tanning equipment, but it is clear that this needs to be done with specialist supervision from a qualified dermatologist.

7.2 Negative effects of artificial UV tanning

- 7.2.1 Evidence also suggests that use of artificial UV tanning equipment can have a range of negative health side effects.

7.2.2 Premature ageing of the skin

- 7.2.3 In the short term if sunbeds are used aggressively or inappropriately, they can cause burning. In the longer term they can cause photoageing (premature skin ageing), which may result in skin losing elasticity and becoming coarse, leathery and wrinkled at a younger age. It is generally irreversible without cosmetic surgery.

7.2.4 Damage to the eyes

- 7.2.5 There is some evidence that UV exposure can cause several forms of eye disease⁴.

- 7.2.6 Acute effects of UV radiation can include:

- (i) inflammation of the conjunctiva (photokeratitis);
- (ii) inflammation of the cornea (photoconjunctivitis)

These conditions are reversible, can be easily prevented by wearing protective eyewear and are not associated with any long-term damage.

- 7.2.7 Chronic effects of UV radiation can include:

- (i) Cataracts: an eye disease where the lens becomes increasingly opaque, resulting in impaired vision and eventual blindness.

⁴ National Radiological Protection Board, 2002

The World Health Organization (WHO) estimates that UV exposure may have been a key contributor to the development of cataracts in up to 20% of people who have them.

- (ii) Pterygium: a white or creamy fleshy growth on the surface of the eye.
- (iii) Squamous cell carcinoma of the cornea or conjunctiva: a rare tumour of the surface of the eye.

7.2.8 Immunosuppressive effects

7.2.9 The World Health Organisation (WHO) states that exposure to UV radiation appears to diminish the effectiveness of the immune system by changing the activity and distribution of the cells responsible for triggering immune responses.

7.2.10 WHO also state that people treated with immunosuppressive drugs have a greater chance of developing certain types of skin cancer (squamous cell skin cancer) than the rest of the population. Consequently, exposure to both natural sunlight and UV radiation may inhibit the body's defences that would usually limit the progressive development of skin tumours.

7.2.11 Photosensitivity

7.2.12 Some cosmetics and certain drugs, including anti-depressants, antibiotics, and antidiabetics; make the skin more sensitive to UV light and therefore decrease the time it takes for the skin to burn. As a result, there is a greater risk of artificial UV tanning equipment being used inappropriately if uninformed sunbed users visit salons that do not have trained staff offering advice to customers.

7.2.13 Increased risk of skin cancer

7.2.14 The most serious negative side effect of using artificial UV tanning equipment is the potential risk of developing skin cancer. This will be explored in more detail below.

7.3 Skin cancer

7.3.1 There are two main types of skin cancer:

7.3.2 Non-melanoma skin cancer (NMSC)

7.3.3 Non melanoma skin cancer (NMSC) is the most common form of skin cancer and is normally not fatal. There are two forms of NMSC skin cancer: -

- (i) Basal cell carcinoma (BCC): About 3 out of 4 non melanoma skin cancers diagnosed are BCC. More than 90% of people with basal cell cancer are completely cured.

-
- (ii) Squamous cell carcinoma (SCC): About 1 in 5 skin cancers diagnosed are SCC. Between 70 - 90% of people with squamous cell skin cancer are completely cured.

7.3.4 Non-melanoma skin cancers are closely associated with cumulative exposure to sunlight. A history of sunburn increases the risk of developing BCC and the risk is especially high if an individual has had several episodes of sunburn in childhood. The risk of SCC is linked to overall sun exposure throughout an individual's life. These cancers are slow growing and usually develop on parts of the body most frequently exposed to sunlight - the face, neck, scalp, hands and arms.

7.3.5 Non-melanoma skin cancers account for 90 per cent of skin cancer cases in the UK and are more common in the elderly with 70% of cases occurring in people over 65 years⁵.

7.3.6 Malignant melanoma

7.3.7 This type of skin cancer is less frequent than NMSC, and accounts for 10% of skin cancer cases in the UK. However, it is more serious and accounts for the majority of deaths from skin cancer. It is often fast growing and if left untreated can spread to other parts of the body. Early detection is important for successful treatment.

7.3.8 Cancer Research UK (CRUK) state this type of skin cancer is linked to exposing untanned skin to the sun in relatively short bursts.

7.3.9 CRUK estimate that almost a third (31%) of all malignant melanoma cases occur in people aged less than 50 years. This incidence of cases amongst young people is high in comparison to other cancers. It is the second most common cancer in people aged fifteen to thirty four.

7.3.10 People from the most affluent areas have better malignant melanoma survival rates than those from the more deprived areas.

7.3.11 Incidences of skin cancer

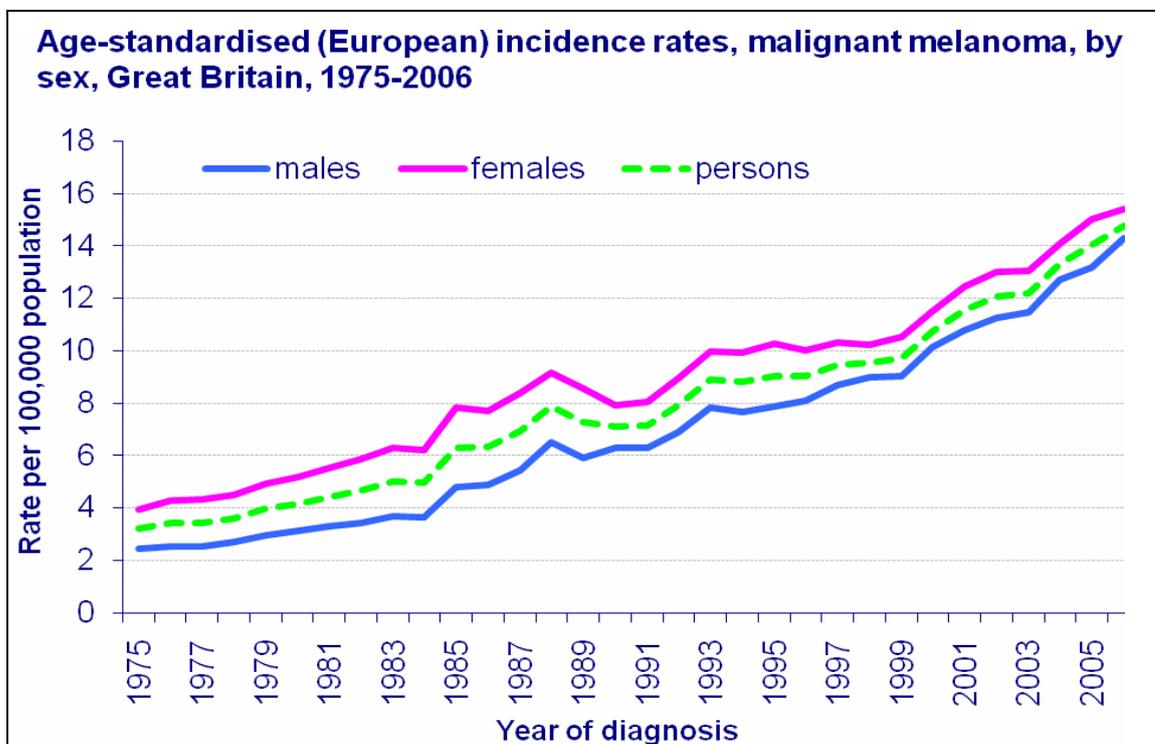
7.3.12 The World Health Organisation (WHO) estimates that between two and three million non-melanoma skin cancers (NMSCs) and approximately 132,000 malignant melanomas occur globally each year. This means that one in every three cancers diagnosed worldwide is a skin cancer.

