1. DESCRIPTION OF POLICY CONTEXT AND OBJECTIVES

1.1 The primary policy objectives are;

(i) to protect children and those under 18 years of age from the risk of skin damage, in view of their increased risk of developing skin cancer;

(ii) to regulate the use of sunbeds by those over 18 years of age so as to reduce their likelihood, inter alia, of developing skin cancer, premature ageing and damaging their eyes from exposure to ultraviolet radiation (UVR); and

(iii) to generally promote a greater public awareness across all age groups, with a long term view to reduce the incidence of skin cancers.

1.2 Skin cancer is the most common type of cancer in Ireland and is a particular problem for Irish people because of their fair skin. For most people, the main source of exposure to UVR is the sun. Nevertheless, some people are exposed to high doses of ultraviolet (UV) through artificial sources. Sunbeds and sunlamps used for tanning purposes are the main source of deliberate exposure to artificial UVR. All forms of UVR contribute to skin cancer. According to figures produced by the National Cancer Registry, Ireland (NCRI), there were 10,077 cases of skin cancer in 2011. In 2008, a NCRI report predicted that between 2010-2030, the number of new cancer cases will increase by 95% for women, 120% for men and 108% overall.

1.3 There has been a growing body of evidence over recent years, that the use of sunbeds, especially by children, should be restricted because of the associated increased risk of skin cancer and other health problems. Other recommendations by experts include ensuring that adequate protective eyewear is provided to users, users are informed on the health risks associated with the use of sunbeds and sunbed operators are prohibited from attributing health benefits to sunbed use.

1.4 The prohibition on the use of sunbeds by those aged under 18 years and the wider regulation of the use of sunbeds will raise awareness amongst sunbed users and potential sunbed users and will contribute to a reduction in the number of people using them. Furthermore, by raising public awareness of the dangers associated with sunbed use the incidence of skin cancer should in turn, be reduced. However as skin cancer can take 20 to 30 years to develop, a significant reduction is unlikely to be seen until after 2030.

Research to Date

1.5 In 2003, the World Health Organisation (WHO) published Artificial Tanning Sunbeds Risks and Guidance wherein it suggested that Governments should consider comprehensive legislation to
govern the operation of sunbeds and this legislation "should be legally binding and be capable of local enforcement". (See Appendix 1 for list of recommendations).

1.6 In June 2006, A Strategy for Cancer Control in Ireland was published by the National Cancer Forum which recommended the regulation of sunbeds including restricting their use to adults only. This was adopted as Government policy.

1.7 In 2008, the Product Safety Enforcement Forum of Europe (PROSAFE) initiated an EU cross-border action, the objective of which was to verify that new sunbeds and sunbeds offered for use in services (e.g. tanning studios) were safe, especially with regard to the levels of UV radiation, and the availability of instructions for safe use. Under this, tanning salons and similar facilities were inspected, as well as the sunbeds offered for use by the public. Amongst the conclusions from the inspections, were that consumer guidance in tanning studios is regularly not given and, where it is claimed to be given, is often not verifiable and that the labelling of sunbeds fails to comply in at least 20% of cases.

1.8 The WHO's International Agency for Research on Cancer (IARC), is a recognised leading expert scientific body charged with providing evidence-based science to underpin global cancer control policies. In 2009 they reclassified sunbed use from a group 2A carcinogen (probably carcinogenic to humans) to a Group 1 carcinogen, (carcinogenic to humans), thereby placing it in the same category as environmental tobacco smoke.

1.9 In 2009, the Chief Medical Officer's (CMO) Office conducted an international literature review of the health effects associated with the use of UV-emitting tanning devices. The review concluded that those who used sunbeds before the age of 30 had a 75% greater probability of contracting skin cancer. The CMO stated that the medical evidence does justify on the basis of the significantly increased risks associated with some exposure and UV exposure in early years, a complete prohibition of children up to 18 years. However medical evidence does not point to the need or value of a general prohibition for all adults. The specific subgroups of the adult population who are at increased risk and for whom UV radiation does in fact constitute a risk factor for skin cancer could be dealt with in regulation.

