



**Cynulliad Cenedlaethol Cymru
The National Assembly for Wales**

**Y Pwyllgor Iechyd, Lles a Llywodraeth Leol
The Health, Wellbeing and Local Government
Committee**

**Dydd Mercher, 30 Medi 2009
Wednesday, 30 September 2009**

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Cofnodir y trafodion hyn yn yr iaith y llefarwyd hwy ynndi yn y pwyllgor. Yn ogystal,
cynhwysir cyfieithiad Saesneg o gyfraniadau yn y Gymraeg.

These proceedings are reported in the language in which they were spoken in the committee.
In addition, an English translation of Welsh speeches is included.

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Lorraine Barrett	Llafur Labour
Peter Black	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats
Andrew R.T. Davies	Ceidwadwyr Cymreig Welsh Conservatives
Ann Jones	Llafur Labour
Helen Mary Jones	Plaid Cymru The Party of Wales
David Lloyd	Plaid Cymru The Party of Wales
Val Lloyd	Llafur Labour
Darren Millar	Ceidwadwyr Cymreig (Cadeirydd y Pwyllgor) Welsh Conservatives (Committee Chair)

Eraill yn bresennol
Others in attendance

Chris Brereton	Dirprwy Brif Gynghorydd Iechyd Amgylcheddol Deputy Chief Environmental Health Adviser
Dr Andrew Dearden	Cymdeithas Feddygol Prydain Cymru British Medical Association Wales
Edwina Hart	Aelod Cynulliad, Llafur (y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol) Assembly Member, Labour (the Minister for Health and Social Services)
Dr Tony Jewell	Prif Swyddog Meddygol Chief Medical Officer
Sam Kirby	Consol Suncenter Consol Suncenter
Dr Dafydd Roberts	Dermatologydd Ymgynghorol Consultant Dermatologist

Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol
National Assembly for Wales officials in attendance

Neil Cox	Gwasanaeth Ymchwil yr Aelodau Members' Research Service
Steve George	Clerc Clerk
Joanest Jackson	Cynghorydd Cyfreithiol Legal Adviser
Abigail Phillips	Dirprwy Glerc Deputy Clerk

Dechreuodd y cyfarfod am 9.02 a.m.
The meeting began at 9.02 a.m.

Cyflwyniad, Ymddiheuriadau a Dirprwyon Introduction, Apologies and Substitutions

[1] **Darren Millar:** I welcome Members to this morning's meeting. I also welcome any members of the public that might be joining us. I remind you that headsets are available for simultaneous translation as the National Assembly for Wales is a bilingual institution. The headsets are also available for sound amplification and are available in the public gallery. If anyone has any problems using these, the ushers will be able to help. Committee members, members of the public and witnesses may wish to note that the simultaneous translation feed is available on channel 1, while channel 0 provides sound amplification of the language being spoken.

[2] I would be grateful if Members, members of the public and witnesses could ensure that all mobile phones, BlackBerrys and pagers are switched off so that they do not interfere with the broadcasting and other equipment. If it is necessary to evacuate the room or the public gallery in the event of an emergency then everyone should follow the instructions of the ushers, who will be able to guide you to the appropriate exit. Finally, I remind members and witnesses that the microphones are operated remotely so you should not have to press any buttons.

[3] I have received apologies from Irene James this morning, and Lorraine Barrett has indicated that she will be joining the meeting a little later on. I expect that Andrew R.T. Davies will be joining us very soon. Are there any other apologies? I see that there are not. I invite members to make any declarations of interest under Standing Order No. 31.6. I can see that there are none, so we will move straight on to item 2 on our agenda and continue with our committee inquiry into the use and regulation of sunbeds.

9.04 a.m.