7.3.13 The Department of Health has stated that skin cancer, in terms of incidence, is the most common form of cancer in the UK.

7.3.14 In 2006 81,500 cases of non-melanoma skin cancer (NMSC) were registered in the UK. However, Cancer Research UK (CRUK) believes that this type of cancer is often left out of national cancer statistics and tends to be under reported because it is more easily treated and cured. CRUK believes the actual number of NMSC cases could be as many as 100,000 each year.

⁵ Cancer Research UK, 2005

7.3.15 In 2006, there were 10,400 cases of malignant melanoma skin cancer in the UK. Over the last thirty years, the incidence of melanoma has increased more than for any other common cancer in the country. The CRUK graph below shows that male rates have increased more than five times from around 2.5 in 1975 to 14.3 in 2006, while the female rates have more than tripled from 3.9 to 15.4 over the same period.



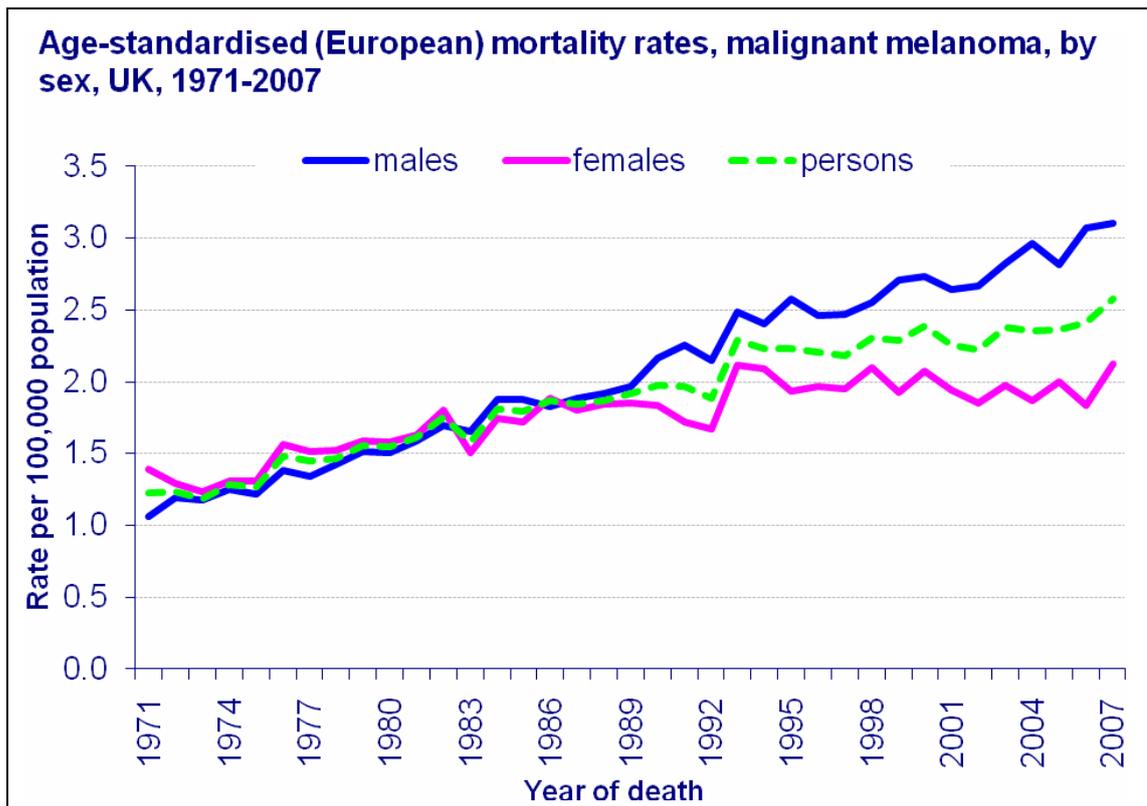
Source: Cancer Research UK – skin cancer UK incidence statistics⁶

7.3.16 In February 2009, Cancer Research UK estimated that the lifetime risk of developing malignant melanoma was 1 in 91 for men and 1 in 77 for women in the UK.

7.3.17 Mortality rates from skin cancer

7.3.18 The CRUK graph below shows that mortality rates from malignant melanoma in the UK show a continuous rise. Rates for men have increased from around 1.2 per 100,000 in the early 1970s, to 3.1 in 2007, while rates for women have increased from 1.4 per 100,000, to 2.0 over the same period.

⁶ <http://info.cancerresearchuk.org/cancerstats/types/skin/incidence/>



Source: Cancer Research UK – skin cancer UK incidence statistics⁷

7.3.19 In total, approximately 2,600 people die from skin cancer each year in the UK. Of these, more than 2,000 are from malignant melanoma.

7.3.20 Despite this, the World Health Organisation (WHO), Cancer Research UK (CRUK), and the Chartered Institute of Environmental Health (CIEH); all state that skin cancer is largely preventable. The main risk factors are related to lifestyles – from an individual’s behaviours and their attitudes to the sun.

7.3.21 The link between artificial UV equipment and skin cancer

7.3.22 Research has shown that the most significant risk factor for developing skin cancer is exposure to the ultraviolet (UV) rays in natural sunlight. It is estimated that approximately 65% to 90% of melanomas are caused by exposure to the sun⁸. However, the use of artificial UV tanning equipment adds to this exposure. Although the power of artificial UV equipment varies, the intensity of some types of UV rays from sunbeds can be up to 10-15 times higher than that of the midday sun.

7.3.23 Various studies have been conducted recently establishing a link between the use of artificial UV tanning equipment and the risk of developing skin cancer.

⁷ <http://info.cancerresearchuk.org/cancerstats/types/skin/mortality/index.htm>

⁸ Glanz and Saraiya, 2005; Murphy, 2002; Ortonne, 2002

7.3.24 In 2006 the International Agency for Research on Cancer (IARC) carried out a review on the association between artificial UV radiation and skin cancer⁹. The IARC concluded that:

- (i) Individuals that had ever used a sunbed had a 15% increased risk of developing melanoma;
- (ii) Individuals that first used a sunbed before the age of 35, had a 75% increased risk of developing melanoma;
- (iii) There was also a 125% increased risk of developing squamous cell skin cancer;
- (iv) Individuals that used sunbeds were also more likely to be exposed to natural light.