1.10 In March 2011, the Health Service Executive's (HSE) National Cancer Control Programme (NCCP) recommended "that legislation be introduced to prohibit the use of sunbeds in tanning salons for children (i.e. those under the age of 18 years)". They also recommended that “adults should be fully informed, through education programmes, about the health risks of sunbeds especially the risks of developing skin cancer. Adults should be strongly encouraged never to use a sunbed. This advice is particularly important for fair skinned people (Fitzpatrick skin type 1 and 2) as they are more likely to burn and to develop skin cancer". The NCCP also “recognised that ultraviolet sources are sometimes used in the treatment of certain medical conditions. Usage of
Issues outside scope of RIA

1.11 During DoH’s consultation process, issues relating to unsafe sunbeds, the use of incorrect or high powered lamps and the manufacture, testing and certification of appliances (including mechanical and electrical safety) were raised. These issues are outside the scope of this proposal and are subject to legislation under the remit of the Department of Jobs, Enterprise and Innovation (D-JEI). DoH has met with D-JEI and informed them of the concerns raised.

1.12 The National Consumer Agency (NCA) which operates under D-JEI’s aegis, has responsibility for the enforcement of the EU legislation relevant to the placing on the market of sunbeds. To be presumed safe, sunbeds must meet the safety requirements of the Low Voltage Directive (LVD) as set out in European Standard EN 60335-2-27 or otherwise demonstrate compliance. In addition, under Regulation 765/2008/EC and the General Product Safety Directive, the NCA has the power to check the safety of sunbeds (according to the standard) and to take measures against products posing a serious risk for the health and safety of consumers. It is, therefore, not within the DoH’s remit to introduce or amend legislation in relation to these areas.

2 IDENTIFICATION AND DESCRIPTION OF OPTIONS

2.1 In order to achieve the primary policy objectives i.e. to protect those under 18 years of age; to regulate the use of sunbeds by those over 18 years of age, and to generally promote a greater public awareness across all age groups, the following key measures must be regulated for;

- a prohibition on operators of sunbed premises from allowing anyone under 18 years of age to use a sunbed on their premises;
  This measure would be in line with guidance from all key international bodies and would be consistent with tobacco and alcohol restrictions. It also underpins the primary policy objective which is to protect children.

- a prohibition on the sale to or hire of sunbeds to anyone under 18 years of age;
  As above, this measure would be in line with guidance from all key international bodies and would be consistent with tobacco and alcohol restrictions. It also underpins the primary policy objective which is to protect children.

- an exemption for medical treatment to be provided;
  Certain UV devices are used to treat skin conditions such as dermatitis and psoriasis in children as well as adults. For this reason, an exemption should be allowed, but only if the treatment involves phototherapy provided under the supervision or direction of a registered medical practitioner (in the specialties of dermatology or pediatrics or other specialties that
the Minister may prescribe) in, or provided by a healthcare establishment where the equipment is regulated by a medical physicist.

- **a prohibition on the use of sunbeds in unsupervised premises;**
  By prohibiting the use of sunbeds in unsupervised premises, the potential to misuse these beds, either accidentally or deliberately, should decrease. It will also ensure that self-service sunbeds, for example, coin operated sunbeds would be prohibited, unless they are supervised.

- **control on the remote sale or hire of sunbeds (internet transactions);**
  This provision would ensure that if a person is sold or hired a sunbed from somewhere outside the Republic of Ireland (ROI), which is dispatched from inside the ROI, the legislation governing the use of sunbeds within ROI will apply. The dispatch premises (within ROI) will be treated as the point of sale or hire, thereby ensuring that our legislation will apply to all such remote transactions, thereby closing off a possible gap that would exist in our legislation.