Ymchwiliad i'r Defnydd o Welyau Haul a'u Rheoleiddio—Tystiolaeth gan Gymdeithas Feddygol Prydain Cymru Inquiry into the Use and Regulation of Sunbeds—Evidence from the British Medical Association Wales

[4] **Darren Millar:** We will be receiving evidence from the British Medical Association. I am very happy to welcome to the committee today Dr Andrew Dearden, who is the Chairman of the BMA's Welsh Council. I understand that Dr Sharon Blackford may be joining us later on, but she has been delayed for some reason this morning.

[5] **Dr Dearden:** Chairman, we may need to assume that she might not be able to be with us today due to unforeseen circumstances. She sends her apologies. She will try to make it, but if she is not here in the next five or 10 minutes, then we will go ahead.

[6] **Darren Millar:** Okay. We have received an evidence paper from the BMA, which has been circulated to committee members, therefore we will go straight into questions, if that is okay with you.

[7] **Dr Dearden:** That is perfectly reasonable.

[8] **Darren Millar:** In your paper, you refer to the different types of skin cancer—the malignant melanoma and the non-melanoma skin cancers—and to the costs to the national health service. Can you explain a little bit about the difference between those two cancers and the cost of skin cancer to the NHS in Wales?

[9] **Dr Dearden:** First of all, thank you for the invitation to present some evidence to you on this. Hopefully, the paper will have given you a brief on our concerns and our suggested way forward.

[10] Skin cancer is very strange in the sense that it has a spectrum for which it inhabits both edges. There is the serious malignant melanoma which is life-threatening and spreads quickly, causing huge suffering, where life expectancy is very poor. At the other end you have what we call the non-malignant skin cancers—squamous cell and basal cell. If you are going to have one, this is the one to get. You could have it for one or two years and it could be no more than a little re-occurring sore on your face. Often it is found by general practitioners simply because someone comes in for something else and they notice that it is there. Treatment is simple and straightforward, and often only requires one or two visits to a dermatologist, and that is pretty much it.

[11] The squamous cell and basal cell skin cancers—the very mild end of that spectrum—occur very frequently. They tend to occur on areas that are exposed to the sun: face, hands and so on. The cost to the NHS is minimal both in time and money because although they occur frequently, they are fairly simple and easy to treat.

[12] Malignant melanoma, although it is less common numerically, has a much bigger impact on patients, their families and the NHS because the care needed is much more intensive. It is not just about treating the melanoma but often the metastases or the spread. That involves investigations, scans, drugs and tests on whatever organ it goes to, and then there is the palliative and terminal care that comes from that in almost every circumstance.

[13] The information that I have on cost is a little bit sketchy. Although there are relatively few cases, we think that the cost to the NHS is about £190 million. Predominantly, that would be at the severe end of the scale—the malignant melanoma, compared to the non-serious or non-malignant cancers.

[14] **Darren Millar:** Thank you for that. Peter Black has the next question.

[15] **Peter Black:** One of the evidence papers that has come to the committee, on which we are taking evidence later, suggests that non-malignant cancers should not be referred to as cancers and that their classification may boost diagnosis statistics. What is your view on that?

[16] **Dr Dearden:** My answer would be: does that mean that mild diabetes should not be called diabetes? Just because something is mild and not life-threatening, does that make it not what it is? So, is mild asthma not asthma? I use a slightly light-hearted term, but a classification is based on its cellular nature, namely what it is, and what it is should determine how we count it. Usually, people want to reclassify a condition to try to make it look less troublesome or more troublesome, as the case may be. My fear with those who wish to reclassify anything is that their reasons for doing so are, shall we say, not in the public good.

9.10 a.m.

[17] This is a cancer. It needs to be treated and taken care of as a cancer. I do not think that we should reclassify it to change the way we count it.

[18] **Peter Black:** You have just given us an illustration of the way in which skin cancers occupy two different edges of the spectrum and of how the non-malignant types are less serious and not as worrying to people. Does that not support the view of this sunbed operator?