7.3.25 Cancer Research UK has stated that the more individuals use a sunbed the greater their risk of skin cancer and that short periods of intense, irregular UV exposure, for example on a sunbed, are the fastest way to damage skin. CRUK estimates that using a sunbed, once a month or more, can increase your risk of skin cancer by more than half.

7.3.26 In addition, the World Health Organisation (WHO) has also stated that it believes that exposure from artificial UV tanning equipment is likely to add to the detrimental consequences of exposure to natural sunlight¹⁰.

7.3.27 Similarly, the United States Department of Health and Human Services has stated that the longer an individual's exposure to artificial UV tanning, the greater the risk of developing skin cancer. The Department of Health and Human Services has classified exposure to sunlamps or sunbeds as "known to be carcinogenic to humans".

7.3.28 In June 2009, the International Agency for Research on Cancer (IARC) raised the classification of sunbed use from "probably carcinogenic to humans" to "carcinogenic to humans". However, The Sunbed Association highlight that this places the use of artificial UV tanning equipment in the same category as natural sunlight, red wine and beer.

7.3.29 The Sunbed Association (TSA) and other organisations argue that it is difficult to conclusively prove skin cancers are caused by the use of artificial UV tanning equipment because the individuals that use sunbeds are also exposed to natural sunlight. It is hard to generate evidence which separates the effects of sunbeds from natural sunlight.

7.3.30 The effects of artificial tanning on younger people

7.3.31 The World Health Organisation (WHO) states that children and adolescents are particularly vulnerable to the harmful effects of UV radiation. Childhood exposure

⁹ "Exposure to Artificial UV Radiation and Skin Cancer", The International Agency for Research on Cancer Working Group (2005)

¹⁰ 'Sunbeds, Tanning and UV Exposure', Fact Sheet 287, World Health Organisation (WHO), March 2005

to UV and the number of times a child is burnt by UV, either from the sun or from sunbeds, are known to increase the risk of developing melanoma later in life¹¹.

- 7.3.32 It has already been stated earlier in this report that the IARC found that use of sunbeds before the age of 35 is associated with a 75% increase in the risk of developing melanoma and that the incidence of melanoma disproportionately high in younger people.
- 7.3.33 Evidence shows that significant numbers of young people are using sunbeds. In 2009 Cancer Research UK recently carried out two large, face to face surveys of sunbed use with over 9000 children aged 11-17 in England. They found that: -
- (i) 6% of 11-17 year olds had used a sunbed;
 - (ii) 11.2% of 15-17 year olds had used a sunbed;
 - (iii) Sunbed use was more common in girls than boys;
 - (iv) Sunbed use was more common in the north (11%) compared with the rest of England (4%);
 - (v) Sunbed use was more common among deprived communities;
 - (vi) 21.8% of young people had used a sunbed unsupervised (ie. without information about how to use a sunbed, the risks associated with use, and a member of staff present to supervise them);
 - (vii) Only 11% of those young people that used a sunbed under supervision were advised of the risks of UV tanning equipment.

Conclusions

3. There is an increasing amount of evidence proving that there is a range of negative side effects from exposure to both natural and artificial sources of UV light, the most serious of which is skin cancer.
4. Children and young people are particularly vulnerable to the effects of exposure to UV light, yet large numbers of adolescents are using sunbeds, particularly in deprived communities. As Tameside is the 56th most deprived local authority area of 354 in the UK, this puts our young people at greater risk.
5. The use of artificial tanning equipment is likely to increase any risks of exposure to natural sunlight.
6. Over the last 30 years the incidences of skin cancer in the UK have been consistently rising and the Department of Health has stated that this is now the most common form of cancer in the country. Mortality rates from malignant melanoma, the most serious form of skin cancer, have also increased. This has become a public health problem because skin cancer is a largely preventable disease.

¹¹ National Radiological Protection Board, 2002 and the World Health Organisation state this

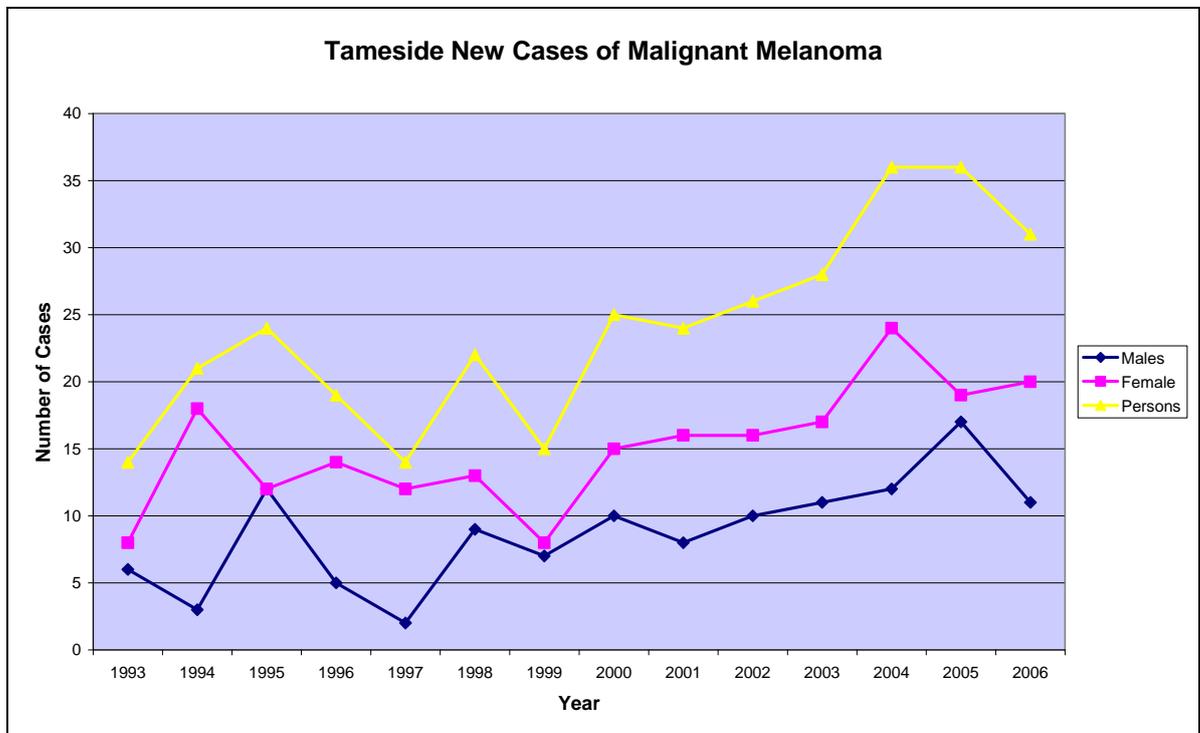
7. The risks of using artificial UV tanning equipment can be reduced by following good practice guidelines. Such as the compulsory use of protective goggles by all sunbed users in tanning salons.

