

National Assembly for Wales
Health, Wellbeing and Local Government
Committee

Inquiry into the Use and Regulation of
Sunbeds

November 2009



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Contents

Committee Members

Chair's Foreword

Main Report		Page
Section 1	Introduction	1
Section 2	Central Conclusion & Recommendation	3
Section 3	Sunbed Use and Facilities	4
Section 4	Health Implications of Using Sunbeds	7
Section 5	The Current Regulatory Position	16
Section 6	The Case for Further Regulation	20
Section 7	Other Issues	24
Section 8	Summary of Recommendations	26
Section 9	Monitoring	28
Section 10	Addendum – Further Information from Consol Suncenter	29

Annexes

A.	Organisations and individuals who gave evidence in person	30
B.	Schedule of Published Committee Papers and Transcripts	31
C.	Responses to Call for Written Evidence	32
D.	Letter of 26 October from Consol Suncenter	33

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Chair's Foreword

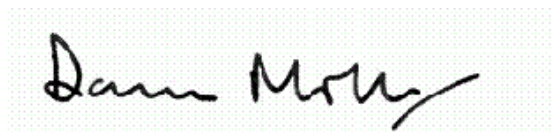
The desire to look tanned and appear healthy is one that most of us will recognise. For many people, the whole purpose of going on holiday abroad is to return home with a deep golden tan that will be the envy of our friends and neighbours. The reality is of course very different. Many of us will end up looking more like lobsters than sun-kissed visions of health. And the association between a suntan and good health is increasingly understood to be a false one.

The fact is that the sun can be bad for us; overexposure damages our skin, ages us prematurely and in the worst cases causes serious or fatal skin diseases. Young skin is particularly vulnerable, which is worrying because the young are also particularly susceptible to media images that often portray a tan as healthy and desirable. The truth is that thousands of people each year die from skin cancer and the incidence of these diseases has quadrupled in the last 3 decades.

If the sun is bad for us, sunbeds can be much worse. They deliver concentrated levels of radiation in potentially lethal bursts. The effects can be extremely severe. Just one relatively short exposure can lead to first degree burns and can potentially be fatal. The long term health risks, particularly for children and young people, are unquantifiable but are also often severe.

Given the risks, it is perhaps surprising that the sunbed industry is almost wholly unregulated. It is perhaps not that surprising that this has led to a number of high profile cases where children have been severely burned through the unregulated and unsupervised use of sunbed salons. It was this, more than anything, that led us to undertake this review and these factors that have convinced us that now is the time for decisive action to protect the public and regulate the sunbed industry.

On behalf of the Committee, I should like to express my gratitude to all those who have contributed to this inquiry. This report sets out important recommendations that will ensure that those who continue to use sunbed salons can do so as safely and responsibly as possible. I commend it to the Minister for Health and Social Services and to the Assembly.

A handwritten signature in black ink, appearing to read 'Darren Millar', is written over a light grey dotted grid background.

Darren Millar AM
Chair, Health, Wellbeing and Local Government Committee

November 2009

Section 1 - Introduction

Background

- 1.1 The use of unsupervised tanning salons by children has been an issue of particular public concern. There have been a number of high profile cases recently involving harm to children and young people from using sunbeds. This has raised questions about the effectiveness of current regulatory procedures and calls for tighter regulation of tanning facilities. We were also concerned to hear of recent, apparently authoritative, evidence indicating a clear link between sunbed use and an increased risk of skin cancers.
- 1.2 In the light of this, we agreed to conduct a short inquiry to examine the current evidence on the risks to health that sunbeds pose. We wanted to establish what the risks were and ensure that sunbed use is as healthy and safe as possible. We also wanted to establish what legal powers the National Assembly currently has to improve regulation and, if necessary, whether it should seek further powers to make new laws for Wales to ensure sunbeds are used as safely as possible.

Terms of Reference

- 1.3 We agreed the following terms of reference for the inquiry:

“To examine:

- the health implications of the use of sunbeds,
- the regulation of sunbed facilities, and
- the National Assembly for Wales' competence to legislate to introduce regulation”.

- 1.4 Among the other issues we decided to consider were the:

- use of sunbeds by children
- over use of sunbeds
- supervision of sunbed users
- use of coin-operated machines
- monitoring and limiting of sunbed sessions
- provision of health risk information at sunbed premises
- inspection of premises

Witnesses and Evidence

- 1.5. We took oral evidence from Cancer Research UK, the Chartered Institute of Environmental Health and the British Medical Association, all of whom have called for more prescriptive regulation of tanning salons. We also took oral evidence from the trade association for the UK sunbed industry, the Sunbed Association, and from Consol Suncenter, which operates most of the coin-operated partially staffed tanning studios in the UK. Finally, we heard from Dr Dafydd Roberts, a Consultant Dermatologist and adviser to the UK Department of Health and from the

Minister for Health and Social Services, Edwina Hart AM, who was accompanied by the Welsh Government's Chief Medical Officer and Deputy Chief Environmental Health Officer.

Section 2 - Central Conclusions & Recommendations

Central Conclusion

2.1 The Committee's central conclusions are that:

- there is good evidence to suggest that use of sunbeds causes skin cancer;
- while there is no wholly safe dosage, children and young people are particularly at risk;
- that the current regulatory framework provides insufficient safeguards against misuse, particularly by children and younger people.

Summary of Central Recommendations

The Welsh Government should seek the legislative competence to introduce new laws to enable local authorities in Wales to regulate, license and, if necessary, impose liabilities and create offences in relation to sunbed facilities and their operators.

These laws should be based around recommendations 1 and 2 of the thirteenth COMARE¹ report on 'The health effects and risks arising from exposure to ultraviolet radiation from tanning devices'.

As a minimum, the law should ensure that:

- **use by under 18s is prohibited;**
- **use by other high risk groups is discouraged;**
- **facilities provide full-time supervision by well-trained staff;**
- **use of protective eyewear is compulsory;**
- **information setting out the potential health risks of using sunbeds is prominently displayed and provided to all users;**
- **information containing unproven health benefits of sunbed use should be prohibited from premises;**
- **written informed consent is obtained from all clients prior to use; and that**
- **facilities should not be allowed to use sunbeds that do not comply with both the British and European Standards on sunbed irradiance levels².**

¹ Committee on Medical Aspects of Radiation in the Environment (COMARE) - Thirteenth Report "The health effects and risks arising from exposure to ultraviolet radiation from artificial tanning devices." Health Protection Agency, June 2009.

² (BS EN 60335-2-27:2003) In particular not exceeding a sunbed irradiance of 0.3 W m⁻².

Section 3 - Sunbed Use and Facilities

Number of Facilities

- 3.1 It is not completely clear how many commercial sunbed facilities there are in the UK. COMARE³ (the Committee on Medical Aspects of Radiation in the Environment) in its thirteenth report said that “the number... is estimated at 8,000 by the Sunbed Association and this number is increasing.” Kathy Banks of the Sunbed Association told us⁴; “We can only estimate that, in total, there are somewhere between 6,000 and 7,000 tanning outlets.” Of these around 20% are members of the Sunbed Association⁵.
- 3.2 In Wales the Minister for Health and Social services told us in written evidence⁶:
- “On 21 July 2009, Welsh Assembly Government officials sought from local authorities in Wales statistics relating to the number of tanning salons in each local authority area. The information requested included a break down of whether the tanning salons are supervised/unsupervised, the number of coin-operated sun beds, the number and type of beds within each premises and the type of premises beds are in (if they are not stand alone salons. ... Officials await a return from one local authority, but from the 21 responses received so far 419 tanning outlets have been notified to the Welsh Assembly Government. 46 of these (11%) are unstaffed salons.”
- 3.3 The Sunbed Association has around 100 members in Wales⁷ while Consol Suncenter, which operates 90 out of the 120 coin-operated studios in the UK,⁸ told us that they have 12 studios in Wales⁹. This is broadly consistent with a 2008 study conducted by the Chartered Institute of Environmental Health (CIEH) across 8 local authorities in South East Wales containing around 41% of Wales’ population¹⁰. This established that there were around 120 premises in the authorities concerned¹¹.