[19] **Dr Dearden:** There are two things to think about. One is that we are still talking about a cancer, although it is easy to treat. There is a type of leukaemia or lymphoma, which

is a blood cancer, which older people get and it can last for five or 10 years with moderate treatment, and can sometimes even be reviewed, but they still have leukaemia or lymphoma. Yet, if we were to say to them, 'Well, actually, you do not have leukaemia or lymphoma because it is not a serious case', I think that people would think that that was a bit strange.

[20] It is fair to say that even squamous cell and basal cell cancers have a relationship to sun exposure. You only have to look at where they occur—on the face and on the hands rather than on the rest of the body—to assume and to be fairly certain that sun exposure has an impact on their incidence and on the frequency.

[21] The sunbed operators are quite right, though—we look at the incidence of both differently, yet they are skin cancers and they do have a relationship to the amount of ultraviolet or sunlight exposure that a person has had.

[22] **Helen Mary Jones:** Forgive my ignorance on this, Dr Dearden. If a person has had one of those very mild cancers, are they more vulnerable to the more serious kind? Is there any link between the two?

[23] **Dr Dearden:** As far as I understand, there is no link between having a basal cell or a squamous cell cancer and then having a malignant melanoma. It is very uncommon for any of those to turn into a malignant melanoma, because they have different cellular parents. While their parents might sit next to each other, having a rogue parent cell does not mean that the others will then do it. So, having a squamous cell cancer does not make it more likely that it will develop into a malignant melanoma.

[24] **Val Lloyd:** In your paper you tell us that the International Agency for Research on Cancer has changed the classification of UV-emitting tanning devices from 'probably carcinogenic to humans' to 'carcinogenic to humans'. Could you tell us the significance of that, please?

[25] **Dr Dearden:** The significance is that the evidence that is available has taken away the doubt—in other words, it has taken away the word 'probably'. 'Probably' suggests that we think such devices are carcinogenic but we cannot prove it. The classification change says that we are now certain—the evidence is very clear that this is a causative factor in the development of cancer. So, in the light of that, it is something that we need to take very seriously and we know that, if we do something about it, we could reduce the incidence of that form of cancer.

[26] **David Lloyd:** On the same theme, Andrew, in your BMA submission, you referred to the meta-analysis of the International Agency for Research on Cancer's assessment, which concluded that the risk of cutaneous melanoma is increased by 75 per cent when use of tanning devices starts before the age of 30. There has been criticism from the tanning industry of the reported findings of previous studies that have been included in that meta-analysis. How confident can you be in the validity of the findings of the meta-analysis or other research in relation to sunbed use?

[27] **Dr Dearden:** Without teaching grandmothers to suck eggs, I will explain what a meta-analysis is. It often helps to understand what they do.

[28] Very often, as has been said, you could have two studies. One will show a slight increased risk and another might show a slight decreased risk, so if something is on the borderline within statistical analysis, there might always be an element of doubt.

[29] Meta-analysis looks at numerous studies, and I believe that over 30 different studies were involved in this meta-analysis. The people doing the analysis take all of the evidence

and the numbers of patients that are involved, and try to match them as closely as they can so that they are not comparing apples and pears. They try to look at the totality of the studies, the study designs and the evidence. Often, a meta-analysis would take the place of a study. Instead of having one study with a million people, they might look at 100 studies with 10,000 people. In that way, without having the complexity of one big study, it breaks it down and has a look at it. So, a meta-analysis is often used to try to get the bigger picture that the smaller pictures are trying to create. Each study is a jigsaw, and a meta-analysis is trying to put all the pieces together to create the bigger picture.

[30] I think that we can be fairly confident of the result. You only have to recognise that this is the International Agency for Research on Cancer, and on the basis of the meta-analysis and other research it has changed the status from 'probably' to 'definitely'. I do not think that it takes that sort of step lightly.

[31] **Val Lloyd:** In your paper, you refer to doses of UV radiation. Could you define that for us, please?

[32] **Dr Dearden:** At this point I would turn to my left. [*Laughter.*]

[33] **Val Lloyd:** It is a measurement, I know.