Recommendations

1. That, in order to promote public health, regulations on the commercial use of sunbeds be introduced for England, which: -
 - (a) Prohibit the use and hire of commercial sunbeds to all persons under 18 years of age;
 - (b) Prohibit the operation of coin operated, or unsupervised, commercial tanning salons;
 - (c) Require all customers of commercial tanning salons to wear protective goggles, as a condition of using artificial UV equipment.

7.4 Skin cancer in Tameside

- 7.4.1 There had been a consistent rise in new cases of malignant melanoma in Tameside per 100,000 population between 1993 and 2005, as the graph below shows. The incidences of skin cancer were higher in women than men. However, the overall skin cancer rate had begun to decline in 2006.



Source: NHS Tameside and Glossop

7.4.2 The rise was probably due to greater exposure to UV, both from sunbed use and foreign holidays.

7.4.3 Between 1993 and 2006 there were 55 deaths from malignant melanoma in Tameside. Despite the increase in incidences of melanoma, the death rate had been fairly stable, as the table below shows.

Year	Number of deaths
2006	3
2005	1
2004	2
2003	3
2002	4
2001	8
2000	2
1999	4
1998	6
1997	3
1996	6
1995	4
1994	5
1993	4

7.4.5 Tameside had only about 75% of the number of deaths from malignant melanoma that would be expected from the England average.

7.4.6 In comparison to other areas of Greater Manchester, incidences of malignant melanoma skin cancer in Tameside were lower than Stockport, higher than Manchester and very similar to Oldham, as the graph below shows.

New Cases of Melanoma 1993-2006 per 100,000 population - other Greater Manchester Authorities and Tameside



Source: NHS Tameside and Glossop

7.4.7 However, the Scrutiny Panel were informed that skin cancer could take up to 20-30 years to develop and it was likely that people in the borough began to take foreign holidays later than they had in other, more affluent areas. Therefore the low prevalence of skin cancer in Tameside compared to the national average could be due to the time it took for the disease to develop, and the impact of the current high density of tanning salons in the borough would not necessarily be known for years to come.

7.4.8 In 2008-9, hospital treatment for skin cancer patients registered with NHS Tameside and Glossop (PCT) totalled £432,000. This was 1.9% of the total hospital treatment cost for cancer patients. However, this did not include the costs to GPs and the PCT's provider division.

Conclusions

8. In Tameside, there has been a consistent rise in the number of cases of malignant melanoma, the more serious form of skin cancer, since 1993.
9. The death rate from malignant melanoma in Tameside is significantly below the England average. However, as it can take between 20 and 30 years for skin cancer to develop, and it is likely that people in Tameside began to take foreign holidays later than other more affluent areas; this is likely to increase.

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10. Tameside has been ranked 12th highest in England for the number of sunbeds per head of population. Due to the time it takes for skin cancer to develop, the impact of the high density of tanning salons in the borough may not be known for several decades.

7.5 Skin Cancer Prevention and Sun Awareness in Tameside

- 7.5.1 NHS Tameside and Glossop (PCT) and partner organisations undertook a range of work to educate the public about sun safety, in order that individuals would know how to stay safe in the sun and could make informed choices about and whether to use sunbeds and, if so, how to lessen their risk from using them.
- 7.5.2 The range of prevention and awareness raising work is set out in the text box below:

Prevention and Awareness Raising

- The PCT's Health Visitors provide advice on sun protection to parents of children between 0-5 years, as part of the healthy Child Programme. During the annual child safety week, health visitors provided advice on sun safety in addition to a range of other information.
- The PCT are currently engaging with the Bangladeshi community in Hyde regarding their diet and level of sun exposure and the associated increased risk of developing a Vitamin D deficiency.
- The Children and Young People's Strategic Partnership has developed a report card to raise awareness of environmental hazards, including sun exposure, amongst young people.
- Children's Centre teams have embraced a culture of sun awareness. On sunny days legionnaire hats are provided for all children and sun cream is available for all parents to apply to their children.
- The PCT's school nurses promote sun protection.
- Tameside Council's Healthy Schools Team supports all aspects of the healthy lifestyles in the PSHE programme that is delivered in schools and sends any relevant information and resources to the healthy schools co-ordinators.

- 7.5.3 Wider campaigns had also taken place over recent years to raise awareness and promote prevention. In 2007, the PCT and local pharmacies ran a 'Sun Awareness' programme. In 2008, a series of individual events took place in

schools and Children's Centres in Ashton, where the health improvement team promoted sun awareness by distributing hats, lotion, literature and water.

- 7.5.4 In 2009, the PCT did not run a local programme due to the national 'SunSmart' campaign delivered by Cancer Research UK and funded by the Department of Health.

Conclusions

11. The Panel feels that NHS Tameside and Glossop (PCT) and partner organisations already undertake a range of work to educate the public, and particularly parents of young children, about the risks of exposure to the sun and sun safety.

Recommendations

2. That the range of local initiatives to raise awareness of sun and UV tanning safety continues, even in difficult financial times.

7.6 The Sunbed Industry

7.6.1 The Sunbed Association

7.6.2 The Sunbed Association (TSA) was established in 1995. The TSA is the trade association for the UK sunbed industry, representing sunbed operators (including dedicated tanning salons, hair and beauty salons and fitness clubs) and manufacturers and suppliers of sunbed equipment. The TSA is a registered, not for profit, company and a member of the 'European Sunlight Association'.

7.6.3 The aim of the TSA is to ensure high standards of operation to promote the safe use of artificial UV tanning equipment. The Association seeks to minimise the risks associated with sunbed use.

7.6.4 All tanning salon operators can be members of The Sunbed Association for an annual fee of £115. Approximately a quarter of all tanning salons in the UK had membership. In Greater Manchester, there are only 75 members of the TSA and at the time of writing The Sunbed Association state they have only two or three in Tameside. The Association believed that many tanning salons did not join the association due to the cost.

7.6.5 In return for membership of the TSA, tanning salons must commit to comply with the Association's 'Code of Good Practice'.

7.6.6 The Code of Good Practice

7.6.7 The TSA's Code of Good Practice is based on:

- (i) The European Standard EN 60335-2-2, which governs the manufacture of UV tanning equipment and provides instructions for use; and
- (ii) The Health and Safety Executive Guidance Note "Reducing health risks from the use of ultraviolet (UV) tanning equipment" (INDG209).