- **a notification system including providing for the prescribing of a fee and its frequency whereby all sunbed operators, sellers and hirers will be required to notify the Health Service Executive (HSE);**
  This provision would require the operator, seller or hirer of sunbeds to notify the HSE of the sunbed services that they provide. In turn, this will identify the number of sunbed service providers and, thereafter, support the enforcement provisions. We currently have no reliable figures as to how many such premises are operating in Ireland.

- **a requirement that those supervising the operation, sale or hire of sunbeds should be trained;**
  This provision will require that staff supervising the operation, sale or hire of sunbeds be trained in the use of sunbeds. The legislation will provide for the minister, following appropriate consultation, to specify the nature of the training to be provided. The training will, inter alia, cover issues such as the risk of sunbed use, determination of skin types and exposure times, proper screening for potentially exposure-limiting conditions, emergency procedures in case of overexposure to UVR, and proper procedures for sanitising tanning equipment.

- **an enforcement regime to enable inspections to be carried out and the imposition of penalties for non-compliance;**
  In order to enforce the legislation, inspections must be carried out to ensure compliance with the measures introduced. There is no point introducing legislation unless it is going to
be successfully enforced. Any law that can not be enforced will undermine the Government’s policy objectives.

- **an obligation on all sunbed operators to provide protective eyewear;**
  Protective eyewear serves to protect the eyes, which are particularly vulnerable to damage from UVR exposure. The WHO (2003) recommends that UVR “protective eyewear must be worn during tanning exposures”. The effects of UVR on the eye include cataracts and inflammation of the eye. The IARC in the Lancet Journal (2009) linked sunbed use to a raised risk of developing melanoma of the eye (ocular melanoma). The Sunbed Association of Ireland (TSAI) supports the use of eye wear by sunbed users. It will be a requirement that the eyewear complies with the relevant European harmonised standards published by the European Committee for Standardization (CEN) or European Committee for Electrotechnical standardization (CENELEC).

- **a requirement that warning signs be displayed in all sunbed premises;**
  In order to ensure that sunbed users are made aware of the health risks associated with sunbed use it is proposed that warning signs be displayed by sunbed operators. The signs should be in a prominent position, be of adequate size, and not contain any jargon - so they are easily understood by all users (including those who have poor literacy, dyslexia or poor sight).

- **a prohibition on claims attributing health benefits to sunbed use;**
  It is common for sunbed operators to claim health benefits for sunbed use; such as indoor tanning is safer than outdoor tanning because it is ‘controlled’ or a tan acquired using a sunbed will offer good skin protection against sunburn prior to a sun holiday. Overall, the serious health risks associated with sunbed use significantly outweigh any perceived benefits. Operators also promote the increased production of vitamin D resulting from sunbed use. However, the WHO state that “incidental exposure to the sun, combined with normal dietary intake of vitamin D, provides adequate vitamin D for a healthy body throughout the year”.

- **a prohibition on certain promotional marketing practices;**
  Promotional practices such as every 10th session free, rent a bed for 4 weeks & get 1 week free or “early bird” offers are commonplace and incentivise clients to avail of a higher number of sessions than was originally intended. It is proposed to prohibit these marketing practices in order to reduce the number of sunbed sessions taken by clients.

- **a requirement on operators to ensure that sunbed users and potential users are made fully aware of the dangers of sunbed use and a requirement that the user or potential user sign a form confirming that they have been so informed;**

In order to create an awareness of the dangers of sunbed use, including the risk of skin and eye cancer, it is necessary that information on such risks be provided to people proposing to use sunbeds. This information and the manner in which it is to be given, will be prescribed by the Minister by way of Regulation. The operator of a sunbed business (or his/her representative) will be required to provide the specified information leaflet or form to the sunbed user or potential user and will be further required to ensure that the client has the opportunity to read and consider the information provided and sign the form confirming that they have done so.