[34] **Dr Dearden:** I will claim to be only a humble GP that works on Newport Road in Cardiff. A dose is an individual measure of something. Again, I apologise for oversimplifying, but a milligram is a measured amount of a drug. A dose of radiation is something that is measured and is a certain amount of radiation that hits the skin. A radiologist or radiographer will have those little blue badges next to their bodies, and those measure the amount of radiation that their body is exposed to. They are measured over a period of time so that they do not exceed what would be seen as a normal or an acceptable dose.

[35] I apologise that I cannot give you a technical measure of it. There is also background radiation: just by walking around the streets or walking through the countryside, we will be exposed to what you might call natural radiation. However, we are talking about the intensive, artificial radiation here today. There is a safe level, much like alcohol where there is a certain level that you can drink with no real long-term effect, but once a certain dosage of alcohol is exceeded, difficulties arise. With smoking, for example, even a dose of one cigarette has a health impact.

[36] **Val Lloyd:** Thank you. I asked that question because it has a bearing on my next question. We have also read in the paper that binge tanning on foreign holidays is considered to be one of the main reasons for the rising incidence of malignant melanoma. What impact would, say, a week's holiday in the Mediterranean in high summer—to use that as the benchmark—have on a person's dose? To what extent do you consider the incidence of skin cancers to be due to binge tanning compared with sunbed use?

[37] **Dr Dearden:** It is a reasonable point that the more we go to sunny climes, the more sun exposure we will have. For example, I have just come back from the midwest, USA, where the temperature was between 103 degrees Fahrenheit and 110 degrees Fahrenheit. I grew up in Australia. What is interesting is that people who grow up in Australia know all about the sun and what to do about it. Australian cricket players will always have white noses, whereas the English cricket players will often have bright red noses because they do not do the same thing. While it looks silly—and that is not just because they lose more often—

[38] **Val Lloyd:** Excuse me, Chair, I must correct that. They did not win the series. You are talking to a real cricket fan. [*Laughter.*]

[39] **Dr Dearden:** That is right. We like to exercise charity wherever we play, but that is probably evidence for a different committee. [*Laughter.*]

[40] You are right—the more the exposure to the sun, the more likely and higher the risk. Binge tanning, much like binge drinking, has dangers, but we are very careful about alcohol intake here. We do lots and lots of alcohol education and so on in this country, even though we accept that people who go to another country might binge drink at that point, but we advise people of the dangers of binge drinking.

[41] On the incidence, it is quite difficult for me to be clear on that. I am not aware of any studies or research that has been done because, of course, going to a sunny clime does not mean that you spend the two weeks in the sun. You may just go there for the heat and take reasonable precautions.

[42] It is fair to say that, if you are on a tanning bed, you are getting intensive exposure six inches or so from your skin for a period of time, and that also affects your eyes and so on. There are other knock-on effects. You are right to say that binge tanning overseas is just as dangerous as inappropriate sunbed use in this country. We are not talking about where you are exposed to it but the fact that you are exposed to it.

[43] So, our suggestion is to have an education programme, which would help. When people go to other countries, they might think, ‘Perhaps I should not spend six hours tanning in the sun because that might be as dangerous as spending six hours in a booth here’. So, I think that it is about health education.

9.20 a.m.

[44] **Helen Mary Jones:** It is suggested by some in the industry that tanning can have health benefits for some. For example, the Consol Suncenter website refers to tanning alleviating the effects of certain skin disorders, conditions such as heart disease, certain cancers, hypertension and stroke, and a number of autoimmune diseases that are associated with low vitamin D levels. Do you agree that there are some positive health benefits to be gained from tanning? If so, to what extent do you think the benefits are balanced by the very clear risks?

[45] **Dr Dearden:** There are health benefits to taking warfarin, a blood thinner, but I would not suggest that you do it without a doctor’s advice. Now, allow me to break each one down in turn. Is there any evidence that it helps with the immune system? In fact, there is evidence that it could suppress the immune system, and we have put that information, including references, in our paper.