7.6.8 More information about the Code of Good Practice is outlined in the text box below.

The Code of Good Practice

The code requires that all TSA members ensure the following: -

- All electrical equipment in the salon is installed by a qualified person;
- Ventilation is provided in the sunbed room;
- Appropriate maintenance and servicing of the equipment is undertaken at regular intervals;
- The tubes are replaced with the appropriate specification at the end of their service life and that the sunbed session times are reduced accordingly following re-tubing;
- Daily checks of the sunbed tubes and component parts are carried out and any faults rectified;
- The sunbeds and component parts are cleaned after each use;
- Protective goggles are provided and all customers are advised to wear them. If any customer refuses to use the goggles they should be refused use of the equipment;
- The salon has emergency procedures in place (either a panic button installed in the sunbed room or on the equipment itself) which triggers an alarm to reception staff. All customers must be informed of emergency procedures;
- Trained staff are on duty at all times when the tanning salon premises are open to the public;
- The Health and Safety Executive Guidance Note (INDG209) is displayed in the salon. Information must be displayed or provided to customers on the risks associated with sunbed use;

-
- All customers must be screened for their skin type and sunbed sessions allocated according to skin type;
 - All sunbed sessions should be recorded and kept for a minimum of six years;
 - People under 16 years old should be prevented from using sunbeds. If staff doubt the age of a customer they must be required present proof of age before using the equipment;
 - Controls are in place to limit the frequency of sunbed use. No customer must be allowed to exceed the European Standard of 60 sunbed sessions per year.

7.6.9 To support their members to comply with the Code of Good Practice, TSA provides tanning salons with model health and safety risk assessments, a set of protocols for operators and staff on the safe use of sunbed equipment, health and safety notices, customer record cards, information leaflets, and a 'Sunbed Advice Line'.

7.6.10 Compliance Testing Programme

7.6.11 The TSA has a 'Compliance Testing Programme' where all members are assessed, by independent inspectors, against the criteria in the 'Code of Good Practice'. Each salon is inspected after joining the TSA and every two years thereafter.

7.6.12 Salons found to be in breach of the Code are required to take action to rectify their practices. If they persist the TSA will disqualify the salon from membership. Since 1995, only two operators had been disqualified. In practice, the TSA found that the salons that were members of the TSA tended to be motivated to implement good practice guidelines.

7.6.13 Training programmes for staff

7.6.14 The Sunbed Association was the only organisation in the UK to offer training on the safe use of sunbeds. Although sunbed manufacturers provided an instruction session upon purchase of their equipment, these sessions were limited and only covered how to operate the equipment, rather than how to use it appropriately.

7.6.15 The Sunbed Association offered the following training programmes for tanning salon staff to enable them to give advice on safe sunbed use to customers: -

- (i) A self-taught programme.
Tuition is provided via a training manual and DVD. Members of the TSA can purchase the programme for £25 and non-members for £75. The course is not certified.

-
- (ii) An online UV Training Course.
This online course was researched and developed by The Sunbed Association in conjunction with Oxford, Thames & Chiltern (OCN) Credit4Learning, an independent not for profit organisation offering education and training courses.
The course takes up to 60 hours to complete and is assessed and certified by OCN.
The course costs £99 for TSA members and £149 for non-members.

7.6.16 The Sunbed Associations' approach to regulation

7.6.17 The Scrutiny Panel was informed that the TSA supported increased regulation of the tanning industry, including:

- (i) A ban on people under 18 years using sunbeds.
- (ii) A ban on unsupervised salons.

The TSA defines unsupervised, or coin operated salons, as 'dedicated tanning salons that had no staff on duty when the premises were open to the public'. The Sunbed Association estimates less than 2% of salons in the UK are unsupervised.

The TSA advocates that appropriately trained staff should be on duty at all times during the opening hours of all tanning salons.

- (iii) The implementation of recommendation 1.7 of the Committee on Medical Aspects of Radiation in the Environment Report - that all sunbeds should adhere to the British and European Standard (BS EN 60335-2-27:2003) and not exceed a sunbed irradiance of 0.3W/m².

In 2006 the European Union Scientific Committee on Consumer Products published an Opinion stating that UV tanning equipment should not exceed an irradiance level of 0.3W/m² and that equipment above this level would be considered unsafe.

This would ensure that sunbeds are of an equivalent strength to the Mediterranean midday sun and make them safer to use as there would be less chance of over exposure and burning.

All EU member states, including the UK government agreed to introduce this level, from 1 April 2009, for all new and traded sunbeds. However, this did not apply to equipment already in service.

The TSA believes that, in practice, the Health and Safety Executive could do more to enforce this new regulation. The TSA would also like to see it applied to all artificial UV tanning equipment sold and manufactured before 1 April 2009 as many tanning salons, especially those with walk-in tanning booths, used equipment that far exceeded an irradiance level of 0.3W/m².

Conclusions

12. The Panel welcomes The Sunbed Association's Code of Good Practice' and Compliance Testing Programme as methods to ensure that their members minimise the risks associated with artificial sunbed use. However, the Panel is disappointed that only a quarter of all commercial tanning salons in the UK are members of The Sunbed Association and comply with their guidelines.
13. The Panel welcomes the efforts of The Sunbed Association to establish training courses for tanning salon staff, to enable them to give advice on the appropriate use of artificial UV tanning equipment to customers.

Recommendations

3. That all staff working in commercial tanning salons undertake mandatory accredited training in order to provide advice for each customer on the appropriate use of sunbeds.
4. That all customers of commercial tanning salons are provided with appropriate advice, including an assessment of their skin type, before each sunbed session
5. That all commercial tanning salons maintain mandatory customer records in order to monitor the frequency of each customer's sunbed use and provide advice regarding the maximum number of sessions.
6. That, in line with the recommendations of the COMARE report and The Sunbed Association, preferably all equipment, but at least all new artificial UV tanning equipment, for sale or hire should comply with the British and European Standard (BS EN 60335-2-27: 2003); and the power of the equipment should be limited to a maximum irradiance level of 0.3 watts per square metre.
7. That information on the health risks associated with sunbed use is provided to all commercial sunbed salon customers and that this information is also displayed on the premises.

7.7 The current regulatory framework

7.7.1 Health and Safety legislation

- 7.7.2 There is no national legislation to regulate the cosmetic use of sunbeds in tanning salons in England.

7.7.3 The only legal requirements that all operators of UV tanning equipment across England must comply with are the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999; which require operators to: -

- (i) Carry out a risk assessment of their work activity, including risks from exposure to UV radiation for employees and members of the public. Customers can be exposed to increased risks from sunbed use when tanning salons install new bulbs in their UV equipment, as they are usually more powerful than the old bulbs. Such hazards should be included in each commercial tanning parlour's risk assessment.
- (ii) Take measures to control any risks as far as they can.
- (iii) Inform staff about the risk assessment results and make sure staff are competent to act on any dangers.

7.7.4 The Health and Safety Executive believes that current legislation has been taken as far as possible to regulate the use of tanning salons.