Types of Tanning Facilities

- 3.4 Only a very small proportion of outlets across the UK appear to be “coin-operated” or unsupervised. The Sunbed Association told us in written evidence: “It is estimated that unstaffed tanning salons represent

³ COMARE- Thirteenth Report paragraph 8.15

⁴ Record of Proceedings (RoP) – HWLG Committee 9 July 2009 – paragraph 172

⁵ RoP – 9 July paragraph 176

⁶ Committee Paper 30 September – Ref HWLG(3)-20-09 paper “Sunbed Statistics Provided by Welsh Local Authorities”

⁷ RoP – 9 July paragraph 180

⁸ Committee Paper 30 September – Ref HWLG(3)-20-09 paper 2 (opening paragraph)

⁹ RoP – 30 September paragraph 81

¹⁰ Office for National Statistics – Mid 2008 Population Estimates

¹¹ Committee Paper 9 July – Ref HWLG(3)-18-09 paper 2 (page 14)

around 2% of the total tanning outlets in the UK.”¹² This was confirmed by Consol Suncenter who operate 90 coin-operated studios in the UK, including 12 in Wales. However, it would appear from the Minister’s evidence that the proportion of coin operated or unsupervised premises in Wales is considerably higher at 11% than the 2% estimate across the UK.

- 3.5 In their written evidence¹³, the CIEH pointed out that the number of local authorities in England, Wales and Northern Ireland providing UV tanning equipment in their facilities was decreasing (from 74% in 1999 to 52% in 2006). At the start of our Inquiry only 3 local authorities in Wales provided sunbeds on their premises. During the course of the inquiry all three have agreed to discontinue providing these facilities.¹⁴

Usage of Sunbeds

General Population

- 3.6 Kathy Banks of the Sunbed Association told us that market research of around 7,000 people conducted in the late 1990s had shown¹⁵:

“that 3 million people use sunbeds, and that over 80 per cent of those were very knowledgeable about the risks associated with overexposure. Over 80 per cent took less than 20 sunbed sessions a year...”

- 3.7 We received no other clear evidence setting out how many people in the general population use tanning facilities and with what regularity. However, Ms Banks’ figures and the large number of commercial tanning outlets suggests that a significant number of people do use sunbeds on a regular basis.

Young People

- 3.8 There is somewhat better information on usage by young people thanks to a Welsh Government commissioned study carried out by Cancer Research UK. This explored the extent and pattern of sunbed use among under 18s in Wales¹⁶. This study found that overall, 8.2% of all children aged 11-17 said they had used a sunbed at least once and a further 16.0% said they may use a sunbed in future. Usage was much higher among girls (16.7%) than boys (1.8%). Older children (aged 15-17) also used a sunbed more often (11.0%) and more than one in five girls (22.5%) in this age group reported using sunbeds.
- 3.9 Survey work carried out by Dr Dafydd Roberts¹⁷ with 200 14-15 year old pupils in schools in Neath and Swansea, seemed to show even higher rates of usage. 32.1% of girls and 9.6% of boys having used a sunbed and a further 18% of girls considering using them in the near future.

¹² Committee Paper 9 July – Ref HWLG(3)-18-09 paper 3 (paragraph 2)

¹³ Committee Paper 9 July – Ref HWLG(3)-18-09 paper 2 (page 3)

¹⁴ See for instance: http://news.bbc.co.uk/1/hi/wales/north_east/8290932.stm

¹⁵ RoP – 9 July paragraph 277

¹⁶ Committee Paper 9 July – Ref HWLG(3)-18-09 paper 1 (page 14)

¹⁷ Committee Paper 30 September – Ref HWLG(3)-20-09 paper 3

This was despite the fact that most of the children concerned (85.3% of boys and 89.9% of girls) knew that sunbed use could cause skin cancer in later life. In oral evidence, Dr Roberts also drew our attention to a culture among families that saw sunbed use as a very positive experience¹⁸:

“The majority of the children used unmanned sunbed salons, but there were quite a significant number of them—this shocked me as well—for whom it was part of the family weekend. The whole family, on a Saturday afternoon, would go down to the sunbed parlour. That was their treat. So, 14-year-olds and 16-year-olds and their families would spend the afternoon in the sunbed parlour. It was just absolutely amazing. I was absolutely shocked when I got those results back.”

3.10 The latest report from COMARE also sets out information from a number of studies, both in the UK and internationally, that consistently appeared to show significant use of sunbeds by young people under 16, including children as young as 8, and a noticeably higher prevalence of use among girls than boys¹⁹.

3.11 The figures above suggest that sunbed use is not confined to those who are unaware of the dangers or whose parents may be considered to have an irresponsible attitude toward their children’s welfare. As Mrs Jill McRae, whose 14 year old daughter Kirsty was badly burned using an unsupervised tanning facility, told us in oral evidence²⁰:

“As a family, we have always taken a responsible attitude to the sun and used the appropriate products, considered the time spent in the sun and the time of day we were in the sun. I am therefore quite happy that in educating her about natural sunlight and sun damage, I did as much as I could as a parent. I had expressly forbidden her to even consider using a sunbed, and, as has been reported previously, I acknowledge that she went against my wishes and she acknowledges her responsibility in that respect as well. The concern is that the operation of such a salon allowed her a facility to misuse the bed.”

Conclusions

3.12 We conclude that:

- a significant number of people use commercial tanning outlets on a regular basis.
- young people under 16, including children as young as 8 use sunbeds regularly.
- use is markedly higher among girls compared to boys.
- children often use sunbeds despite being aware of the risks.

¹⁸ RoP – 30 September paragraph 214

¹⁹ COMARE- Thirteenth Report chapter 5

²⁰ RoP – 9 July paragraph 28

Section 4 - Health Implications of Sunbed Use

Risks to Health

Incidence of Skin Cancer

- 4.1 Cancer Research UK provided us with the following information on the incidence of skin cancer in the UK²¹ and the cost of treating it:

“There are two main types of skin cancer: non-melanoma skin cancer, which is very common, and malignant melanoma which is less common but more serious.

Registration of non-melanoma skin cancer is incomplete. More than 81,600 cases of non-melanoma skin cancer were registered in 2006 but it is estimated that the actual number is at least 100,000 cases in the UK each year.ⁱ

More than 10,400 cases of malignant melanoma were diagnosed in the UK in 2006, with 505 in Wales. There were 2,042 deaths from malignant melanoma in the UK in 2007, 113 in Wales.ⁱⁱ

Malignant melanoma incidence rates in Britain have more than quadrupled since the 1970s.ⁱⁱⁱ

In regards to the demand on NHS services, skin complaints comprise 10-25 per cent of general practice workload.^{iv} It is estimated that skin cancer accounts for 30 per cent of a consultant dermatologist's workload and one third of all the plastic surgery on the NHS.^v Although the costs of skin cancer are not available for Wales, a recent report revealed the total cost of skin cancer in England to be in excess of £190million in 2002, of which 37 per cent (£71million) was borne by the NHS.^{vi} It has been estimated that 63 per cent of the total cost of skin cancer was due to malignant melanoma.^{vii}

Like most cancers, skin cancer is more common with increasing age, but malignant melanoma is disproportionately high in younger people. Almost one third of all cases of malignant melanoma occur in people under 50 and malignant melanoma is now the most common cancer in young adults (aged 15-34) in the UK. Malignant melanoma is more than twice as common in young women (up to age 34) as in young men, but more men die from it. On average, about 20 years of life are lost for each melanoma death.^{viii}

Over the last twenty-five years, rates of malignant melanoma in Britain have risen faster than any other common cancer.”