[46] On vitamin D through sun exposure, that is true. Vitamin D production is stimulated by the sun. However, many people in this country have low vitamin D levels because of the clothes that they wear, such as religious clothes. The best way for them to improve that is by taking vitamin D tablets associated with calcium. We use them with many Asian women, for example, who are pregnant. Many studies have shown that they are quite low in vitamin D, but the quickest and safest way to give them vitamin D is through regulated tablets so that we can control the dose.

[47] On stroke, I know of no evidence of sun exposure decreasing the risk or effects of stroke. The simple thing to do would be to compare the stroke rates in Australia, Iceland, Alaska and the American midwest. I know of no evidence showing that the stroke rate is lower in sunny climes, which would be the natural evidence that you would find if it were true.

[48] On heart disease, I am really not certain of that.

[49] The only condition for which there is any evidence—it is what we would call ‘light’ evidence—is for seasonal affective disorder. It is well known that, in the winter, some people feel a little sadder, which sometimes needs to be treated. However, a sunbed is not the treatment of choice, as there are far better and more effective treatments. The sun does make people feel better; there is no question about that. However, I do not think that we can evidence any of its health gains.

[50] That said, there is a treatment for psoriasis called PUVA—psoralens and ultraviolet A radiation. That involves taking a tablet of a medication and having UV sessions with a consultant dermatologist. Doses are measured for the purposes of treatment, and treatment stops when it is no longer necessary. It does not continue to the stage at which it would start to damage the skin in a different way.

[51] So, like most things, there are some beneficial effects in certain circumstances, but that is usually when there is a specific disease and there are controlled circumstances. I am sure that you will know of older people who find it easier on the joints to spend the winter in Spain, but that is not a sunlight issue; it is a heat issue, as it is the warmth that creates the benefit.

[52] **Ann Jones:** The BMA supports the findings of the Committee on Medical Aspects of Radiation in the Environment report, and asks us to focus on specific areas, including prohibiting the use of commercial sunbeds for those aged under 18. Do you consider under-18s unable to make an informed decision about the use of sunbeds?

[53] **Dr Dearden:** No, I think that we should protect them as we do when it comes to smoking, alcohol and driving. We do not let 14-year-olds drive cars, smoke or drink alcohol. As a society, we have decided that there are points in time at which they have the capability and capacity to process the information required to decide that. We do the same thing with sexual relationships and deciding when someone can legally become involved in a relationship like that. We also recognise that there are times when certain activities need parental consent. For example, a 10-year-old who wants to appear at the theatre requires a medical note and a doctor’s note saying that they will not die on stage, as it were.

[54] So, we already have measures in place to protect children against peer pressure or social pressures to do things that are dangerous or risky. I would just put this in exactly the same category.

[55] **Ann Jones:** You can get married at 16 and you can go and serve your country at 16, so why have you chosen 18 as the cut-off point? Why do we not look at 16? If 16 is considered a reasonable age at which to choose to fight for your country or to get married, why must we do this differently? If it is dangerous for under-18s, why do we not say that it is dangerous for everyone and treat those under 18 as responsible people, rather than prohibiting them?

[56] **Dr Dearden:** I cannot explain why our society has different age groups for various things. In the past, we have had things that you can do only when you are 16, 18, or 21. The legal drinking age, for example, is different in America, Australia and here. So, societies often decide themselves how to protect their young people, and I think that that is probably more a question for you than for me.

[57] What we do know from evidence is that the younger you start to be exposed to ultraviolet light, the more likely it is that you will develop something serious. We see the same with cervical cancers, for example: the younger the age of starting a sexual relationship

and the more partners you have, the riskier it is. We are now trying to do as much as we can to prevent that from occurring.

[58] So, I think that 18 is the age that has been advised. Part of that is for clinical reasons more than being a matter of responsibility, because the younger you are when you start this, the greater the risk. It is probably for you to decide where we, as society, should draw the line, but the evidence is that the more exposure a person gets under a certain age, the more chance they have of getting malignant melanoma.