2.2 A number of other provisions for inclusion in the legislation were also considered, namely;

- **Skin Type 1 (very fair skin)**
  This provision would prohibit the use of sunbeds by adults with very fair skin (skin type I on the Fitzpatrick Classification Scale – see Appendix 2), as these people are deemed to be at the greatest risk.

**Points in favour of introduction of a ban.**

(i) People with skin type I or skin type II are melano-compromised.

(ii) Recommendations from international organisations, including the WHO, advise that people who have melano-compromised skin should not use sunbeds.

(iii) Research shows that having skin type I increases melanoma risk by 110%. Skin type II increases the risk by 50%\(^1\). There is no reliable study of data in Ireland\(^2\).

(iv) Legislation has been introduced in a number of Australian States to prohibit people with skin type I from using sunbeds.

(v) The Irish Cancer Society supports the introduction of a ban for those with skin type I & II. The Sunbed Association of Ireland (TSAI) supports the introduction of a ban for those with skin type I.

**Points against the introduction of a ban.**

(i) The CMO advised in 2009 that sections of the adult population who are at increased risk from UV radiation could be dealt with by way of regulation rather than a prohibition. The HSE National Cancer Control Programme (NCCP) has confirmed a similar viewpoint (March 2011).

(ii) As people with both skin type I and II are melano-compromised, it would be difficult to justify limiting the prohibition to people with skin type I only.

(iii) Differentiation between skin type I & II can be very problematic (e.g. a person can have blonde hair and blue eyes and be either skin type I or II).

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\(^2\) Gibson, G.E., Codd, M.B. & Murphy, G.M. (1997) Skin Type Distribution and Skin Disease in Ireland Irish Journal of Medical Science 1997 Apr-Jun Vol 166 (2) p72-74 indicates that almost 26% of the Irish population has skin type I and 50% has skin type II. However, this study was based on a sample of 1,000 participants which was comprised of 86% from dermatology clinics and 14% from the general population. Potential bias and limitations were identified due to the fact that most of the samples were dermatology patients and skin type was based on self reporting.
(iv) Introducing a ban for certain skin types could be seen as tacit approval for those with other skin types to use sunbeds.

(v) The Department of Justice, Equality and Defence has advised us of a potential incompatibility between the proposed prohibition on people with skin type I and equality legislation.

The Government agrees that a provision placing an obligation on sunbed operators to prohibit those with skin type I from using sunbeds should not be introduced.

- **Consent Forms**
  Written consent can ensure that sunbed users are made aware of the health risks involved prior to using a sunbed. The WHO (2003) recommends that “before beginning a tanning course of one or more exposure sessions, the sunbed operator should ensure that a consent form is handed to the client. This will ensure that the consumer has every opportunity to understand the risks associated with sunbed use”. Consent forms have only, to date, been legislated for in a number of Australian States. However, the respective responsibilities and possible legal liabilities of the operators and users where consent forms are completed are far from clear.

  Consideration was given to including a provision requiring consent to be given prior to using a sunbed. However, on foot of legal advice it was decided that the State should not include in law provisions relating to the voluntary assumption of risk. However, this legal advice did see the value in the State addressing the issue by providing a structure so that the relevant information can be passed to the person proposing to use a sunbed as set out earlier in this RIA.

  The Government agrees that the provision of appropriate information and the signing of a form adequately address this issue.

- **require the placing of warning labels on sunbeds, whether for sale, hire or use on business premises;**
  In order to create an awareness of the dangers of sunbed use, including the risk of skin and eye cancer, it is necessary that information on such risks be provided to people proposing to use sunbeds. However, given that this information will already have been provided to the sunbed user by means of a handout, it is considered unnecessary to repeat the process. In addition, D-JEI & the NCA have a labelling requirement as part of their ISO standard so it is not deemed necessary to replicate similar provisions already in place in this regard.