- 4.2 However, in their reply to the All Party Parliamentary Group on Skin report in November 2008²², Consol Suncenter also argued that figures

²¹ Committee Paper 9 July – Ref HWLG(3)-18-09 paper 1 (see paper for original footnote information)

on incidence of skin cancer were boosted by the inclusion of non malignant skin cancers which, they claimed were not in fact cancers at all:

“The term “skin cancer” is used to refer to benign skin lesions as well as Malignant Melanoma and the risk of contracting Malignant Melanoma are recognised as being much smaller than quoted statistics suggested. It is also on the bottom of the mortality table.

There is some scientific and medical proof that ultraviolet rays are associated with the main non malignant “skin cancers” (basal and squamous) which are not in fact “cancers” at all, but their classification as such boosts diagnosis statistics. They develop in pale, sun exposed skin, are related to degree of exposure and latitude, are fewer with avoidance and protection, are easily produced experimentally, and are the predominant tumour in xeroderma pigmentosum, where DNA repair of ultraviolet light damage is impaired.”

- 4.3 We cannot accept this view, which seems to us to fly in the face of widely accepted medical evidence. As Dr Andrew Dearden of the BMA told us in oral evidence²³:

“...does that mean that mild diabetes should not be called diabetes? Just because something is mild and not life-threatening, does that make it not what it is? So, is mild asthma not asthma? I use a slightly light-hearted term, but a classification is based on its cellular nature, namely what it is, and what it is should determine how we count it. Usually, people want to reclassify a condition to try to make it look less troublesome or more troublesome, as the case may be. My fear with those who wish to reclassify anything is that their reasons for doing so are, shall we say, not in the public good.

This is a cancer. It needs to be treated and taken care of as a cancer. I do not think that we should reclassify it to change the way we count it.”

Risks to Health of Tanning

General Population

- 4.4 The BMA in their written evidence²⁴ drew our attention to an International Agency for Research on Cancer (IARC) working group that had classified UV-emitting tanning devices as “carcinogenic to humans”. The BMA’s paper said:

“On 29th July 2009 the International Agency for Research on Cancer (IARC) raised the classification of ultraviolet-emitting tanning devices from “probably carcinogenic to humans” to “carcinogenic to humans”—the highest risk category—based on evidence of a substantially higher risk of cutaneous melanoma in those who

²² Letter from Lene Priess, Director, Consol Suncenter to the Rt Hon Bruce George MP, Chair All Party Parliamentary Group on Skin - 17th November 2008

²³ RoP – 30 September paragraph 16-17

²⁴ Committee Paper 30 September – Ref HWLG(3)-20-09 paper 1

regularly used sunbeds. IARC's assessment leaves no doubt about the carcinogenic potential of sunbeds:

“The use of UV-emitting tanning devices is widespread in many developed countries, especially among young women. A comprehensive meta-analysis concluded that the risk of cutaneous melanoma is increased by 75% when use of tanning devices starts before 30 years of age. Additionally, several case-control studies provide consistent evidence of a positive association between the use of UV-emitting tanning devices and ocular melanoma. Therefore, the Working Group raised the classification of the use of UV-emitting tanning devices to Group 1, “carcinogenic to humans”.

4.5 Written evidence²⁵ from Tenovus said:

“The link between UV radiation exposure from sunbeds and skin cancer was emphasised in July this year when the International Agency for Research on Cancer announced that it was reclassifying UV-emitting tanning devices as a Group 1 carcinogen. This places them in the same class of cancer causing factors as exposure to Asbestos, Benzene, Tobacco and Radium”.

4.6 Set against this is the evidence from the Sunbed Association. Kathy Banks of the Sunbed Association, when asked to explain their view that there is no proven link between the responsible use of sunbeds and skin damage told us²⁶:

“In terms of a proven link, some people have claimed that they have contracted skin cancer because of sunbed use. First of all, that is normally self-diagnosis. To prove that someone has specifically got cancer through sunbed use alone, he or she would have to say that he or she had not been out in natural sunlight for about 20 to 30 years—that he or she had basically been locked away, never seen sunlight and just used a sunbed.”

However, it should be noted that Ms Banks’ gave evidence before the publication of the revised IARC classification on 29 July 2009. It should also be noted that she did not argue that sunbed use was risk free, rather that the risks were minimal when used responsibly and when compared to exposure to natural sunlight²⁷:

“No, we say that provided that you use sunbeds sensibly and moderately and sunbathe outside sensibly and moderately—because I agree that you have to look at people’s total exposure—there is minimum risk. We never say that sunbeds are safe—we say that they are safer and are of minimum risk, provided that you use them responsibly. The risk of damaging your skin comes through abuse and overexposure.”

4.7 Sam Kirby of Consol Suncenter made similar points²⁸:

²⁵ Committee Paper 21 October – Ref HWLG(3)-22-09 paper 10

²⁶ RoP – 9 July paragraph 287

²⁷ Ibid – paragraph 289

²⁸ RoP – 30 September paragraph 167

“I think that there is certainly a consensus of opinion among scientists and medics that burning may increase the risk of skin cancer. It is not possible to say that using a sunbed has that kind of direct detrimental link to health, because in order for research to be able to do that you would have to study people that have only ever used a sunbed and never exposed themselves to UV light.

I think that what is critical is that we make the public very aware about the importance of limited exposure to UV light and sensible tanning.”

Younger People

- 4.8 In addition to the general health risks of tanning, we also sought to establish whether there was a heightened risk to health among younger people. As outlined above, the IARC working group found “that the risk of cutaneous melanoma is increased by 75% when use of tanning devices starts before 30 years of age.” The 13th COMARE report²⁹ makes the point that:

“It is well established for solar UV radiation exposure that excessive exposure in the first two decades of life increases the risk of melanoma developing later in life. It is therefore possible that exposure to UV radiation emissions from sunbeds in childhood and adolescence could be even more damaging to the skin in the long term, than use after the age of 20 years. Moreover there are significant concerns about the ability to accumulate very large doses over time (see paragraph 4.20) and use of sunbeds earlier in life may result in greater lifetime accumulation.

- 4.9 There was general agreement from those who provided us with evidence, including the Sunbed Association and Consol Suncenter, that the use of sunbeds by children aged under 16 was not desirable. The Sunbed Association imposes a minimum age restriction of 16 years³⁰ on its members as does Consol Suncenter³¹.