[59] **Andrew R.T. Davies:** Thank you for your evidence this morning. It is much appreciated. Later on, we will hear from another organisation that operates a specific type of sun centre. The name of that company is Consol. Its representatives have stressed that they take an automated approach to ensure that individuals are less likely to get overexposure. Given that its market, as it perceives it, is less than 2 per cent of the overall market, why do you think it so critically important to outlaw unmanned salons in the first instance?

[60] **Dr Dearden:** There are two points to make in response to that. First, I am almost certain that its business plan does not say, 'We have 2 per cent of the business market, so we can stop here'. I am almost certain that, if it is making money from it, it will wish to expand the business—all businesses do, to be fair and reasonable. So, 2 per cent now does not mean 2 per cent in 10 years' time.

[61] Secondly, while a machine might give only a certain dose at a time, there is absolutely no control over how many times a person goes back to receive the same dose. It is like saying, 'Well, I sell children only one cigarette at a time', but they go back 20 times a day. It is not so much an issue of whether they have exposure in a manned place or in an unmanned place, because our evidence on manned places is that the training given is almost nil. I could go out today and buy one of these sunbeds and put it in my surgery, if I wished to. There is no regulation of who can and cannot run them, how they are controlled, or anything of that nature. So, we cannot control how many times someone goes back to be exposed to the UV light. I accept that there is a degree of human error, and that a machine is less likely to make a mistake such as giving someone six minutes instead of five, but because they are unmanned and automatic, you lose complete control over how many times someone goes in. Theoretically, someone could use a sunbed 10 times a day, and, of course, they could go to different shops as well. They do not have to go to the same one. You could just go around, as other people with certain conditions sometimes do.

[62] **Andrew R.T. Davies:** This inquiry has identified two parts to this issue: the unmanned market, as it were, and the manned or supervised salons. What I found quite interesting when reading some of the papers for this inquiry was the home market. If you break down people's usage, you find that nearly 20 per cent of the market is accounted for by people hiring sunbeds for their homes. So, as well as this committee and this inquiry looking at the accessibility of salons, surely there is work to be done on education too.

9.30 a.m.

[63] Let us say, for argument's sake, that a piece of legislation came in that shut down a particular type of salon, perhaps an unmanned salon, and regulated manned salons to a far greater level than they are now, would that not merely displace the trade to the home market? You would need a comprehensive education programme running in parallel with that on the risks involved in using a sunbed.

[64] **Dr Dearden:** You are absolutely right, and there is a lot in our evidence about public information and public education, which goes back to Ms Lloyd's point about binge tanning somewhere else. It is not just about shifting it off the high street and into people's homes. For

example, the BMA has a programme to get doctors and dermatologists into schools to talk about the risks involved. Look at what we have done as a society with smoking and alcohol. We have taught people that it is dangerous at certain levels, in certain ways and at certain times. Then, we have reinforced the message by being socially responsible. With drinking, we have passed laws on who can buy alcohol and when, and we have tried to educate people about the amount that they drink, how they drink and so on. Then, we have tried to restrict the availability of it, especially looking at the most vulnerable, in this case, younger people or those who are being encouraged to do it through peer pressure. That way, the hope is that, as with smoking and alcohol—well, smoking at least—its use will decrease over time. That has a multilayered effect. It is about reinforcement, but there are social elements within that. So, we need to reinforce the message and get people to think about it.

[65] I have been a GP for about 15 or 16 years. I certainly have many more people coming in to talk about smoking cessation now than I did 15 years ago. That is because that message has got through over 10 or 15 years, and people are really starting to look at it now. We are already seeing the effects, with fewer strokes, heart attacks and so on.