  It is considered that a provision requiring the placing of additional warning labels on sunbeds should not be introduced.
• Place an obligation on sunbed operators to limit the number of sessions per client within their establishment;
  A limit on the number of sessions is recommended by both the WHO & NCCP, but currently there are no recognised “safe” limits for sunbed use. To regulate at this juncture for a maximum duration and/or to minimise the frequency between sunbed sessions could be interpreted as indicating that these levels of usage could be regarded as “safe”.

  It is considered that a provision placing an obligation on sunbed operators to limit the number of sessions per client within their establishment should not be introduced.

• prohibition on the sale of tanning accelerator products and tanning injections;
  These products claim to speed up the natural tanning process by stimulating melanin production in the body and make it possible to get a suntan in a shorter time than usual. These tanning accelerators are already regulated under the Cosmetics Regulations and it is not appropriate to further regulate in this regard.
  The so called tanning injections such as melanotan I & II are regarded as medicinal products and would be subject to authorisation under medicines legislation. The IMB has re-issued a safety alert (18 September 2013) advising the public that Melanotan I & II are illegal on the Irish market.

  It is not considered necessary that further provisions prohibiting the sale of tanning accelerator products or tanning injections be introduced.

3 OPTIONS
Option 1: Do nothing
3.1 No change to the status quo is not a viable option, given the public health implications of not regulating in this area.

3.2 This option would allow those under 18 years of age to continue to use, buy or hire sunbeds. It would also allow them to continue to use sunbeds without being aware of the potential health risks of sunbed use and perhaps not wearing adequate protective eyewear. It would also allow sunbed operators to operate unsupervised outlets, with the associated risk of children and young people possibly sustaining serious skin damage.

3.3 It would do nothing to protect the public from the risk of skin damage and the increased risk of developing skin cancer as a result of sunbed use. It would mean that many people, especially younger members of the population, would remain unaware of the serious risks of sunbed use and the longer term implications for their health.
3.4 This option could potentially leave the Department open to the charge that it did not take sufficient account of the growing body of scientific evidence in relation to the dangers posed to the general public by sunbed use.

**Option 2: Legislate to protect those under 18 years of age only.**

3.5 This option will achieve the primary policy objective i.e. to protect those under 18 years of age. Whilst this option would be preferable to the status quo being maintained, it will not promote a greater public awareness across all age groups of the dangers associated with sunbed use such as the risk of developing skin cancer, premature ageing and eye damage from exposure to UVR.

3.6 Given that Northern Ireland, Scotland, England and Wales have now legislated to inform sunbed users of the associated risks of using sunbeds, it would be remiss of the Minister not to include similar provisions (eye protection, warning notices etc) in this legislation.

**Option 3: Self-Regulation / Co-Regulation**

3.7 Under this option, a code of practice / guidelines would be drafted and industry would self regulate/co-regulate. However, as enforcement would not be a statutory requirement, compliance would be optional.

3.8 The Sunbed Association of Ireland (TSAI) seeks to advise their membership in relation to best practice vis-à-vis sunbeds. Their membership consists of distributors and service companies to the industry but does not encompass sunbed operators. Under this model, the relevant organisation(s) would have to self regulate stringently and impartially. If this role was given to the TSAI, there could be a potential conflict of interest between their self regulatory role and their commercial interests. Self regulation in these circumstances could therefore be ineffective.

3.9 Research to review the advice provided and guidelines in situ in tanning premises carried out by the Irish Cancer Society (ICS) in 2009 concluded that there were inconsistencies in the above guidelines for usage, staff appeared to have very little training and they advised that sunbed usage was the responsibility of the individual. Instead, the focus was on convenience, and getting into the sunbed as quickly as possible rather than engaging in any consultation with the customer about the dangers of sunbeds. It should also be noted that public confidence in the self regulation/co-regulation model has been undermined by revelations in the media over the last few years.