- 4.10 The 16 year age limit is in line with long-standing advice from the Health and Safety Executive (HSE) that established 16 years as a minimum age for using sunbeds. However, in May this year the HSE issued new guidance³² amending the minimum age to 18 years. Despite this, the Sunbed Association told us³³ that they were not convinced of the need for a limit of 18 years:

“We are aware that the HSE guidance now recommends that no-one under 18 should use sunbeds, and we are aware that this will become law in Scotland at the end of this year. TSA is not convinced that we need to raise our age level from 16 to 18. In terms of medical and scientific evidence, there is no difference between the skin type of a

²⁹ Paragraph 5.1

³⁰ Committee Paper 9 July – Ref HWLG(3)-18-09 paper 3 (paragraph 3)

³¹ RoP – 30 September paragraph 94

³² Health and Safety Executive, *Reducing Health Risks from the Use of Ultraviolet (UV) Tanning Equipment* (INDG209), May 2009: <http://www.hse.gov.uk/pubns/indg209.pdf>

³³ RoP – 9 July paragraph 214

16, 17 or 18-year-old. If it is a case of responsibility, and whether 16 and 17-year-olds are responsible enough, we believe that the majority of them are. If unstaffed tanning salons did not exist, they would have to go into a tanning salon where staff are available. However, we will debate over the next three or four months whether we stay with 16 or move to 18.”

4.11 Consol Suncenter simply argued that few if any of their customers are aged under 18 anyway:

“We have very few people who say that they are under the age of 18 using a studio. So, most of our customers are in their 20s and early 30s.”

Claimed Health Benefits of Sunbed Use

4.12 A number of Health Benefits have been claimed for sunbed use. The Sunbed Association’s web site³⁴ claims:

“The main benefit of being tanned is seen as looking and feeling healthier. The main reason for using a sunbed is for a pre-holiday tan. Whilst the sun protection factor from a sunbed tan does not provide total protection, people having a base tan are less likely to over-expose themselves during the initial days of a holiday.”

4.13 Consol Suncenter’s web site makes the following claims:

“Q. What are the benefits of tanning on a sunbed?

A. There are a wide range of known physical and psychological benefits. Developing a base tan can provide four times the level of protection for your skin when you are outdoors. UV rays provide an important source of Vitamin D which is essential for the body’s absorption of calcium. It regulates the growth and repair of bones and strengthens the immune system. Sensible tanning can alleviate the effects of skin disorders such as acne, eczema and psoriasis. It is an excellent mood-enhancer. There is also evidence that UV rays can help prevent certain cancers.

Q. I would like to use sunbeds in winter but I am worried about health risks.

A. Current extensive international research show there is no connection between responsible indoor tanning and negative health issues. In fact, research on breast cancer, prostate cancer and colon cancer show that regular sun exposure may play a key part in preventing these diseases. Research also shows that moderate use of sunbeds can help reduce blood pressure, boost Vitamin D in the body (which helps protect against bone diseases such as osteoporosis), enhance mood in the winter months, help treat depression, alleviate skin disorders such as eczema and protect skin against burning.³⁵”

³⁴ The Sunbed Association website: <http://www.sunbedassociation.org.uk/didyouknow.php>

³⁵ Consol Suncenter website: <http://www.consol.uk.com/article.aspx?menuid=101&id=101> [accessed 22 September 2009]

4.14 Most of these claims were disputed by other witnesses. For instance, Julie Barratt of CIEH told us³⁶:

“The advertisements promoting positive health benefits are spurious, such as the claim about getting your vitamin D from sunbeds. The British Medical Association’s evidence suggests that you can have enough vitamin D by outdoors for 20 minutes a day, and not necessarily outdoors in the sun. So to make a claim based on vitamin D is spurious. I also think that the suggestion that you are less likely to over-expose yourself if you already have a base tan is nonsense. If you have a base tan you plainly intend to have a tan and you want to top it up. In relation to sunscreen, our evidence suggests that people who have a tan are less careful in the sun, because they think that they are protected and therefore their behaviour is less careful—I hesitate to use the word ‘reckless’, but it is certainly less careful—than those people who do not have a tan and are aware that they may be at risk of burning.”

4.15 Dr Andrew Dearden of the BMA told us³⁷:

“There are health benefits to taking warfarin, a blood thinner, but I would not suggest that you do it without a doctor’s advice. Now, allow me to break each one down in turn. Is there any evidence that it helps with the immune system? In fact, there is evidence that it could suppress the immune system, and we have put that information, including references, in our paper.

On vitamin D through sun exposure, that is true. Vitamin D production is stimulated by the sun. However, many people in this country have low vitamin D levels because of the clothes that they wear, such as religious clothes. The best way for them to improve that is by taking vitamin D tablets associated with calcium. We use them with many Asian women, for example, who are pregnant. Many studies have shown that they are quite low in vitamin D, but the quickest and safest way to give them vitamin D is through regulated tablets so that we can control the dose.

On stroke, I know of no evidence of sun exposure decreasing the risk or effects of stroke. The simple thing to do would be to compare the stroke rates in Australia, Iceland, Alaska and the American Midwest. I know of no evidence showing that the stroke rate is lower in sunny climates, which would be the natural evidence that you would find if it were true.

On heart disease, I am really not certain of that.

The only condition for which there is any evidence—it is what we would call ‘light’ evidence—is for seasonal affective disorder. It is well known that, in the winter, some people feel a little sadder, which sometimes needs to be treated. However, a sunbed is not the treatment of choice, as there are far better and more effective

³⁶ RoP – 9 July paragraph 155

³⁷ RoP – 30 September paragraph 45-51

treatments. The sun does make people feel better; there is no question about that. However, I do not think that we can evidence any of its health gains.

That said, there is a treatment for psoriasis called PUVA—psoralens and ultraviolet A radiation. That involves taking a tablet of a medication and having UV sessions with a consultant dermatologist. Doses are measured for the purposes of treatment, and treatment stops when it is no longer necessary. It does not continue to the stage at which it would start to damage the skin in a different way.

So, like most things, there are some beneficial effects in certain circumstances, but that is usually when there is a specific disease and there are controlled circumstances. I am sure that you will know of older people who find it easier on the joints to spend the winter in Spain, but that is not a sunlight issue; it is a heat issue, as it is the warmth that creates the benefit.”

4.16 While Consultant Dermatologist Dr Dafydd Roberts told us³⁸:

“There is some evidence that people who have low levels of vitamin D are at high risk of getting internal cancers. It is not a hard fact, and what he said is probably not taken as gospel, by any means. For instance, work that was done in the States showed that people who lived in the northern states—less sunshine—had higher risks of developing things like Parkinson’s disease and prostate cancer and some other malignancies as well. So they extrapolated from that that this was due to less sun exposure and low vitamin D levels.

Sunlight increases vitamin D and that is part of the reason why we feel better in the sun. A little bit of sun is fine, but you can get vitamin D easily in other ways—through diet, for example: it is easy to eat vitamin D, and you cannot eat too much of it. You cannot overdose on vitamin D. So, you could make an argument—I would not say in children—that elderly people in nursing homes who never go out should, perhaps, have a sunbed in the corner. If you are 80 years old, the risk of skin cancer in 20 years’ time perhaps does not matter that much. Actually, you could just give them vitamin D supplements.

So, if people go outdoors normally, and children do play outside, they will get enough vitamin D. You need 10 to 15 minutes a day in our climate to get enough vitamin D to keep your levels up. You do not need huge amounts.”

Irradiation Level of Tanning Devices

4.17 Consol Suncenter in its written and oral evidence called for regulations to adopt a standard recommended by the European Commission’s independent Scientific Committee on Consumer Products (SCCP). This would limit the emissions of sunbeds to a level of 11 Standard Erytherma Doses (SED) or 0.3 W/m²³⁹. Consol Suncenter claim⁴⁰ that this

³⁸ RoP – 30 September paragraph 228-230

³⁹ Answer to European parliament written question E4126/09

⁴⁰ Committee Paper 30 September – Ref HWLG(3)-20-09 paper 2 (3rd paragraph)

limit is of “such a low level that any risk of burning on a sunbed is minimal.” The SCCP itself equates the above dosage as being “equivalent to tropical sun”. We are, therefore, sceptical of Consol’s claim, particularly as some of their interpretation of scientific evidence seems to be somewhat selective.

