

Sunbeds - Artificial Ultraviolet Radiation (UVR) Tanning Devices Draft Policy Statement¹

The Public Health Association of New Zealand supports the banning of commercial artificial UVR tanning devices (sunbeds) as there is clear evidence that they cause cutaneous malignant melanoma and other skin cancers, while providing no health benefits that could not be obtained from other, less harmful sources.

Overview

The World Health Organization (WHO) classifies all UVR-emitting devices (including sunbeds) as Group 1 carcinogens, sufficient to cause cancer in humans. The scientific evidence clearly shows no safe level of sunbed use for individuals of any age^{2,3}. WHO recommends that Governments should use comprehensive legislation to govern the operation of sunbeds. Some health agencies have progressed further, for example, the French Agency for Food, Environmental and Occupational Health and Safety recommends "that all commercial use of artificial UV tanning and sale of devices delivering artificial UVs for cosmetic purposes should eventually be stopped". A

In New Zealand skin cancer is the most common type of cancer, leading to 535 deaths in 2015.^{5,6} There is strong evidence of an association between sunbed use and the development of cutaneous malignant melanoma (melanoma) as well as other skin cancers.⁷ New Zealand and Australia have the highest overall incidence rates of melanoma in the world, a situation projected to continue.⁸ In 2013, melanoma was the third most commonly registered cancer for both men and women in NZ, accounting for 10.7% of all registrations, and was the 4th most common cause of death from cancer in men and the 7th in women.⁹ Over 2000 New Zealanders are diagnosed every year and more than 350 die.⁹ It is the most common cancer in adult males 25-44 years and the second most common in females of the same age.⁹ As well as increasing the risk of developing other types of skin cancer,² other documented harmful effects of sunbeds include skin and ocular burns, development of nevi (moles are a known risk factor for skin cancer), accelerated skin ageing, cataracts, immune suppression and photosensitivity.^{10,11}

In Australia there have been high profile, sustained and successful education campaigns and policy changes, including banning sunbeds in all states. 12,13 As a result of strong

¹ Addressing tanning devices is one aspect of PHA's broader UVR policy which is expressed in the <u>PHA policy statement on UVR Protection</u> and its appendix on Sunscreens (awaiting members'ratification).

Special Interest Group or Policy Sponsor	Felicity Williamson , reviewed Bronwen McNoe
Date ratified by AGM	Date to be reviewed

enforcement and monitoring by government departments adherence has been very high.¹³

In New Zealand the commercial sunbed industry is largely unregulated, although there is a voluntary Standard for procedures (AS/NZS 2635:2008 Solaria for cosmetic purposes). An audit of the industry in 2016 identified 176 commercial operators. Regular checks by public health units (PHU's) suggest the number has now declined to under 100 operators. PHU staff found evidence that suggested some operators may still be allowing patrons under 18 to access sunbeds. In Auckland, the Health and Hygiene bylaw mandates compliance with the voluntary standard in place elsewhere in New Zealand. This has been effective at improving compliance with the Standard. There are no regulations on the sale of second hand sunbeds in NZ. Monitoring of TradeMe©, New Zealand's largest online trading site, identified 168 sunbeds for sale over a 12 month period.

Sunbed use and health issues for specific populations

Almost all (99%) melanomas in New Zealand are in Europeans.¹⁷ Being exposed to sunbeds before the age of 35 increases the risk of developing melanoma by 59%.¹⁸

Sunbed use and health issues for Māori and Pacific Peoples

There is no significant difference in sunbed use by ethnicity in New Zealand, with 3.4% of Maori and 1.9% of Pacific people reporting using sunbeds in the 2010 health and lifestyle survey.¹⁹ Melanoma is less common in Māori and Pacific people.¹⁷. The probable mechanism for this is that darker skin filters UVR, preventing it from reaching and damaging the deeper levels of the skin.²⁰ Despite being less common, melanomas in Māori are significantly thicker, making them more difficult to treat and with a poorer prognosis.¹⁷

Treaty of Waitangi Implications

Māori as tangata whenua and treaty partners have the right to the highest attainable standard of physical health and equitable access to services. The Government has legal and ethical obligations to uphold these rights.^{21,22} in relation to melanoma prevention, detection and treatment. Poorer outcomes for Māori should be considered in Government decision making regarding banning a major risk factor for melanoma, such as UV tanning devices.

Legislation and policy in New Zealand

A voluntary industry code of practice was developed in 2002,²³ but the industry is not fully compliant.^{15,24} This may have resulted in those at high risk of developing melanoma (such as people with fair skin that burns and those under 18) being exposed to harmful UV radiation.¹¹

The 2014 Health (Protection) Amendment Bill, which limited commercial sunbed use to people over 18 years, was passed into legislation on July 4th 2016.²⁵ Internationally, when similar regulations have been put in place, compliance with standards has improved, but it is still considered inadequate to lower the public health risk.^{26,27}

Concerns about such a constrained regulatory approach include on-going harmful exposure, the costs of enforcement, the cost of educating consumers and communities about the risks associated with using sunbeds, and the potential for operators to exit the market and sell their old sunbeds privately.¹⁶

The Public Health Association of New Zealand continues to support a complete ban, as do the Cancer Society, MelNet, the NZ Nurses Organisation, the NZMA and other organisations.

Priorities for action

The Public Health Association recommends that government:

- 1. Recognises that New Zealand rates of melanomas and other skin cancers are now among the highest in the world
- 2. Recognises that there are no exclusive health benefits of sunbed use
- 3. Based on the evidence of significant harms, legislates to ban sunbeds completely
- 4. Until this legislation is passed, works with local government to introduce and enforce strong regulation
- 5. Continues to support action to decrease the New Zealand population's sun exposure
- 6. Provides targeted and appropriate information regarding melanoma and other skin cancer risk factors, detection and treatment for vulnerable population groups, including young women and people with fair skins
- 7. Provides culturally appropriate information regarding melanoma and other skin cancer risk factors for Māori and Pacific New Zealanders
- 8. Looks at ways to reduce barriers to skin cancer diagnosis and treatment for Māori and Pacific New Zealanders.

PHA actions to support this policy

- 1. Keep members informed of relevant research, key policy/legislative developments and consultations on sunbeds
- 2. Work to influence central government sunbed policy-making through further submissions and participation in policy development
- 3. Strengthen relationships with aligned advocacy groups and organisations such as the Cancer Society, MelNet, and the NZMA, which also support a full ban based on evidence of harm and a desire to protect the health of New Zealanders
- 4. Align with and support public awareness campaigns to promote changes to sun-seeking behaviour and early detection of melanoma
- 5. Engage those with an interest in the community, such as health professionals and people who have been affected by melanoma, to support them to advocate for banning sunbeds.

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