**Option 4: Awareness Campaign**
3.10 An awareness campaign on its own would highlight the dangers of using sunbeds. In this regard, the ICS has run the “sun smart” campaign for the last number of years which has helped raise awareness. However, awareness alone would not achieve the objective of protecting children, nor would it place an obligation on industry to ensure customers were informed of the dangers associated with sunbed use. Whilst these campaigns warn people about the dangers of sunbed use, it is not possible to predict how such a campaign would impact on the behaviour of people in terms of their decision to discontinue or reduce their sunbed use.

3.11 An awareness campaign in conjunction with the introduction of legislation would, however, be beneficial in reinforcing the information already available to the public whilst also achieving one of the Government’s objectives. It should be noted, however, that this option in itself will not place any obligations on the operators of sunbed premises.

**Option 5: Implement legislation**

3.12 The introduction of comprehensive legislation as set out at 2.1 is needed to achieve the primary policy objectives set out in 1.1.

*This is the recommended option.*

4 **ENFORCEMENT & COMPLIANCE**

4.1 Enforcement of the legislation is essential; as with any legislation if not enforced it will simply be ignored. The HSE has supported the introduction of legislation to regulate sunbeds and have also indicated a commitment to enforce this legislation when enacted. Furthermore, since 2005, the Environmental Health Association of Ireland has advocated for the regulation of sunbed use.

4.2 The introduction of a mandatory notification system has been agreed by the Government (see 2.1). Operators will be required to notify the HSE of each sunbed premises. The Minister will also consider prescribing a fee to defray expenses incurred in establishing and maintaining such a register.

**Fixed Payment Regime**

4.3 It is proposed to introduce a fixed payment regime for certain offences, thereby providing enforcement officers with an additional tool to deal quickly and effectively with non-compliance of the legislation, without the need to go to Court. The Consumer Protection Act 2007 (No. 19 of 2007) provides for the issue of fixed payment notices (on-the-spot fines), in respect of contraventions of price display legislation. This sanction is an alternative to prosecution. Authorised officers of the National Consumer Agency are empowered to issue a fixed payment notice where he or she is of the opinion that a trader is or has committed a relevant offence.
The fixed payment prescribed under the Act is €300, which must be paid within 28 days of the notice being serviced. Failure to pay within the 28 day statutory period will result in prosecution. Payment of a fine under the fixed payment procedure is not a conviction. The Scottish sunbed legislation also provides for fixed penalties for offences. The Northern Ireland legislation entitled Sunbeds Act (Northern Ireland) 2011 also makes provision for fixed penalties for certain offences (Section 12). Such fixed payment notices would reduce demands on enforcement officers preparing prosecution files and pursuing cases through the courts and in turn would ease the burden on the courts of processing such cases. However, for cyclical or persistent offenders prosecution will still be an option.

4.4 To ensure a high rate of compliance, the penalties for infringements of the legislation must be proportionate and dissuasive.

4.5 Comprehensive enforcement measures will also be set out including the appointment of authorised officers and appropriate inspection powers to ensure that the legislation is enforced.

5 COST

Option 1: Do Nothing

5.1 This option will not impose initial additional costs on the Exchequer, industry, or consumers. However, an intangible cost of this option will be the ongoing societal and financial costs, in terms of increased rates of morbidity and possible mortality in terms of the diagnosis and treatment of cancers that might have been prevented had legislation been introduced.

Option 2: Legislate to protect those under 18 years of age only

5.2 Under this option, there would be a loss of revenue for the operator. The main implementation costs of legislation would fall on the operators in terms of loss of revenue (under 18s ban), compliance costs and training.

Option 3: Self-Regulation / Co-Regulation

5.3 Under this option, a burden would be placed on all sunbed operators as they would be required to draw up a comprehensive Code of Practice (COP) and thereafter ensure compliance with the COP across the board, therefore, imposing a cost on sunbed operators.