4.18 We also note that the Minister for Health and Social Services’ written evidence says⁴¹:

“There is, however, no specific extant UK-wide legislation in place to regulate sunbed use. Although manufacturers agree that all sunbeds should conform to both the British Standard (BS EN 60335-2-27: 2003) and the recommendations from the Scientific Committee on Consumer Products the Consol Suncenter has claimed that this British Standard is not being enforced by the UK Government.”

4.19 We agree that all existing safety standards should be enforced and would be concerned if this was not the case.

We recommend that the Welsh Government establishes from the UK Government whether the SCCP’s recommendations, on irradiance standards for sunbeds, are being enforced in the UK and if they are not makes appropriate representations. [Recommendation 1]

Risks of Sunbed Use Compared to Natural Tanning

4.20 From the evidence presented to us, it seems clear that over exposure to both natural sunlight and sunbeds is harmful to health, including the risk of severe and fatal illness. We are aware of studies⁴² that have attempted to quantify the additional risk of sunbed exposure compared to natural sunlight, but we accept that it is impossible to make an absolutely authoritative assessment of the additional risk. It has also been put to us⁴³ that so-called “binge tanning” on holidays abroad is responsible for most of the increase in skin cancer that has been seen in recent years.

4.21 We believe that the question is not whether over exposure to sunbeds is harmful but whether the additional risk is such that there is a need for the law to regulate the use that people make of them. We return to this later in this report.

Conclusions

4.22 We conclude that:

- there is good evidence to suggest that use of sunbeds causes skin cancer;
- there is no wholly safe dosage, but children and young people are particularly at risk;

⁴¹ Committee Paper 30 September – Ref HWLG(3)-20-09 paper 4 (Background)

⁴² Diffey, B. A quantitative estimate of melanoma mortality from ultraviolet A sunbed use in the UK. *Br J Dermatol* 149, 578-81 (2003).

⁴³ For instance, RoP – 9 July paragraph 11-12

- the Health Benefits of tanning are unproven and marginal at best;
- taking account of the risks, any claims of benefits should be viewed with considerable scepticism.

Section 5 - The Current Regulatory Position

Current Constraints on Using Sunbeds

Health and Safety at Work Act

- 5.1 As was noted earlier the Health and Safety Executive (HSE) issues guidelines on the use of sunbeds as does the European Commission. These guidelines make a number of recommendations about the safe operation of sunbeds, including in the HSE guidance that they should not be used by anyone younger than 18. However, the guidance is advisory⁴⁴ and operators appear free to disregard it if they wish⁴⁵. Julie Barratt of the CIEH told us⁴⁶:

“The problem with the Health and Safety at Work etc Act is that it is not designed to deal with this sort of thing—it is an umbrella piece of legislation and it is targeted at protecting employees. At some of these sunbed parlours, there are no employees to be protected. It does not protect those people who choose to use the sunbeds except in an accidental way in the case of non-employees who may be affected by the conduct of somebody’s business.”

She went on to say⁴⁷:

“I am aware that, currently, two local authorities are wrestling to use the Health and Safety at Work etc Act to try to bring prosecutions relating to incidents. Because the Act does not fit, you are forced to try to squeeze evidence through an unsuitable piece of legislation. It does not, for instance, require training; it requires individual officers to carry out a risk assessment of what they see in front of them, which means that we will not see consistency, because officers will take a different view and they will be looking at premises that are being run in a different way. So, there is no certainty for members of the public who go to sunbed premises as to what conditions they will meet with and whether those conditions are safe, when those premises were last inspected and whether any improvement has been made.

Legislation Elsewhere in the UK

- 5.2 In Scotland the Scottish Parliament has made a new law to regulate the use of sunbeds. Part 8 of the Public Health etc (Scotland) Act 2008⁴⁸ makes it an offence for a sunbed operator to allow a sunbed to be used unsupervised or by anyone under the age of 18. It also prohibits under 18s from buying or hiring sunbeds. Sunbed operators also have to provide information about the effect on health of sunbeds and display

⁴⁴ Committee Paper 9 July – Ref HWLG(3)-17-09 paper 2 (Background)

⁴⁵ For instance see the comments from Kathy Banks of the Sunbed Association mentioned at para 4.10.

⁴⁶ RoP – 9 July paragraph 115

⁴⁷ *ibid* – paragraph 116

⁴⁸ Public Health etc. (Scotland) Act 2008 asp 5

information notices prescribed by Scottish Ministers. However most of the relevant provisions of this Act have yet to be brought into force.

- 5.3 In London, the London Local Authorities Act 1991⁴⁹ allows borough councils to regulate premises used for special treatments. A special treatment is defined as:

“the reception or treatment of persons requiring massage, manicure, acupuncture, tattooing, cosmetic piercing, chiropody, light, electric or other special treatment of a like kind or vapour, sauna or other baths⁵⁰”

- 5.4 Elsewhere, we are aware of similar arrangements in parts of England, such as Birmingham and Nottingham, where Local Acts⁵¹ provide for the licensing of special treatments establishments. These Acts define “special treatments” in the same way as the London Local Authorities Act.

Local Authority Operators in Wales

- 5.5 When we started this inquiry, three local authorities⁵² in Wales provided sunbed facilities on their premises. Since then, all three have decided to remove sunbeds from their premises. We welcome this. We also note the action by Welsh Government officials to draw local authorities’ attention to evidence concerning the health risks of sunbeds⁵³.

Self Regulation

- 5.6 The Sunbed Association operates a code of practice for its members, which was outlined to us in written evidence⁵⁴. The code includes requirements in the following areas:

- supervision of customers
- maximum exposure times;
- record keeping, to monitor customers’ sunbed use;
- provision of information to customers on correct usage of equipment and warning of increased risk of skin damage through excessive exposure;
- screening of customers for age (under 16), risk factors (such as skin type) and medical history;
- use of eye goggles; and
- ensuring that equipment is in good working order and sanitized after use.

- 5.7 Given that the Sunbed Association only represents around 20% of sunbed facilities, and in the absence of any clear regulatory framework, the sunbed industry is, therefore, predominantly unregulated. We see no evidence that a significantly larger proportion of the industry would

⁴⁹ London Local Authorities Act 1991 c.xiii

⁵⁰ *ibid* Section 4

⁵¹ The Birmingham City Council Act 1990 and the Nottinghamshire County Council Act 1985

⁵² Flintshire, Vale of Glamorgan and Wrexham

⁵³ Committee Paper 30 September – Ref HWLG(3)-20-09 paper 4 (page 2)

⁵⁴ Committee Paper 9 July – Ref HWLG(3)-18-09 paper 3

be willing to submit itself to self-regulation and, given the commercial incentives involved, we have considerable doubts whether self regulation would in any event be effective. As Julie Barratt of the CIEH told us⁵⁵:

“Our concern about the Sunbed Association’s code of practice is that it is guidance to operators; they are required to comply with it if they wish to be members of the Sunbed Association. I do not know what inspection regime the Sunbed Association has to ensure that its members comply with its guidance, but in the secret shopping that we undertook, we found that some of its members were not complying with their own guidance. I would therefore say that while it is there and we acknowledge it, we do not give it a great deal of credence.”

