

February 28, 2010

Senate Public Health Committee
Connecticut General Assembly
Room 3000, Legislative Office Building
Hartford, Connecticut 06106

Dear Senators,

On behalf of the 12,000 U.S. members of the American Academy of Dermatology Association (AADA), I am writing to share with you our viewpoints related to indoor tanning, and our support for SB 263. As dermatologists, we dedicate our lives to promoting habits in our patients that ensure healthy skin. Part of our role as health care providers is educating the public about environmental factors that can lead to skin damage and skin cancer. AADA is extremely concerned with the growing patronage of indoor tanning facilities by adolescents, and applaud you for taking the necessary steps to regulate tanning facilities by requiring informed consent and warning signs to be posted at every tanning facility.

Using Tanning Devices is equally as Carcinogenic as Tobacco Smoking

Ultraviolet (UV) radiation has been classified as a known human carcinogen by the US Department of Health and Human Services. In July 2009, the International Agency for Research on Cancer, a division of the World Health Organization, elevated UV radiation (UVA and UVB) from tanning devices to Group 1 meaning "carcinogenic to humans." Group 1 also contains tobacco and tobacco smoking, mustard gas, and plutonium among other carcinogenic agents.¹

Yet, despite the connection between the use of tanning devices and the development of skin cancer, incidence rates for melanoma and skin cancer continue to climb. According to the American Cancer Society, one in five Americans will develop some form of skin cancer during their lifetime, and one American dies every 62 minutes from melanoma, the deadliest form of skin cancer. Recent studies by investigators from the National Cancer Institute's Division of Cancer Epidemiology and Genetics indicated the annual incidence of invasive melanoma increased among Caucasian women in the US aged 15 to 39 by 50 percent between 1980 and 2004.²

¹ IARC Working Group. Special Report: Policy; A review of human carcinogens --Part D: radiation. *Lancet Oncology* 2009; 10: 751-52.

² Purdue MP, Freeman LE, Anderson WF, Tucker MA. "Recent trends in incidence of cutaneous melanoma among US Caucasian young adults." *J Invest Dermatology*. 2008 Dec;128(12):2905-8. E-pub 2008 Jul 10.



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SB 263 improves existing statutes by requiring each tanning facility to, “(1) post a sign readily visible to persons entering such facility that includes (A) warnings about the health risks associated with the use of a tanning device, (B) instructions for the use of such device, and (C) notice that consumer complaints may be directed to the municipal health department or health district in which the tanning facility is located; and (2) require consumers, prior to the use of any tanning device, to read and sign a statement that includes warnings about health risks associated with the use of tanning devices. Signs and statements required by this subsection shall be approved by the municipal health department or health district for the municipality in which the tanning facility is located.”

AADA strongly believes that states should regulate the indoor tanning industry in order to protect the public and ensure that tanning facilities are providing consumers with the relevant information that will allow them to make an informed decision about whether or not to tan. We know that UV radiation is the single largest environmental factor in the development of skin cancer, and that UV radiation from artificial sources such as tanning beds and sun lamps is just as dangerous as UV radiation from the sun and should be avoided.

Skin Cancer is Strongly Associated with Indoor Tanning

According to the American Cancer Society, skin cancer is the most common form of cancer in the United States. The two most common types of skin cancer—basal cell and squamous cell carcinomas— can be severely disfiguring, but are usually curable. However, melanoma, the third most common skin cancer, is life threatening, and its incidence is unfortunately increasing among young people. Fortunately, epidemiologic data suggest that most skin cancers can be prevented if children, adolescents, and adults are protected from UV radiation.

Melanoma is the most common form of cancer for young adults 25-29 years old and the second most common form of cancer for adolescents and young adults 15-29 years old. One in 58 men and women will be diagnosed with this life-threatening disease during their lifetime. Skin damage from UV radiation is cumulative, and its adverse effects often take years to become apparent. We know that much of this damage occurs during the adolescent years. In fact, a recent meta-analysis of over seven studies concluded that using tanning beds before the age of 35 increases one’s risk for melanoma by 75 percent.³

Indoor tanning with UV radiation lamps has been linked to melanoma, squamous cell carcinoma, molecular damage associated with skin cancer, and other acute damage to the eyes and skin. Commercial indoor tanning facilities are prevalent in the United States, and “all-you-can-tan” discount pricing packages make indoor tanning inexpensive and easily accessible. A recent study conducted by researchers at the

³ IARC Working Group. Special Report: Policy; A review of human carcinogens –Part D: radiation. *Lancet Oncology* 2009; 10: 751-52.

University of California – San Diego on tanning salon density in the top 100 cities across the United States found an average of 42 tanning salons per city. This number exceeded the number of Starbucks and McDonalds in most cities.

The rates of indoor tanning for teen girls in the United States are high; in a national sample, approximately 40 percent of 17- to 18-year-old girls had used indoor tanning in the past year.⁴ Like the tobacco industry, which for decades, has positioned products to meet the identified psychosocial needs of distinct groups of women and attract impressionable adolescents, many tanning advertisements also play on female body image insecurities by claiming or implying that tanned skin makes the body appear thinner and more toned. Furthermore, these advertisements are frequently included in school newspapers and mall flyers.⁵ In addition to increasing skin cancer risk, indoor tanning has also been known to cause adverse reactions in consumers who are taking certain medications or using certain soaps or cosmetics.

In 2005, the World Health Organization (WHO) issued a statement that no one under the age of 18 should be permitted to use a sunbed. "There has been mounting concern over the past several years that people and in particular, teenagers are using sunbeds excessively to acquire tans which are seen as socially desirable. However, the consequence of this sunbed usage has been a precipitous rise in the number of skin cancer cases," said Dr. Kerstin Leitner, WHO Assistant Director-General responsible for environmental health. "We are therefore calling attention to this fact and we would hope that this recommendation will inspire regulatory authorities to adopt stricter controls on the usage of sunbeds."