Option 4: Awareness Campaign

5.4 Funding would be required to initiate and implement such a campaign. A parallel press launch would attract media interest resulting in a number of articles in the print media and possibly features on radio and TV.
If people alter their behaviour as a result of this information, there may be a loss of revenue for sunbed operators due to people making a conscious decision to reduce or discontinue their sunbed use.

Option 5: Implement legislation

a) Implementation costs

There will be a loss of operator revenue due to the under 18s ban. However, as there is anecdotal evidence that some operators have voluntarily introduced this restriction, the revenue loss will vary from establishment to establishment. The main implementation costs of legislation would fall on the operators in terms of loss of revenue (under 18s ban), compliance costs, training, warning signs, written guidance. The prohibition on unsupervised sunbed facilities will mainly affect premises whose sunbed facilities are coin operated and/or unsupervised.

b) Enforcement costs

There will be a resource cost associated with monitoring compliance. The HSE will facilitate inspections from within existing enforcement resources.

For the industry, there will also be a cost associated with the notification process. There might also be a loss of revenue for industry as people discontinue or reduce their sunbed usage.

(c) Health Costs

The intangible benefit of this option will be the ongoing (positive) impact it will have on health costs vis-à-vis the reduction in the incidences of skin cancer.

6 IMPACTS

National competitiveness

There will be no negative impact on national competitiveness.

Socially excluded or vulnerable groups

There should be no significant negative impact on socially excluded or vulnerable groups. However, if there is a reduction in the number of outlets, the cost of sunbed sessions may increase. This could disadvantage people on the lower end of the socio-economic scale.

Environment:

There should be no significant negative impact on the environment.

Economic market:

The legislation should not involve a significant policy change in an economic market.

Rights of citizens:
6.5 The legislation should not impinge disproportionately on the rights of citizens.

**Compliance burden**

6.6 There should be no significant negative impacts on the operator. However, unsupervised and/or coin operated venues will face a challenge to comply with the legislation.

7 **CONSULTATION**

7.1 A public consultation was undertaken inviting submissions were invited from interested stakeholders in May 2008 in relation to;

- age restricting to persons 18 years and over;
- sale and/or rental of tanning machines;
- supervision/lack of supervision in places where tanning services are offered;
- warning labels displayed on sunbeds and displayed in premises;
- exemptions for medical use;
- inspections to ensure compliance and
- registration with competent authority

18 submissions were received, including industry, the health sector, NGO’s and individuals. Most supported the proposals as set out, and offered further suggestions such as;

- the use of photo warnings in relation to the damage to the skin;
- the mandatory use of protective eyewear;
- the setting up of a licensing and/or registration scheme which would cover issues such as temperature control, exposure limits, staff training, safety information,
- training of operators; and,
- the display of training certificates and the maintenance of instruction manuals should be mandatory.

7.2 As mentioned in 1.11, concerns were voiced in relation to sunbed equipment. These concerns included the maintenance and certification of sunbeds, UV emission levels, the measuring of spectral outputs and the irradiance standards. These areas have been brought to the attention of D-JEI.

7.3 The Vitamin D argument was also raised as a health benefit of using sunbeds i.e. sunbed use metabolises Vitamin D in the body which is needed for the functioning of the body. The WHO acknowledges that sunbed use may increase vitamin D synthesis; however they also state that “incidental exposure to the sun, combined with normal dietary intake of vitamin D, provides adequate vitamin D for a healthy body throughout the year”. The NCCP confirmed that whilst Vitamin D is critical for healthy bones, sun safety messages should not be diluted in favour of any health claims of synthesised Vitamin D. They further state that intestinal absorption of vitamin D in the diet and/or dietary supplements is the non-carcinogenic alternative to effective
vitamin D production. Therefore, given that there are wholly safe alternatives, the benefit of sunbed use as a source of vitamin D is outweighed by the risks.

