

Support:

- Age restrictions on the use of indoor tanning facilities to eighteen years or older
- Required posting and dissemination of scientific information regarding the health risks of indoor tanning to customers

Oppose:

- Unregulated access to indoor tanning facilities
- Dissemination of false or misleading information regarding the safety and medical benefits of indoor tanning
- Exemptions for physician prescribed indoor tanning.

Melanoma, the most deadly form of skin cancer, has been linked to indoor tanning. As a common cause of melanoma, the deadliest form of skin cancer, consumers should be protected from the sea of misinformation about this dangerous activity. A scientific paper entitled *Recent Tanning Bed Use: A Risk Factor for Melanoma* stated that sun or UV radiation is one of the primary causal factors in the development of melanoma and that indoor tanning increases one's risk of melanoma.¹ Another study found that individuals who have used a tanning bed 10 or more times in their lives have a 34% increased risk of developing melanoma compared to those who have never used tanning beds.²

Skin cancer treatment is a costly drain on the American economy. As the incidence of skin cancer continues to rise, due in part to indoor tanning beds, so too does the cost to the American health care system to treat patients with skin cancer. A 2014 study estimated that more than 400,000 cases of skin cancer may be related to indoor tanning in the United States each year, causing 245,000 basal cell carcinomas, 168,000 squamous cell carcinomas and 6,200 melanomas.³ The annual cost of treating skin cancers in the U.S. is estimated at \$8.1 billion – about \$4.8 billion for nonmelanoma skin cancers and \$3.43 billion for melanoma.⁴ If continued unabated, treatment of skin cancer will increase the cost burden on an already heavily burdened American health care system.

Indoor tanning is ranked within the World Health Organization's highest cancer-risk category. In 2009, the International Agency for Research on Cancer, the cancer division of the World Health Organization, classified tanning beds as "carcinogenic to humans" — the agency's highest cancer-risk category, which also includes asbestos, cigarette smoke, plutonium, radon gas, and radium. Total doses of ultraviolet rays from a tanning bed may be as much as five times more than natural sunlight. This means that 20 minutes spent in a tanning salon may be equal to 2-3 hours in the noontime sun, according to a 2008 scientific article from *Dermatologic Surgery*.⁵ Acknowledging the popularity of indoor tanning amongst teens, the World Health

¹ Buckel, T; et al; Recent Tanning Bed Use: A Risk Factor for Melanoma. *Arch Dermatol*. 2006; 142: 485-488.

² Colantonio S, Bracken MB, Beecker J. The association of indoor tanning and melanoma in adults: systematic review and meta-analysis. *J Am Acad Dermatol* 2014; 70(5):847-857.e1-118. doi: 10.1016/j.jaad.2013.11.050. Epub 2014 Mar 12.

³ Wehner M, Chren M-M, Nameth D, et al. International prevalence of indoor tanning: a systematic review and meta-analysis. *JAMA Dermatol* 2014; 150(4):390-400. Doi: 10.1001/jamadermatol.2013.6896

⁴ Waters HR and Adamson A. The health and economic implications of using tanning devices. *J Cancer Policy*. 2016. <http://dx.doi.org/10.1016/j.jcpo.2016.12.003>.

⁵ Ibrahim, S; Brown, M; Tanning and Cutaneous Malignancy. *Dermatol Surg*. 2008;34:460-474.

Organization and the International Commission on Non-Ionizing Radiation Protection have recommended that indoor tanning be restricted to only those ages eighteen and older. Stricter regulation of indoor tanning is needed to properly educate consumers on the significant medical risks and protect teenagers from carcinogenic radiation.

Indoor tanning is a threat to the health and safety of our youth with no signs of slowing down. A 2006 study of the 100 most populous cities in the United States found that there was an average of 42 tanning salons per city—exceeding the number of Starbucks or McDonald’s. The same study demonstrated that 76% of teens lived within two miles of a tanning salon.⁶ Not only are minors more susceptible to misinformation about indoor tanning, minors are increasing their use of indoor tanning devices and consequently, increasing their incidence of melanoma. Furthermore, the studies concluded that young women are six to seven times more likely to develop melanoma than young men, attributing that difference primarily to the prevalence of indoor tanning amongst young women.⁷

Indoor tanning does not constitute phototherapy.⁸ Contrary to claims by indoor tanning advocates, indoor tanning devices found in tanning salons do not constitute medical treatments. There are legitimate uses of UV devices to treat skin conditions such as psoriasis and eczema. However, these types of UV devices, found in physician offices, are classified differently by the Food and Drug Administration, and thus more strictly regulated.

Prescribing indoor tanning as a medical treatment puts patients at risk. Many state legislatures proposing restrictions on minors’ access to indoor tanning devices have considered provisions to allow physicians to prescribe indoor tanning. ASDSA opposes such exemptions, as they give legitimacy to misleading claims that indoor tanning devices offer a legitimate health and medical benefit to consumers.

