

Indoor Tanning: Just Say No

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When I returned from vacation a few months ago, despite my liberal usage of broad-spectrum sunscreens and avoidance of mid-day sun, I managed to acquire the slightest tan. Tanning as a dermatologist, even unintentional, is guilt provoking. I was rather ashamed and hoped no one at work would notice. On my first day back, a number of coworkers admired how good I looked with my tan. To quote Shakespeare,¹ “[T]here’s the rub.”

Many individuals believe that tanning will make them generally more attractive.² Others argue that they will improve their acne,² achieve better levels of vitamin D, and improve their mood through indoor tanning.³ These mood-enhancing effects in individuals who chronically seek UV light through outdoor or indoor tanning can be defined as true UV light dependencies in some cases.⁴ One of the difficulties of UV light dependency is the availability of indoor tanning to adolescents in many states. Studies demonstrate that approximately 10% to 17% of adolescents have used indoor tanning devices, with little change between 1998 and 2004.^{5,6}

Unfortunately, despite knowledge among adults of the risks associated with UV light, most parents do not address the risks of indoor tanning with their children.⁶ A recent cross-sectional study addressing access to indoor tanning in the United States demonstrated that indoor tanning facilities in states with a youth access law were more likely to require parental consent (N=3647). When access to indoor tanning was permissible, 71% of facilities would allow daily indoor tanning in the first week.⁷ Consequently, it would be in the best interest of children for states to ban usage of indoor tanning equipment in those younger than 18 years.⁶ Personally, I think that dermatologists should recommend that parents “just say no,” similar to the advertising campaign against illegal drug usage launched by Nancy Reagan in the 1980s.

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Dermatologists have always led the medical world in counseling their patients about the dangers of indoor tanning.⁸ Recent medical literature has strongly supported this stance.

Use of tanning beds, even once in a lifetime, increases the risk for melanoma, especially in individuals younger than 45 years.⁹ Use of indoor tanning devices also is associated with squamous and basal cell carcinomas. The association with skin cancer is strongest for individuals having used tanning beds in their youth.¹⁰

In July 2009, the World Health Organization's International Agency for Research on Cancer placed UV-emitting tanning devices, including tanning beds and lamps, on their list of radiation devices that can cause cancer. Among the major hazards of indoor tanning are skin cancer formation, especially melanoma of the skin and eyes; dependency; cataract formation; allergy; and photoaging.^{11,12} This recognition of the carcinogenic effects of UV light from indoor tanning has been met with a modest increase in legislation reducing adolescent access to indoor tanning. While legislation provides some impediment to access to indoor tanning facilities by teenagers, 32% of the 22 cities with youth access legislation evaluated have no inspections and 32% conduct inspections less than once a year.¹³

Strong legislation banning access to indoor tanning for those younger than 18 years needs to be enacted across the United States and should be paired with stricter enforcement of such legislation. These basic measures will lay some groundwork toward blunting the annual increase of melanoma incidence reported in the United States in the last 2 decades.

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