FTC Charges ITA with Deceptive & Misleading Advertising

For several years, the indoor tanning industry has made various statements on the claimed health benefits of indoor tanning. There are, in fact, no substantiated data to demonstrate any health benefit of commercial tanning. To this end, on January 26, 2010, the FTC charged the ITA with making false health and safety claims about indoor tanning. In addition to denying the skin cancer risks of tanning, the ITA's campaign allegedly also made these false claims:

- Indoor tanning is approved by the government;
- Indoor tanning is safer than tanning outdoors because the amount of ultraviolet light received when tanning indoors is monitored and controlled;
- Research shows that vitamin D supplements may harm the body's ability to fight disease; and
- A National Academy of Sciences study determined that "the risks of not getting enough ultraviolet light far outweigh the hypothetical risk of skin cancer."

⁴ Mayer JA, Hoerster KD, Pichon LC, Rubio DA, Woodruff SI, Forster JL. Enforcement of state indoor tanning laws in the United States. *Prev Chronic Dis* 2008;5(4).
www.cdc.gov/pcd/issues/2008/oct/07_0194.htm.

⁵ Greenman, J., Jones, D. "Comparison of advertising strategies between the indoor tanning and tobacco industries." *J Am Acad Dermatol*. Accessed Online 4 Feb 2010, [www.eblue.org/article/S0190-9622\(09\)00360-0/](http://www.eblue.org/article/S0190-9622(09)00360-0/).

From this point forward, the ITA is prohibited from making any false health claims, misrepresenting any tests or studies, and from providing deceptive advertisements to its members. Moreover, future advertisements from the association must contain disclosures regarding the risk of developing skin cancer from use of tanning devices. Advertisements that make claims about the safety or health benefits of indoor tanning are required to clearly and prominently make the following disclosure:

“NOTICE: Exposure to ultraviolet radiation may increase the likelihood of developing skin cancer and can cause serious eye injury.”

Advertisements that claim exposure to UV radiation produces vitamin D in the body, or make other claims about the effectiveness or usefulness of indoor tanning products or services for the body’s generation of vitamin D, must clearly and prominently make the following disclosure:

“NOTICE: You do not need to become tan for your skin to make vitamin D. Exposure to ultraviolet radiation may increase the likelihood of developing skin cancer and can cause serious eye injury.”

The AADA raised its concerns about the false statements being made by the ITA with the FTC in 2008 after the ITA launched an advertising campaign designed to portray indoor tanning as safe and beneficial. The AADA and several of its leading members cooperated fully with the agency’s investigation into this important public health issue. We remain extremely concerned about the widespread claims regarding tanning and vitamin D, and continue to remind the public that for patients who need additional vitamin D, appropriate oral supplementation is a safe way to increase levels without risking the development of skin cancer.

Despite Gains, More Regulation Continues to be Necessary

Tanning advocates often argue that additional regulation of the tanning industry is not necessary. Yet, despite some progress, the tanning industry remains highly unregulated. The FTC is responsible for investigating false and misleading claims related to advertising, however, its oversight does not extend beyond misleading advertisements.

The US Food and Drug Administration (FDA) regulate tanning device manufacturers. The agency determines how devices have to be constructed, and what type of labeling is appropriate to warn consumers about potential health risks. Tanning salons themselves are not regulated by the FTC or the FDA. There would be no other way to regulate who can use a tanning salon other than through a state or local ordinance. This is somewhat similar to how alcohol is regulated. Brewers, vineyards, and distillers are federally required to label products to make consumers aware of the potential health risks of consuming alcohol, but it is up to states to legislate legal drinking ages that

retailers and restaurants must then enforce. The two are mutually exclusive, much like a tanning device manufacturer and a tanning facility. The various actors within the industry are subject to different regulations based on their specific roles.

Our efforts to regulate indoor tanning facilities are not an effort to put indoor tanning facilities out of business. By their own statistics, indoor tanning is a \$5 billion a year industry in the United States, and AADA simply thinks it is important for facilities to be honest with consumers and alert them of potential health hazards. Furthermore, many of these businesses offer spray-on tanning services, which, unlike tanning beds, are not associated with increased skin cancer risk. The growing use of these spray-on tanning services is a reasonable and safe way for tanning facilities to sustain their businesses.

States Continue to Tackle Indoor Tanning Through Legislation and Regulations

Currently, 31 states and seven local jurisdictions regulate the use of tanning facilities by minors. On an annual basis, states continue to strengthen tanning regulations to ensure patient safety and limit the use of tanning facilities by minors. AADA believes that protecting the public, especially adolescents, and requiring appropriate oversight of the indoor tanning industry is crucial to promoting public health and reducing overall health care costs. The estimated total direct cost associated with the treatment of melanoma in 2004 was \$291 million. Of that total, office visits account for \$101 million; hospital outpatient treatment accounts for \$76 million; prescription drugs account for \$78 million; hospital inpatient treatment accounts for \$35 million; and emergency room treatment accounts for \$1 million.⁶ Of course, these figures do not begin to account for the tragic loss of life from this menacing disease.

I urge you and your colleagues to enact SB 263 to fully regulate tanning facilities in Connecticut. I appreciate the opportunity to provide written comments on this important public health issue. For further information, please feel free to contact Kathryn Chandra, Assistant Director of State Policy for the AADA, at (kchandra@aad.org) or (202) 712-2615.

Sincerely,



David M. Pariser, MD, FAAD
President, American Academy of Dermatology Association
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⁶ The Society for Investigative Dermatology and the American Academy of Dermatology Association, *The Burden of Skin Diseases* 2004. Copyright 2006.