

ACS CAN Policy Statement on Indoor Tanning



The American Cancer Society is a nationwide, community-based voluntary health organization dedicated to saving lives, celebrating lives, and leading the fight for a world without cancer. The American Cancer Society Cancer Action Network (ACS CAN), the advocacy affiliate of the Society, is making cancer a top priority for public officials and candidates at the federal, state, and local levels. ACS CAN empowers advocates across the country to make their voices heard and influence evidence-based public policy change, as well as legislative and regulatory solutions that will reduce the cancer burden. As the American Cancer Society's nonprofit, nonpartisan advocacy affiliate, ACS CAN is critical to the fight for a world without cancer. This fight includes advocating for public policies that help reduce the risk of skin cancer associated with the use of indoor tanning devices.

Use of Indoor Tanning Facilities Increases Skin Cancer Risk for Young People

Skin cancer is the most commonly diagnosed cancer in the United States, and rates have been rising for the past 30 years.¹ Melanoma, the deadliest form of skin cancer, is one of the most common cancers diagnosed among young people.^{1,2} Ultraviolet (UV) radiation exposure from the sun is a known cause of skin cancer, and UV radiation exposure during childhood and adolescence increases the risk of being diagnosed with skin cancer as an adult. Indoor tanning increases the risk of a skin cancer diagnosis even further. Tanning before the age of 35 increases the risk of melanoma by 59 percent, squamous cell carcinoma by 67 percent, and basal cell carcinoma by 29 percent.^{3,4} Rates increase even more when tanning devices are used before age 25.⁴ Significant progress has been made in recent years in reducing teen usage of tanning devices, with prevalence dropping from over 15 percent in 2009 to 5.6 percent in 2017.⁵ However, work still needs done to further decrease tanning bed usage among teens, as use of indoor tanning devices remains common among high school aged girls.

The rates of indoor tanning use and the associated harms have increased awareness and action at all levels of government. In 2014, the Surgeon General released a *Call to Action on Skin Cancer* calling for an increased effort to reduce exposure to UV radiation, especially through the use of indoor tanning devices.⁶ In May 2014, the United States Food and Drug Administration (FDA) reclassified tanning devices from a Class I device (or minimal potential for harm to the user) to a Class II device (or moderate to high potential for harm to the user).⁷ As part of the additional restrictions, device manufactures have to include a visible black box warning stating that people younger than 18 years should not use the devices. In addition, one of the Healthy People 2020 objectives is to "reduce the proportion of adolescents in grades 9 through 12 who report using artificial sources of ultraviolet light for tanning."⁸ Finally, 19 states, the District of Columbia, and numerous local governments have passed laws prohibiting the use of indoor tanning devices by minors under the age of 18.

ACS CAN Position Statement on Indoor Tanning Facilities

ACS CAN supports legislative and regulatory initiatives at all levels of government to protect the public from increased skin cancer risk associated with exposure to UV radiation emitted by indoor tanning devices. More specifically, based on a review of the best science currently available, ACS CAN supports initiatives that:

- Prohibit the use of indoor tanning facilities by youth under the age of 18, without exceptions, due to an increased risk for skin cancer;
- Ensure tanning salons are properly regulated;
- Ensure effective enforcement provisions are in place; and
- Make sure consumers are properly informed about the risk of using indoor tanning devices prior to use.

¹ American Cancer Society. *Cancer Facts & Figures 2020*. Atlanta, GA: American Cancer Society; 2020.

² NAACCR Fast Stats: An interactive tool for quick access to key NAACCR cancer statistics. North American Association of Central Cancer Registries. <http://www.naaccr.org/>. (Accessed on January 2020).

³ The 59% increased risk is cited here: Boniol B., Autier P., Boyle P., Gandini S. Corrections: Cutaneous melanoma attributable to sunbed use: systematic review and meta-analysis. *BMJ*. 2012; 345:e8503. Published December 2012; which is a correction of the original article cited here: Boniol B., Autier P., Boyle P., Gandini S. Cutaneous melanoma attributable to sunbed use: systematic review and meta-analysis. *British Medical Journal*. 2012; 345:e4757. Correction published December 2012; 345:e8503.

⁴ Wehner MR, Shive ML, Chren MM, Han J, Qureshi AA, Linos E. Indoor tanning and non-melanoma skin cancer: systematic review and meta-analysis. *BMJ*. 2012, 345:35909. doi: <http://dx.doi.org/10.1136/bmj.e5909>.

⁵ Holman DM, Jones SE, Qin J, Richardson LC. Prevalence of indoor tanning among U.S. high school students from 2009 to 2017. *J Community Health*. 2019;44(6):1086-9.

⁶ U.S. Department of Health and Human Services. The Surgeon General's call to action to prevent skin cancer. Washington, D.C.: U.S. Dept of Health and Human Services, Office of the Surgeon General; 2014.

⁷ Federal Register. General and plastic surgery devices: reclassification of ultraviolet lamps for tanning, henceforth to be known as sunlamp products and ultraviolet lamps intended for use in sunlamp products. Published June 2, 2014. Accessed January 2020. <https://www.federalregister.gov/articles/2014/06/02/2014-12546/general-and-plastic-surgery-devices-reclassification-of-ultraviolet-lamps-for-tanning-henceforth-to>.

⁸ U.S. Department of Health and Human Services. *Healthy People 2020: Cancer*. Accessed January 2020. <http://www.healthypeople.gov/2020/topics-objectives/topic/cancer/objectives>.