7.7.5 Current guidance

7.7.6 In 1995 the Health and Safety Executive (HSE) issued voluntary guidance on the use of UV tanning equipment for cosmetic tanning salons (INDG209).

7.7.7 In May 2009 the HSE revised the guidance due to technological changes within the industry, the expansion in the use of tanning equipment and concerns regarding the number of children and young people that were using tanning equipment.

7.7.8 The new leaflet: -

- (i) Provides more detailed information for tanning salon operators on how to carry out a health and safety risk assessment and what factors to consider;
- (ii) Provides extra information on the risks of exposure to UV radiation;
- (iii) Recommends that people under 18 do not use sunbeds;
- (iv) Recommends that all coin-operated salons are supervised by trained staff;
- (v) Provides information on skin types.

7.7.9 In summer 2008, the HSE held a consultation regarding how the guidelines could be revised, which the Scrutiny Panel responded to. The Panel believes that the new guidance provides good recommendations to the operators of commercial sunbed outlets and their customers and particularly welcomes the information that has been included about the effects that UV equipment could have on different types of skin.

7.7.10 However, the Scrutiny Panel remains concerned that the guidance is not legally enforceable and that tanning salons do not have to comply with the recommendations.

7.7.11 The role of the Local Authority

- 7.7.12 It is estimated that there are approximately 50 commercial sunbed outlets in Tameside. Staff from the council's Environmental Enforcement Team regularly inspect these premises for compliance with the Health and Safety at Work Act.
- 7.7.13 Where sunbed operators do not comply with health and safety legislation, by having a risk assessment, they can be served with an 'Improvement Notice' to require hazards to be identified.
- 7.7.14 If operators do not have a satisfactory risk assessment, they can be served with an Improvement Notice to ensure that they take action to ensure that it covers all the salient issues, such as recommending limits on the frequency of sunbed use to customers.
- 7.7.15 Where operators are given Improvement Notices, council staff can offer advice and support to enable salons to comply with the request, for example, by providing examples of model risk assessments.
- 7.7.16 If tanning salon operators refuse to respond to Improvement Notices issued by the council, they can be prosecuted.
- 7.7.17 No enforcement action had been taken against sunbed operators regarding compliance with health and safety legislation to date in Tameside. The lack of local or national legislation to control the use of commercial sunbeds outlets makes it challenging for local authorities to pursue prosecution. However, on 8 December 2009, the first successful prosecution of an unmanned tanning salon took place by Vale of Glamorgan Council following an investigation into an incident involving a 14 year-old girl who received first-degree burns after spending 16 minutes on a sunbed at the salon. The salon owner was prosecuted for five breaches of the Health and Safety at Work Act, including a failure to staff the premises during opening hours, and ordered to pay £6,000 towards legal costs as well as being issued with a 90 hour community service order.
- 7.7.18 During the council's inspections of tanning salons, staff also take the opportunity to encourage operators to comply with the voluntary HSE guidance (INDG209) on the use of UV tanning equipment.

7.7.19 Local Authorities in other areas

- 7.7.20 In certain parts of England, sunbed outlets are required to operate under licence from their local authority. Local acts of parliament have been passed to enable councils to impose licensing regimes for certain cosmetic treatments, including artificial UV tanning.
- 7.7.21 Where licensing of tanning salons has been introduced, it is compulsory to obtain a licence and renew it annually.

Further information regarding licensing regimes in English local authorities is outlined in the text box below.

Licensing regimes in English Local Authorities

(i) London Boroughs

In London, 28 of the 32 Boroughs have a licensing regime for tanning salons. It is imposed under the London Local Authorities Act 1991. This Act aims to improve and develop local government services to benefit residents in London.

All establishments providing special treatments that affect the skin are covered by the Act. Treatments include UV light, body piercing, chiropody, tattooing and certain beauty treatments. The Act sets guidelines for the provision of special treatments regarding sanitation; the safety of equipment used; and staff qualifications.

Each London Borough can draw up its own specific rules under the Act. Some Boroughs require salons to comply with the recommendations outlined in Health and Safety Executive's guidance on "Controlling Health Risks from the use of UV Tanning Equipment" (INDG209).

(ii) Birmingham City Council

Licensing of tanning salons is imposed under the Birmingham City Council Act 1990 – Massage and Special Treatment Establishments. The requirements are very similar to those of the London Local Authorities Act 1991.

However, Birmingham City Council also imposes restrictions on opening hours from 8am to 12 midnight on any day and requires sunbed operators to have regard to the Advisory Notes issued by Birmingham City Council's Environmental Health Department.

(iii) Nottinghamshire County Council

Licensing of tanning salons may be imposed by district councils under the Nottinghamshire County Council Act 1985. To date, five local councils have introduced licensing - Nottingham City Council, Rushcliffe Borough Council, Newark & Sherwood District Council, Mansfield District Council, and Ashfield District Council.

The requirements are similar to those of the London Local Authorities Act.

(iv) Worcester

Licensing is imposed under the Worcester City Council Act 1985 for establishments for massage and other treatment including treatment for tanning of the skin.

7.7.22 The primary legislation that enables the licensing of commercial tanning salons in some local authorities in England is generally limited and tends to focus on sanitation and hygiene.

7.7.23 The introduction of legislation in areas in Scotland and Wales

7.7.24 Other areas of the UK have already introduced legislation to regulate tanning salons.

7.7.25 Legislation to control sunbed use came into force in Scotland on 1 December 2009 due to the Public Health etc. (Scotland) Act 2008 (Sunbed) Regulations 2009.

7.7.26 The legislation made it illegal for people under 18 to use sunbeds, banned the operation of unsupervised tanning salons, and required all sunbed operators to give customers information about the health risks of UV tanning equipment (the Scottish Government's Information Leaflet). If tanning salons do not comply with the legislation, they can be issued with a Fixed Penalty Fine.

7.7.27 Legislation to control sunbed use has been proposed by the Welsh Assembly's Health, Wellbeing and Local Government Committee which undertook a three-month inquiry into the tanning salon industry¹² in 2009.

7.7.28 The Committee concluded that there was good evidence to suggest that use of sunbeds caused skin cancer; and that while there is no wholly safe dosage, children and young people were particularly at risk. In addition the Committee concluded that current laws provide insufficient safeguards against misuse, particularly by children and younger people and proposed new legislation for tanning salons to ensure that:

- (i) use by under 18s is prohibited;
- (ii) use by other high risk groups is discouraged;
- (iii) facilities provide full-time supervision by well-trained staff;
- (iv) use of protective eyewear is compulsory;
- (v) information setting out the potential health risks of using sunbeds is prominently displayed and provided to all users;
- (vi) information containing unproven health benefits of sunbed use should be prohibited from premises;
- (vii) written informed consent is obtained from all clients prior to use; and that
- (viii) facilities should not be allowed to use sunbeds that do not comply with both the British and European Standards on sunbed irradiance levels.