And

“If there are going to be guidelines and a code of practice, then enforcement is also needed. I question whether an industry can self-regulate. Our research suggests that it cannot. When you have 22 per cent, or thereabouts, of manned sunbed salons operating to a particular code of practice and the rest doing what they like, that uncertainty and lack of consistency is not good for the public. I do not think that the public is aware of the Sunbed Association and its code of practice, and so, people do not necessarily think, ‘If I am going to use a sunbed, I’m going to select a premise that is a member of the Sunbed Association’. We have no evidence to suggest that they make that choice. They make their choice based on convenience and price.

The National Assembly’s Powers to Legislate

5.8 The Minister for Health and Social Services in written evidence said that she was considering a range of possible legislative options for introducing legislation including⁵⁶:

“...primary legislation with the UK Government made through the Westminster Parliament; secondary legislation made by the Welsh Ministers under the umbrella of existing primary legislation; and legislative competence for the Welsh Assembly Government.”

5.9 In oral evidence she told us⁵⁷:

“Pursuing an LCO [Legislative Competence Order] would probably be the most time-consuming option, so I would like to look at the legislative options that might be available in that context.”

5.10 If there are powers in existing primary legislation that would allow the Welsh Ministers to regulate this area we would welcome early clarification from the Minister of the scope and nature of these powers and how well suited they might be to regulating or licensing the sunbed industry.

⁵⁵ RoP – 9 July paragraph 120

⁵⁶ Committee Paper 30 September – Ref HWLG(3)-20-09 paper 4 (page 2)

⁵⁷ RoP – 30 September paragraph 290

5.11 In the meanwhile, the advice we have received is that the National Assembly does not currently have the legal competence to legislate in this area.

Conclusions

5.12 We conclude that:

- there does not appear to be any UK-wide legislation that regulates the use of sunbed facilities;
- operators appear free if they wish to disregard existing guidance and it is difficult to apply and enforce consistently;
- although there is self regulation within the industry it is limited to a relatively small minority of operators and wider self regulation seems unlikely to be effective;
- the National Assembly does not currently appear to have the power to regulate the industry's activities;
- a transfer of legislative competence is likely to be needed before the Assembly can legislate in this area.

Section 6 - The Case for Further Regulation

Is Regulation of the Sunbed Industry Needed?

- 6.1 Earlier in this report we found that sunbed facilities are used by significant numbers of people including young children. This is often despite being aware of the risks. We have also found that there is good evidence to support a causal link between the use of sunbeds and serious and fatal illnesses. The benefits of tanning are unproven and minimal if any.
- 6.2 We have also found that there is little if any statutory regulation of the industry at present and that such regulation as exists is difficult to apply and enforce. Self regulation applies to only a minority of the industry. Even if the numbers of operators who self regulated were increased significantly (which we think highly unlikely) the tension between health concerns and the understandable commercial incentive to maximise income, is often likely to resolve itself in favour of the latter.
- 6.3 Earlier we posed the question whether the additional risk of over exposure to sunbeds is such that there is a need for the law to regulate the use that people make of them? This is perhaps the central question. Are sunbeds dangerous enough to be regulated or are the risks such that they should be left to individuals to assess without the need for regulation?
- 6.4 We are aware of studies that have estimated around 100 deaths each year in the UK from sunbed use⁵⁸. Although these estimates have been challenged by sunbed operators⁵⁹ they appear to be a cautious estimate of the overall risk that sunbeds pose. It is true, when compared to other risks to health such as smoking or drinking, that the figure might appear to some to be rather low. However, these are entirely preventable deaths and, when considered alongside the considerable cost to the NHS of treatment, they are far from a trivial matter.
- 6.5 Perhaps the other factor that makes sunbed use different to smoking or drinking, whose effects generally build up over a period of years, is that the effects can be extremely severe (even potentially fatal) after just one exposure. Perhaps this was brought home to us most powerfully by Jill McRae, whose daughter suffered severe burns as a result of sunbed exposure⁶⁰:

“On the day she visited the salon, my daughter spent approximately 19 minutes on a high-powered sunbed, the result of which was first degree burns to approximately 70 per cent of her body. Several hours after that session, she collapsed with the symptoms of heatstroke and was taken to hospital, where she required oxygen and intravenous drips to rehydrate her and to control the pain. It was like a very bad

⁵⁸ Diffey, B. A quantitative estimate of melanoma mortality from ultraviolet A sunbed use in the UK. *Br J Dermatol* 149, 578-81 (2003).

⁵⁹ e.g. RoP – 9 July paragraph 291

⁶⁰ RoP – 9 July paragraph 20 & 24

case of natural sunburn, but obviously accelerated over a much shorter time than would have happened naturally. She was in a great deal of pain for some time afterwards, and then she went through the natural process for any first degree burn, in that skin was shed and new skin formed. The process took about a fortnight, until she was fully healed on a superficial level. The bigger concern is that the underlying damage may not become evident for many years to come because it is a fairly substantial dose at a very young age.”

And later...

“... She lives with the knowledge that she may have done irreparable damage to her skin that may not become evident for years. She knows the implications because of the information that is now available about malignant melanoma, and that is something that will be in her mind for many years to come.”

- 6.6 Taking all these factors into account we believe that there is now a proven need for statutory regulation of the sunbed industry in Wales. Considering that local councils in London, Birmingham and Nottingham are able to regulate sunbed facilities, it is ironic that the National Assembly for Wales appears unable to do so at present. We note that the Minister of Health and Social Services is considering seeking legislative competence to introduce legislation and we see no reason why the National Assembly for Wales should not be able to legislate to introduce regulations in Wales.

We recommend that the Welsh Government seeks as a matter of priority the legislative competence to introduce new laws to license, regulate and, if necessary, impose liabilities and create offences in relation to sunbed facilities and their operators. [Recommendation 2]

What should be included in any legislation

- 6.7 The question of what should be included in any legislation is at this stage somewhat secondary compared to obtaining the legislative competence for the Assembly. We deal with individual regulatory aspects below but, in our view, the recommendations of the 13th COMARE report provide an excellent template for any regulatory regime.

We recommend that any new laws should be based around recommendations 1 and 2 of the thirteenth COMARE report on ‘The health effects and risks arising from exposure to ultraviolet radiation from tanning devices’. [Recommendation 3]

Age Restriction

- 6.8 There is unanimous acceptance that children under 16 should not be allowed to use sunbeds under any circumstances. However, Most of the evidence we have heard suggests that the risks of sunbeds are increased for those aged under 30.

- 6.9 As noted earlier, the Sunbed Association and Consol Suncenter have both argued that 17 and 18 year olds are mature enough to weigh the risks of sunbed use for themselves.
- 6.10 We are not convinced by this argument. We note that both COMARE and the Health and Safety Executive recommend 18 as the minimum age for sunbed use. While we do not necessarily accept the argument that there is no difference between the skin type of 16-18 year olds, we believe there is a clear argument for setting 18, the age of majority, as the appropriate point for allowing individuals to decide for themselves whether to use sunbeds. Sarah Woolnough of Cancer Research UK summed it up well⁶¹:

“We have discussed this with a number of Cancer Research UK funded researchers and other experts in the field. Obviously, it is arbitrary—any age at which you prohibit someone from doing something on a similar evidence base would be arbitrary. We feel that the balance of risk suggests that you do not want to put it at an older age, because adults can make their own choices as long as they are aware of the risks involved. That age is also consistent with tobacco and alcohol restrictions, and many other restrictions.