The Federal Trade Commission has ruled against claiming health benefits for indoor tanning. Members of the indoor tanning industry have tried repeatedly to discredit the medical research linking indoor tanning to cancer, even distributing propaganda purporting health benefits, including the prevention of lung, kidney, and liver cancers through use of UV devices. Such statements, however, are based on junk science at best and willful misrepresentation at worst. In a 2010 ruling, the Federal Trade Commission (FTC) found that such claims constitute unfair or deceptive acts or practices, and that the making of false advertisements, in or affecting commerce is in violation of the Federal Trade Commission Act.⁹

Additionally, a study which examines the link between indoor tanning and vitamin D synthesis found that most tanning beds emit UVA radiation, which is relatively ineffective in stimulating vitamin D synthesis. Further, the study concludes that any vitamin D increase that may come from indoor tanning does not outweigh the risk of skin cancer and indoor tanning is not recommendable as a way to achieve optimal vitamin D levels.¹⁰

⁶2006: Number of Tanning Salons. CITY 100: Controlling Indoor Tanning in Youth. Retrieved from: <http://indoortanningreportcard.com/numberofsalons.html>

⁷ Lazovich D, Isaksson Vogel R, Weinstock MA, Nelson HH, Ahmed RL, Berwick M. Association Between Indoor Tanning and Melanoma in Younger Men and Women. *JAMA Dermatol.* 2016;152(3):268-275. doi:10.1001/jamadermatol.2015.2938

⁸ Position Statement on Indoor Tanning. (2013, July 31). Retrieved January 31, 2017, from <https://www.psoriasis.org/about-psoriasis/treatments/statement-on-tanning-beds>

⁹ File No. 082-3159; United States of America Federal Trade Commission Complaint in the Matter of Indoor Tanning Association, a Corporation.

¹⁰ Woo, D. K., MD, & Eide, M. J., MPH. (2010). Tanning beds, skin cancer, and vitamin D: an examination of the scientific evidence and public health implications. *Dermatologic Therapy*, 23, 61-71. Retrieved February 15, 2017, from <https://www.ncbi.nlm.nih.gov/pubmed/20136909>.

Due to the dangers associated with indoor tanning, the following states have banned minors from using a tanning device: California, Delaware, District of Columbia, Hawaii, Illinois, Kansas, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Nevada, New Hampshire, New York, North Carolina, Oklahoma, Oregon, Rhode Island, Texas, Vermont, Virginia and Washington.¹¹

Tanning beds are breeding grounds for dangerous bacteria. Although most states have some level of regulation on the books for tanning beds, most do not address sanitation in any meaningful way. Even among those that do, such as New York, such regulations are not effectively enforced. A recent study measured the presence of bacteria capable of causing serious skin infections in top ten rated tanning salons in New York City. Bacteria were found on the tanning beds tested in all ten salons, with most salons registering three or more different types of dangerous bacteria. Other studies addressing adherence to safety regulations give credence to these results as representing the norm among tanning salons.¹²

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¹¹ Indoor tanning legislation 2023. Retrieved from <https://www.aimatmelanoma.org/legislation-policy-advocacy/indoor-tanning/#1597708435260-4dbca0a8-6c32>

¹² Russak, J; Rigel, D; Tanning Bed Hygiene: Microbes Found on Tanning Beds Present a Potential Health Risk. Journal of the American Academy of Dermatology. 2010 Jan; 62(1): 155-157.

Related AMA policy:

H-440.839 Protecting the Public from Dangers of Ultraviolet Radiation

1. Our AMA encourages physicians to counsel their patients on sun-protective behavior.

Tanning Parlors: Our AMA supports: (1) educational campaigns on the hazards of tanning parlors, as well as the development of local tanning parlor ordinances to protect our patients and the general public from improper and dangerous exposure to ultraviolet radiation; (2) legislation to strengthen state laws to make the consumer as informed and safe as possible; (3) dissemination of information to physicians and the public about the dangers of ultraviolet light from sun exposure and the possible harmful effects of the ultraviolet light used in commercial tanning centers; (4) collaboration between medical societies and schools to achieve the inclusion of information in the health curricula on the hazards of exposure to tanning rays; (5) the enactment of federal legislation to: (a) prohibit access to the use of indoor tanning equipment (as defined in 21 CFR ?1040.20 [a][9]) by anyone under the age of 18; and (b) require a United States Surgeon General warning be prominently posted, detailing the positive correlation between ultraviolet radiation, the use of indoor tanning equipment, and the incidence of skin cancer; (6) warning the public of the risks of ultraviolet A radiation (UVA) exposure by skin tanning units, particularly the FDA's findings warning Americans that the use of UVA tanning booths and sun beds pose potentially significant health risks to users and should be discouraged; (7) working with the FDA to ensure that state and local authorities implement legislation, rules, and regulations regarding UVA exposure, including posted warnings in commercial tanning salons and spas; (8) an educational campaign in conjunction with various concerned national specialty societies to secure appropriate state regulatory and oversight activities for tanning parlor facilities, to reduce improper and dangerous exposure to ultraviolet light by patients and general public consumers; and (9) intensified efforts to enforce current regulations.

Sunscreens. Our AMA supports: (a) the development of sunscreens that will protect the skin from a broad spectrum of ultraviolet radiation, including both UVA and UVB; and (b) the labeling of sunscreen products with a standardized ultraviolet (UV) logo, inclusive of ratings for UVA and UVB, so that consumers will know whether these products protect against both types of UV radiation. Terms such as low, medium, high and very high protection should be defined depending on standardized sun protection factor level.

2. Our AMA supports sun shade structures (such as trees, awnings, gazebos and other structures providing shade) in the planning of public and private spaces, as well as in zoning matters and variances in recognition of the critical important of sun protection as a public health measure.

(CCB/CLRPD Rep. 3, A-14; Appended: Res. 403, A-14; Appended: Res. 404, A-19)