7.7.29 In October 2009 the Welsh Health Minister announced that the unregulated use of sunbeds was a public health problem that the Welsh Assembly would seek to use all legislative means to prohibit the use of sunbeds by persons under 18 years and to ban the operation of unsupervised sunbed salons.

7.7.30 Support for legislation and a regulatory regime

7.7.31 A large number of organisations support the introduction of a regulatory regime for tanning salon operators including: -

¹² "Inquiry into the Use and Regulation of Sunbeds", Health, Wellbeing and Local Government Committee (November 2009)

-
- The Sunbed Association
 - World Health Organisation
 - UK Health Protection Agency
 - Chartered Institute of Environmental Health
 - Cancer Research UK
 - Committee on the Medical Aspects of Radiation in the Environment (COMARE)
 - International Agency for Research on Cancer (IARC)

7.7.32 Some organisations hold the view that that sunbeds cause negative health side effects, but do not support the introduction of a licensing regime. They feel that education should be used to educate the public about the health risks involved in using artificial UV tanning equipment. These organisations include: -

- British Medical Association
- British Photodermatology Group
- National Radiological Protection Board

7.7.33 In December 2009, all the Directors of Public Health in Greater Manchester and Cheshire wrote to local MPs across the region calling for them to support legislation to restrict the use of sunbeds by people under 18 years in order to protect young people from the harm related to sunbed use and reduce the incidence of all skin cancers including malignant melanoma. The Scrutiny Panel is pleased that NHS Tameside and Glossop has supported this call for both an age restriction on sunbed use and a ban on unsupervised, or coin-operated, tanning salons.

7.7.34 Department of Health

7.7.35 The Department of Health's policy for cancer services in England is set out in the Cancer Reform Strategy. It aims to improve cancer prevention, speed up the diagnosis and treatment of cancer, reduce inequalities, improve the experience of people living with and beyond cancer, ensure care is delivered in the most appropriate settings and ensure patients can access effective new treatments quickly.

7.7.36 In the second annual report for the Cancer Reform Strategy¹³, published in December 2009, the Department of Health stated their intention to consider the options for limiting sunbed use nationally amongst people under 18.

7.7.37 Private Members Bill

7.7.38 A Private Members Bill on Sunbeds Regulation has been introduced during the current 2009-10 parliamentary session by Julie Morgan MP. The Bill aims to: -

- (i) Prevent under-18s from accessing, hiring or buying sunbeds, and gives local enforcement officers powers to inspect salons and penalise salon operators if under-18s are found to be using sunbeds;

¹³ "Cancer Reform Strategy – Achieving Local Implementation", Department of Health (1 December 2009), page 12

-
- (ii) Require all sunbed salons to be staffed;
 - (iii) Require clear and accurate health information to be displayed in all salons and other places where sunbeds are used for commercial purposes in order to make adults aware of the risks involved;
 - (iv) Prevent operators from advertising unsupported benefits of sunbed use;
 - (v) Ensure that all adult sunbed users wear protective eyewear when using a sunbed in a commercial setting.

The Bill also includes a penalty (a fine of up to £20,000) for tanning salon operators that fail to comply with its requirements.

7.7.39 At the time of writing the Bill was still going through the legislative process.

7.7.40 Scrutiny Panel supports this bill and is pleased that the Secretary of State for Health has announced his support. However, the Panel feels that this provides the opportunity to further strengthen the proposals, particularly regarding mandatory training for tanning salon staff.

Conclusions

14. Currently, only a quarter of commercial tanning salons are members of The Sunbed Association and comply with their 'Code of Good Practice'; and the guidelines established by the Health and Safety Executive for sunbed salons and their customers are voluntary. In addition, the current health and safety legislation in relation to artificial UV tanning equipment is limited. The Panel feels that regulation of the sunbed industry should be strengthened in order to protect public health.

Recommendations

8. That national legislation be enacted to enforce a licensing regime which would regulate the cosmetic use of sunbeds in tanning salons in England and require: -
 - (a) All commercial operators of artificial UV tanning equipment to operate under an annual license from their local authority;
 - (b) Local authorities to periodically inspect all commercial tanning salons to ensure they comply with standards (set out in the Scrutiny Panel recommendations 1- 7, above);
 - (c) Commercial tanning salons are fined for non-compliance with standards.

8. Conclusions

Conclusions

1. The cosmetic effect of having a sun tan, from either natural or artificial sources, has a positive psychological impact.
2. There are some positive effects of using artificial UV tanning equipment, but it is clear that this needs to be done with specialist supervision from a qualified dermatologist.
3. There is an increasing amount of evidence proving that there is a range of negative side effects from exposure to both natural and artificial sources of UV light, the most serious of which is skin cancer.
4. Children and young people are particularly vulnerable to the effects of exposure to UV light, yet large numbers of adolescents are using sunbeds, particularly in deprived communities. As Tameside is the 56th most deprived local authority area of 354 in the UK, this puts our young people at greater risk.
5. The use of artificial tanning equipment is likely to increase any risks of exposure to natural sunlight.
6. Over the last 30 years the incidences of skin cancer in the UK have been consistently rising and the Department of Health has stated that this is now the most common form of cancer in the country. Mortality rates from malignant melanoma, the most serious form of skin cancer, have also increased. This has become a public health problem because skin cancer is a largely preventable disease.
7. The risks of using artificial UV tanning equipment can be reduced by following good practice guidelines. Such as the compulsory use of protective goggles by all sunbed users in tanning salons.
8. In Tameside, there has been a consistent rise in the number of cases of malignant melanoma, the more serious form of skin cancer, since 1993.
9. The death rate from malignant melanoma in Tameside is significantly below the England average. However, as it can take between 20 and 30 years for skin cancer to develop, and it is likely that people in Tameside began to take foreign holidays later than other more affluent areas; this is likely to increase.
10. Tameside has been ranked 12th highest in England for the number of sunbeds per head of population. Due to the time it takes for skin cancer to develop, the impact of the high density of tanning salons in the borough may not be known for several decades.

11. The Panel feels that NHS Tameside and Glossop (PCT) and partner organisations already undertake a range of work to educate the public, and particularly parents of young children, about the risks of exposure to the sun and sun safety.
12. The Panel welcomes The Sunbed Association's Code of Good Practice' and Compliance Testing Programme as methods to ensure that their members minimise the risks associated with artificial sunbed use. However, the Panel is disappointed that only a quarter of all commercial tanning salons in the UK are members of The Sunbed Association and comply with their guidelines.
13. The Panel welcomes the efforts of The Sunbed Association to establish training courses for tanning salon staff, to enable them to give advice on the appropriate use of artificial UV tanning equipment to customers.
14. Currently, only a quarter of commercial tanning salons are members of The Sunbed Association and comply with their 'Code of Good Practice'; and the guidelines established by the Health and Safety Executive for sunbed salons and their customers are voluntary. In addition, the current health and safety legislation in relation to artificial UV tanning equipment is limited. The Panel feels that regulation of the sunbed industry should be strengthened in order to protect public health.

