

Nationwide study examines youth access to indoor tanning

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Many indoor tanning businesses require parental consent for teenagers to use their facilities, but most would allow young tanners more than the government-recommended amount of exposure during the first week, according to a report in the September issue of *Archives of Dermatology*. Facilities with specific state laws regarding parental consent or accompaniment were more likely to require these steps.

"Exposure to UV radiation from [indoor tanning](#) lamps has been linked with both melanoma and squamous cell cancer, and first exposure before age 35 years may increase melanoma risk by as much as 75 percent," the authors write as background information in the article. Indoor tanning is especially popular among adolescent girls in the United States, which may contribute to the recently reported increase in [melanoma](#) rates among U.S. women ages 15 to 39. As of 2005, 28 states had laws regulating indoor tanning, including 21 with youth access restrictions.

Latrice C. Pichon, Ph.D., M.P.H., of San Diego State University/University of California, San Diego, and colleagues assessed indoor tanning practices at 3,647 facilities in 116 cities representing all 50 states. Data collectors phoned tanning salons posing as fair-skinned, 15-year-old female potential customers who had never tanned before. They asked whether the facility required a parent's consent or accompaniment, in addition to how frequently they would be allowed to tan during the first week. The U.S. Food and Drug Administration recommends but does not require or enforce a maximum of three exposures during the first week of tanning.

Approximately 87 percent of the facilities required teens to get parental consent, about 14 percent required a parent to accompany the tanner and 5 percent would not allow a 15-year-old to tan at all. "State law and youth access law each were significantly related to parental consent and parental accompaniment, with facilities in states with a law more likely to require these than facilities in states without such a law," the authors write. For example, 1,966 of 2,118 facilities (92.8 percent) required parental consent when mandated by state law, compared with 1,042 of 1,345 (77.5 percent) of facilities in states without consent laws.

Only around 11 percent of the facilities limited teens to the FDA-recommended three or fewer sessions the first week. The average number of sessions allowed the first week was 6.02, and about 71 percent of facilities reportedly indicated they would allow a teen to tan seven days a week.

"Our data indicated that having any youth access law was associated with significantly higher rates of requiring parental consent and parental accompaniment, and facilities in states with laws specific to these practices had considerably higher rates than facilities in states without comparable law content," the authors write. "However, given the relatively high rates of indoor tanning by [adolescent girls](#), as well as the potentially important gatekeeping function of parents, apparently many parents are allowing their teens to tan and are providing written consent or accompaniment."

More states should consider adopting complete bans on indoor tanning for minors, similar to existing laws in Wisconsin and pending in Ohio, the authors note. "Bans such as these may both reduce youth access in a direct way and more forcefully educate parents about the real dangers of indoor tanning," they conclude.

[More information:](#) *Arch Dermatol.* 2009;145[9]:997-1002.

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