Meetings with stakeholders
7.4 Meetings have also been held with a number of interested parties such as D-JEI, NCA, National Standard Authority of Ireland (NSAI), Quality and Qualifications Ireland (QQI), HSE (Environmental Health Service & NCCP), Environmental Health Association of Ireland (EHAI), the Irish Cancer Society, and TSAI. All of these groups are broadly supportive of the policy proposals. It was requested by a number of the stakeholders that sufficient notice be given of the introduction of the legislation.

8 REVIEW
8.1 A review of the effectiveness of the chosen approach is essential. Information on sunbed usage is collated by the ICS and these figures can be monitored to see if there is a decrease, inter alia, in the

➢ % of people using sunbeds;
➢ % of those under 18 using sunbeds following introduction of the chosen approach
➢ skin cancer detection rates (long term objective)

8.2 A review of compliance rates can also be undertaken on an annual basis given that all premises will be required to notify, this review will be both robust & credible.

9 SUMMARY & RECOMMENDATION
9.1 The Minister is recommending that Option 5 (implement legislation) be approved. This would achieve the Government’s primary policy objectives to protect children and those under 18 years of age from the risk of skin damage and to advise the general public of the increased risk of developing skin cancer as a result of sunbed use.

9.2 In relation to enforcement of the legislation, the recommended option is that the HSE implement the legislation as this is the most cost effective option available to both the Industry and the Government.

9.3 The introduction of a fixed penalty notice regime is also recommended as it will provide an effective enforcement tool to address non-compliance, without the need to initiate legal proceedings.
Appendix 1

WHO - Artificial tanning sunbeds – risk and guidance 2003

In 2003, the WHO issued a publication *Artificial tanning sunbeds – risk and guidance*. In that publication, it is stated that “childhood exposure to UV radiation is known to make an important contribution to the risk of developing melanoma (skin cancer) later in life”. In addition, recommendations were made for the management of sunbed operations. These are in part based on the International Commission on Non-Ionizing Radiation Protection (ICNIRP) recommendation that people should not use sunbeds if they:

- have melano-compromised skin (skin phototypes I or II);
- are less than 18 years of age;
- have large numbers of moles;
- tend to freckle;
- have a history of frequent childhood sunburn;
- have pre-malignant or malignant skin lesions;
- have sun-damaged skin;
- are wearing cosmetics. (these may enhance their sensitivity to UV exposure; and,
- are taking medications. In this case they should seek advice from their physician to determine if the medication will make them UV radiation-sensitive.
Appendix 2

Skin types – Fitzpatrick Classification Scale

The Fitzpatrick Classification Scale was developed in 1975, Table 1. The scale classifies a person’s complexion and tolerance of sunlight.

Table 1 Skin Type Classification

<table>
<thead>
<tr>
<th>Skin phenotype</th>
<th>Skin colour</th>
<th>Sunburn susceptibility</th>
<th>Classes of individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>White; very fair; red or blond hair; blue eyes; freckles</td>
<td>Always burns; Never tans</td>
<td>Melano-compromised</td>
</tr>
<tr>
<td>II</td>
<td>White; fair; red or blond hair; blue, hazel or green eyes</td>
<td>Usually burns; Tans with difficulty</td>
<td>Melano-compromised</td>
</tr>
<tr>
<td>III</td>
<td>Cream white; fair with any eye or hair colour</td>
<td>Sometimes mild burn; Gradually tans</td>
<td>Melano-competent</td>
</tr>
<tr>
<td>IV</td>
<td>Brown; typical Mediterranean Caucasian skin</td>
<td>Rarely burns, Tans with ease</td>
<td>Melano-competent</td>
</tr>
<tr>
<td>V</td>
<td>Dark brown; mid-eastern skin types</td>
<td>Very rarely burns, Tans very easily</td>
<td>Melano-protected</td>
</tr>
<tr>
<td>VI</td>
<td>Black</td>
<td>Never burns; Tans very easily</td>
<td>Melano-protected</td>
</tr>
</tbody>
</table>