We also know from looking at how many young people use sunbeds that a significant proportion of 16 and 17-year-olds use sunbeds regularly. So, we feel that setting the age at 18 is a reasonable step.”

We recommend that any regulatory regime introduced in Wales should set 18 as the minimum age for use of a sunbed. [Recommendation 4]

Supervision

- 6.11 All the cases we are aware of, including Jill McRae’s daughter, where considerable harm has been caused by sunbeds have involved young people using unsupervised or “coin-operated” facilities. We note that Consol Suncenter in their evidence to us argued that it was possible to identify the ages of users remotely using CCTV⁶². We believe this claim is risible. It is difficult enough to tell someone’s age face to face let alone using CCTV. It is precisely for this reason that licensed premises often require identification evidence before serving alcohol.

We recommend that the regulatory regime should ensure that all premises providing sunbed use should be subject to full-time supervision on site by trained staff. [Recommendation 5]

Information to Users

- 6.12 We are aware from the evidence that many people will continue to use sunbeds even though they are relatively well-informed of the risks. For adults in a free society this is their choice. However, many users will not be aware of all the risks and many other users will be influenced by

⁶¹ RoP 9 July paragraph 37-38

⁶² RoP 30 September paragraphs 94-110

the supposed health benefits of sunbeds. It is, therefore very important to ensure that those using facilities are fully informed of the risks and that these messages are not undermined by spurious claims of health benefits.

We recommend that Welsh Ministers should prescribe through regulations the information that should be provided to users of sunbeds and that this information must be also be prominently displayed in sunbed facilities. [Recommendation 6]

We recommend that the regulatory regime should ensure that clients should only be allowed to use sunbeds after having given written informed consent based upon information setting out the potential health risks involved. [Recommendation 7]

Other matters

6.13 We believe there is widespread agreement that protective eyewear is necessary when using sunbeds.

We recommend that the regulatory regime should ensure that protective eyewear is compulsory for those using sunbeds. [Recommendation 8]

6.14 We also believe that certain skin types are at much greater risk from using sunbeds than others. While we accept that it might be difficult to be wholly prescriptive about which skin types should and should not be allowed to use sunbeds, supervisory staff should be trained to identify higher risk groups and should be under an obligation to draw this to the attention of the client as part of the written consent process.

We recommend that the regulatory regime should prescribe guidance to ensure that use by high risk groups is identified and discouraged. [Recommendation 9]

6.15 In an earlier recommendation⁶³ we drew attention to the SCCP's recommendations on irradiance levels of sunbeds. We believe, whether these guidelines are being enforced or not, that only sunbeds which comply with these standards should be allowed to be used in tanning facilities.

We recommend that the regulatory regime should ensure that sunbeds which do not comply with both the British and European Standards on sunbed irradiance levels should be banned from use in commercial tanning outlets. [Recommendation 10]

⁶³ Recommendation 1

Section 7 - Other Issues

Advertising Claims

7.1 Although we have taken no direct evidence on this point, we are concerned that some of the claims around the Health Benefits of sunbeds are not only dubious but may be positively misleading. It is not our role to judge whether this is in fact the case but we are sufficiently concerned to ask the Welsh Government to consider with the relevant authorities whether any of this information contravenes existing trading and advertising legislation.

We recommend that the Welsh Government consider with the relevant authorities whether any of the health benefit information provided by sunbed operators contravenes existing trading and advertising legislation. [Recommendation 11]

Natural Sun Tanning and Education

7.2 It would be unfair to give the impression that sunbeds are the only or even the main cause of the increase in skin cancer. While they are a preventable and wholly unnecessary risk that can provide very high doses of radiation in a short time, it seems to us more likely that the main cause of most skin cancers is natural sunlight. The rise in our desire and ability to travel abroad to countries with hot climates is very welcome but it does appear to have given rise to so-called binge tanning.

7.2 Although it is strictly outside the scope of this Inquiry, we believe that this is a growing health issue and one that needs to be addressed. We were told that Cancer Research UK receives around £100,000 a year from the four UK Health Departments to run the annual SunSmart campaign. Sarah Woolnough of CRUK told us⁶⁴ that the campaign tries to “raise awareness of the risks of skin cancer and to encourage people to be able to spot the signs and symptoms and then to present earlier to a general practitioner if they have concerns.”

7.3 The Welsh Government contribution to the SunSmart campaign varies annually. CRUK gave us figures⁶⁵ showing an annual Welsh Government contribution to this campaign of either £6,000 or £6,500 in each year since 2003-04 (apart from 2004-05, when the contribution was zero). In oral evidence, the Chief Medical Officer told us that⁶⁶ “we have been funding this campaign annually since 2003-04. It varies each year depending on the campaign that it is proposing, but the amount varies from £8,600, being the lowest, to £20,000, being the highest.” We do not read any great significance into the discrepancy in figures, which we are sure is explicable.

⁶⁴ RoP 9 July paragraph 55

⁶⁵ Committee Paper 30 September – Ref HWLG(3)-20-09 Paper 5

⁶⁶ RoP 30 September paragraph 263

- 7.4 However, on any reading these are very small amounts for what is becoming an increasingly worrying health trend. We believe that efforts to educate the public about the risks of over exposure to the sun should be stepped up and that extra funding for the SunSmart campaign should now be considered. Given the particular issues that we have noted elsewhere about young people's attitudes to tanning, we believe the focus of any increased spending should be primarily aimed at this group.

We recommend that the Welsh Government considers, along with the other UK health Departments, significantly increasing the funding it provides for the SunSmart campaign, particularly in relation to young people. [Recommendation 12]

Section 8 - Summary of Recommendations

Summary of Recommendations

We recommend that the Welsh Government establishes from the UK Government whether the SCCP's recommendations, on irradiance standards for sunbeds, are being enforced in the UK and if they are not makes appropriate representations. [Recommendation 1]

We recommend that the Welsh Government seeks as a matter of priority the legislative competence to introduce new laws to license, regulate and, if necessary, impose liabilities and create offences in relation to sunbed facilities and their operators. [Recommendation 2]

We recommend that any new laws should be based around recommendations 1 and 2 of the thirteenth COMARE report on 'The health effects and risks arising from exposure to ultraviolet radiation from tanning devices'. [Recommendation 3]

We recommend that any regulatory regime introduced in Wales should set 18 as the minimum age for use of a sunbed. [Recommendation 4]

We recommend that the regulatory regime should ensure that all premises providing sunbed use should be subject to full-time supervision by trained staff. [Recommendation 5]

We recommend that Welsh Ministers should prescribe through regulations the information that should be provided to users of sunbeds and that this information must be also be prominently displayed in sunbed facilities. [Recommendation 6]

We recommend that the regulatory regime should ensure that clients should only be allowed to use sunbeds after having given written informed consent based upon information setting out the potential health risks involved. [Recommendation 7]

We recommend that the regulatory regime should ensure that protective eyewear is compulsory for those using sunbeds. [Recommendation 8]

We recommend that the regulatory regime should prescribe guidance to ensure that use by high risk groups is identified and discouraged. [Recommendation 9]

We recommend that the regulatory regime should ensure that sunbeds which do not comply with both the British and European Standards on sunbed irradiance levels should be banned from use in commercial tanning outlets. [Recommendation 10]

We recommend that the Welsh Government consider with the relevant authorities whether any of the health benefit information provided by sunbed operators contravenes existing trading and advertising legislation. [Recommendation 11]

We recommend that the Welsh Government considers, along with the other UK health Departments, significantly increasing the funding it provides for the SunSmart campaign, particularly in relation to young people. [Recommendation 12]

Section 9 - Monitoring

9.1 Where appropriate, we expect the Welsh Government to report on progress in implementing our recommendations within 12 months of their initial response to this report.