9. Recommendations

Recommendations

1. That, in order to promote public health, regulations on the commercial use of sunbeds be introduced for England, which: -
 - (a) Prohibit the use and hire of commercial sunbeds to all persons under 18 years of age;
 - (b) Prohibit the operation of coin operated, or unsupervised, commercial tanning salons;
 - (c) Require all customers of commercial tanning salons to wear protective goggles, as a condition of using artificial UV equipment.
2. That the range of local initiatives to raise awareness of sun and UV tanning safety continues, even in difficult financial times.
3. That all staff working in commercial tanning salons undertake mandatory accredited training in order to provide advice for each customer on the appropriate use of sunbeds.
4. That all customers of commercial tanning salons are provided with appropriate advice, including an assessment of their skin type, before each sunbed session

5. That all commercial tanning salons maintain mandatory customer records in order to monitor the frequency of each customer's sunbed use and provide advice regarding the maximum number of sessions.
6. That, in line with the recommendations of the COMARE report and The Sunbed Association, preferably all equipment, but at least all new artificial UV tanning equipment, for sale or hire should comply with the British and European Standard (BS EN 60335-2-27: 2003); and the power of the equipment should be limited to a maximum irradiance level of 0.3 watts per square metre.
7. That information on the health risks associated with sunbed use is provided to all commercial sunbed salon customers and that this information is also displayed on the premises.
8. That national legislation be enacted to enforce a licensing regime which would regulate the cosmetic use of sunbeds in tanning salons in England and require: -
 - (a) All commercial operators of artificial UV tanning equipment to operate under an annual license from their local authority;
 - (b) Local authorities to periodically inspect all commercial tanning salons to ensure they comply with standards (set out in the Scrutiny Panel recommendations 1-7, above);
 - (c) Commercial tanning salons are fined for non-compliance with standards.

10. Borough Treasurer's Comments

All costs associated from the recommendations will be found from existing resources.

11. Borough Solicitor's Comments

The legal position in England is that there is currently no specific legislation controlling the provision of sunbeds except where there are local Act powers as set out in the report. This means that providers only have to comply with the general legal duties under Health and Safety Legislation. Regulation is in place in Scotland by virtue of Part 8 of the Public Health etc (Scotland) Act 2008.

A private members bill, the Sunbeds Regulation Bill is currently going through Parliament. It has completed its passage through the Commons and will have its second reading in the Lords on 30 March so it is well advanced to becoming law before the election. The bill includes provisions to prevent sunbed use by children except for medical treatment, for providers to give health information about sunbed use and for them to provide protective eyewear. Breach of the legislation will be a criminal offence, punishable by a fine of up to £20,000. The legislation will be further augmented by Regulations made by the Secretary of State and Local Authorities will have the responsibility of enforcing it. This fits in with our local Health and Safety enforcement role.

Personal and Health Services Scrutiny Panel

Sunbed Review

Project Plan – December 2009

Aim of the Scrutiny Review Exercise

To consider the effects of artificial tanning equipment on health and examine the possibility of introducing regulation for the operation of sunbed salons.

Objectives

- A. To look at the health effects of UV tanning, especially amongst young people under 18 years.
- B. To look at the possibility of introducing regulation for the operation of sunbed salons.
- C. To engage with the Department of Health regarding their consideration of the options in relation to possible regulation to prevent the misuse of tanning salons.

Value for Money / Use of Resources

This review will consider the effects of artificial tanning at tanning salons and the possibility of introducing regulation to prevent misuse of tanning equipment at salons. The introduction of regulation for tanning salons would promote more responsible use of artificial tanning equipment and reduce the costs to the NHS for treating illnesses related to sunbed misuse.

Equalities Issues

This review will examine the impact of artificial tanning on the health of all Tameside residents. Recent research, undertaken by Cancer Research UK, has showed that people from more deprived backgrounds are more likely to use artificial tanning equipment. The Indices of Multiple Deprivation 2007 revealed that Tameside was the 56th most deprived local authority area in the country, from a total of 354.

Tameside residents may be at greater risk of the potential negative effects of the misuse of solariums. The introduction of regulation could reduce the misuse of artificial tanning salons, and their negative effects. This would therefore contribute to reducing health inequalities.

Local Area Agreement Targets

Reducing health inequalities is a key priority for the Tameside Strategic Partnership and this is reflected in the following Local Area Agreement performance measure NIS 120 (mortality rate: all age, all cause).

Reducing health inequalities is also a priority for Tameside Council. The authority uses the following National Indicators (NIS) to measure progress against NIS 137 (healthy life expectancy at age 65).

Timescale

It is anticipated this review will be completed by spring 2010

Detailed Action Plan (in broadly chronological order)

Action	Objective met	Timescale	Lead Scrutiny Panel member(s) and/or Scrutiny Support Officer(s)	Monthly update
1 Interview a representative from Tameside Council Legal Services, to explore the possibility of introducing regulation for the operation of sunbed salons.	B, C	December 2009	Scrutiny Panel and Scrutiny Support Officer	
2 Interview Tameside Council Environmental Services to find out about current regulation, their view of potential future regulation, and the work undertaken by the Council inform the public about the effects of sunbed use and misuse.	B, C	December 2010	Scrutiny Panel and Scrutiny Support Officer	✓
3 Interview Gideon Smith, the cancer lead at NHS Tameside and Glossop, regarding the effects of artificial tanning equipment.	A	January 2010	Scrutiny Panel and Scrutiny Support Officer	✓
4 Interview the Sunbed Association regarding standards of good practice among tanning salons, and the voluntary code of practice.	A	February 2010	Scrutiny Panel and Scrutiny Support Officer	✓
5 Interview a Trade representative, who is member of the Sunbed Association, to find out whether they abide by the voluntary code of practice.	A, B	February 2010	Scrutiny Panel and Scrutiny Support Officer	

Anticipated Agenda for Scrutiny Panel Meetings

Date of Scrutiny Panel Meeting	Item
16 December 2009	<p>Legal Services</p> <ul style="list-style-type: none"> • Potential regulation of tanning salons <p>Tameside Council Environmental Services</p> <ul style="list-style-type: none"> • current regulation • impact of further potential regulation • Council's role in raising public awareness of effects of sunbed misuse
13 January 2010	<p>NHS Tameside and Glossop</p> <ul style="list-style-type: none"> • effects of artificial tanning equipment
17 February 2010	<p>Sunbed Association</p> <ul style="list-style-type: none"> • standards of good practice among tanning salons • the voluntary code of practice • potential regulation <p>Trade representative</p> <ul style="list-style-type: none"> • current practices amongst manned and un-manned tanning salons • hygiene standards • voluntary code of practice