10 Addendum - Further Information from Consol Suncenter

10.1 On 26 October, after we had initially agreed our report, Consol Suncenter wrote to us enclosing additional market research information about customer use of Consol Suncenter facilities. A copy of their letter is at Annex D. The information enclosed with their letter is available separately on our website.

Number of Unsupervised Facilities

10.2 The letter challenges the figure of 46 unstaffed tanning salons in Wales that had been obtained by the Welsh Government from a survey of local authorities in Wales. This information is referred to at paragraph 3.2 of this report. At paragraph 3.4 we comment that “it would appear from the Minister’s evidence that the proportion of coin operated or unsupervised premises in Wales is considerably higher at 11% than the 2% estimate across the UK.”

10.3 We are not convinced by Consol’s view that the number of unstaffed salons in Wales is far lower than 46. The Welsh Government survey seems to us to be, at least reasonably, robust and Consol’s criticism of the methodology somewhat contrived. Even if we accept that there is some overstatement of the number, we do not think it fundamentally challenges our view that the proportion of coin operated or unsupervised premises in Wales may be considerably higher than the 2% estimated for the UK.

Other Information

10.4 The additional information submitted along with the letter contains a range of information on the use that customers make of Consol’s facilities. It is regrettable that we did not have access to this information before Consol gave oral evidence and were not, therefore, able to examine the evidence with them.

10.5 However, we do not believe that there is anything in this information that brings into question the basic conclusions on which our recommendations are based. In particular, we note that the information does appear to demonstrate relatively significant use by young people aged 16-17 as well as use by children younger than this.

Annex A

Organisations and individuals who gave evidence in person to the Committee

Those giving evidence	Representing
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9 July 2009

<ul style="list-style-type: none">• Claire Bath – Public Affairs Officer for Wales• Sarah Woolnough – Head of Policy	Cancer Research UK
<ul style="list-style-type: none">• Jill McRae - Parent	
<ul style="list-style-type: none">• Julie Barratt - Director	Chartered Institute of Environmental Health
<ul style="list-style-type: none">• Kathy Banks – Chief Executive	The Sunbed Association

30 September 2009

<ul style="list-style-type: none">• Dr Andrew Dearden – Chair, BMA Welsh Council	British Medical Association Cymru Wales
<ul style="list-style-type: none">• Sam Kirby – Public Affairs Manager	Consol Suncenter
<ul style="list-style-type: none">• Dr Dafydd Roberts - Consultant Dermatologist	
<ul style="list-style-type: none">• Edwina Hart AM - Minister for Health and Social Services• Dr Tony Jewell – Chief Medical Officer• Christopher Brereton – Deputy Chief Environmental Health Officer	Welsh Government - Department for Health and Social Services

Annex B

Schedule of Committee Papers Provided to Inform Oral Evidence

Date	Name of Paper	Paper Reference Number
9 July 2009	Cancer Research UK	Paper HWLG(3)-18-09-paper 1
9 July 2009	Chartered Institute of Environmental Health	Paper HWLG(3)-18-09-paper 2
9 July 2009	The Sunbed Association	Paper HWLG(3)-18-09-paper 3
30 September 2009	British Medical Association Cymru Wales	Paper HWLG(3)-20-09-paper 1
30 September 2009	Consol Suncenter	Paper HWLG(3)-20-09-paper 2
30 September 2009	Dr Dafydd Roberts	Paper HWLG(3)-20-09-paper 3
30 September 2009	Welsh Government	Paper HWLG(3)-20-09-paper 4
Additional Written Evidence (following oral evidence session)		
30 September 2009	Cancer Research UK	Paper HWLG(3)-20-09-paper 5
30 September 2009	The Sunbed Association	Paper HWLG(3)-20-09-paper 6
[DATE]	[ORG]	[REF]

Transcripts

Copies of all papers and transcripts of meetings can be found at:

<http://www.assemblywales.org/bus-home/bus-committees/bus-committees-third1/bus-committees-third-hwlg-home.htm>

Annex C

List of Respondents to Call for Written Evidence

The following organisations responded to the call for written evidence

Organisation	Committee Reference
Children's Commissioner for Wales	Paper HWLG(3)-20-09-paper 7
Health & safety Executive Wales	Paper HWLG(3)-20-09-paper 8
Royal College of Nursing Wales	Paper HWLG(3)-20-09-paper 9
Tenovus	Paper HWLG(3)-22-09-paper 10
National Public Health Service	Paper HWLG(3)-22-09-paper 11

Please note that the above list does not include any organisation or individuals who indicated that they did not wish their details to be published.

Annex D

Letter of 26 October from Consol Suncenter

FROM CONSOL SUNCENTER PLC
42 Old Market Street
Bristol BS2 0EZ.

26rd October 2009

Mr. Darrren Millar
Committee Chair
The Health, Wellbeing and Local Government Committee
National Assembly for Wales
Ty Hywel
Cardiff Bay
CF99 1NA

Dear Mr. Millar,

I am writing to you to outline further evidence and provide additional details as requested during the Committee Evidence session to which I was a witness.

It was noted in various media reports published on the day of my evidence session that there are a total of 46 unmanned tanning salons in Wales. We understand that this figure was achieved by asking Local Authorities in Wales to detail how many salons hold a license to operate tanning equipment. This, unfortunately, gives a distorted view of how many tanning salons exist as it includes individual beds that are not operated in salons. It is therefore not an accurate measure of unmanned salons. A license may be sought for a bed which is then operated in a gym, leisure facility or even a hotel but these should be classed as individual beds rather than salons.

It is Consol's belief that the number of unmanned salons in Wales is far lower than 46. This figure would presumably be even lower once a number of Local Authorities revoke licenses from some leisure facilities offering the use of UV tanning equipment, as previously reported.

/2.

I raise the issue of the number of salons vs. the number of beds which are classified as unmanned or partially staffed as I feel it of paramount importance that the committee is equipped with the correct information. It is also crucial to be aware of the full extent any possible legislation may have. I firmly believe that the most responsible and effective form of regulation needs to impact upon the whole industry and should include regulation of equipment and a strict limit on sunbed emissions according to an EU Declaration passed in July 2007¹ (we are the only company in the UK that fully complies with this.) Banning the handful of partially staffed salons in Wales will not significantly impact public health or safety and no scientific evidence exists to support it.

I mentioned in my evidence that Consol currently monitors use of its sunbeds and operates a strict "no under16s" policy. We are not aware of underage useage of our studios and this is supported by independent research – copies of which are attached.

I hope this additional information is of use. Should you have any further questions I would be very happy to provide further information. Once again I would like to express my thanks for allowing me to give evidence to the Committee. I look forward to hearing from you in the near future and eagerly await the Committee's report.

Yours sincerely

Sam Kirby

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¹ Declaration of the LVD ADCO Group:
"At the 18th meeting of the LVD Administrative Co-operation working group (ADCO) in Brussels on the 14th November 2006 the following was unanimously agreed by the Member States present:
- The Scientific Committee on Consumer Products (SCCP) [Opinion on: Biological effects of ultraviolet radiation relevant to health with particular reference to sunbeds for cosmetic purposes](#) represents the basis for good engineering practice in Europe in relation to the safety matters for such products.
- The recommendations shall be applied with effect six months from the publication of this Declaration.
- The maximum erythemal-weighted irradiance should not exceed 11 SED/h (0.3 W/m²)."