[66] Therefore, I agree in a sense, because, to take a personal interest in this, I would quite like to have to treat less malignant melanoma in the future. Simply to stop the availability of sunbeds on the high street without telling people why or about the dangers and so on just risks their going elsewhere, whether to holiday in the Mediterranean, America or Australia or, as you say, to hire a sunbed for their own homes. So, the approach has to be multilayered and has to include education; otherwise, we will just drive it underground. You are absolutely right and we would agree with you fully.

[67] **Darren Millar:** I have one final question, Dr Dearden, before we bring this part of our evidence session to a close. You indicate that the Department of Health in England is coming forward with proposals to ban children under the age of 18 from using sunbeds, but you say that the regulation package does not go as far as the BMA would like it to, and you are asking us in Wales to be more ambitious than that. Can you tell us very briefly the regulation that the BMA would like to see?

[68] **Dr Dearden:** Without going through each specific one, I think that No. 7 includes the headlines. Quite rightly, as Mr Davies suggested, we need an education campaign to talk about the risks of UV light, both natural and artificial. We need to look at those who are at highest risk from UV light, which is the under-18s. We need to look at access to salons, particularly where they are unmanned, as there is no ability even for adults to have any degree of control. We need to look at the regulation of the use of sunbeds. At the moment, there is a voluntary regulation of which I believe only about a third of organisations has attached. There is no way to enforce or even encourage those who are members to adhere to any recognised standards of safety.

[69] So, there are certain things that we need to do. We certainly suggest those at least for a start, but, on page 1, just at the bottom of our evidence, we have a list of about eight or 10 things that we feel make up the complete picture that Mr Davies was talking about. If we just say 'no' to under-18s, it is just like saying, 'Well, you cannot smoke in a pub but you can smoke everywhere else'. It is a step in the right direction but it is not a solution. We need something that will reduce the number of people getting malignant melanoma, and that on its own will not do it. With the suggestions that we have made, 10 years from now, we believe that we will start to see a decrease, when what we have seen so far is almost a year-on-year increase. If we do not do something, this will be the next big thing in a decade's time.

[70] **Darren Millar:** Thank you. On that note, Dr Dearden, that brings us to the end of our inquiry. Thank you very much for answering our questions.

[71] **Dr Dearden:** It is very kind of you to invite me.

[72] **Darren Millar:** Thank you. We will now move on to item 3 on our agenda.

[73] **Ann Jones:** Before that, may I just make a point about the language that we are using? As Chair of the Assembly's Committee on Equality of Opportunity, I must say that I find 'unmanned' unacceptable. It should be 'unstaffed'. The Members' brief uses the term 'staffed', but I have heard 'manned' used a few times now, and I cannot tolerate that sort of inequality. If it happens again, I will not feel able to be a part of this committee.

[74] **Darren Millar:** Members will note your concerns, Mrs Jones. Thank you very much for that.

9.36 a.m.

**Ymchwiliad i'r Defnydd o Welyau Haul a'u Rheoleiddio—Tystiolaeth gan
Consol Suncenter
Inquiry into the Use and Regulation of Sunbeds—Evidence from Consol
Suncenter**

[75] **Darren Millar:** We now move on to item 3 on our agenda, continuing with our inquiry into sunbed use. I am happy to welcome Sam Kirby, who is the public affairs manager for Consol Suncenter. Consol has provided us with an evidence paper today, which has been circulated to Members, and we have had the opportunity to look at it. As we have indicated, we would like to go straight into some questions on your paper.

[76] For information purposes, how many people do you employ as an organisation?

[77] **Ms Kirby:** We have 90 studios UK wide, and each studio has a manager and security staff associated with that studio. So, we have at least one member of staff managing each studio. We also have a head office, but that is slightly different.

[78] **Darren Millar:** They would be full-time members of staff, would they?

[79] **Ms Kirby:** Yes.

[80] **Helen Mary Jones:** How many of those are employed in Wales, roughly?

[81] **Ms Kirby:** We have 12 studios in Wales.

[82] **Darren Millar:** You highlight that your business as a concept amounts to less than 2 per cent of the overall share of the tanning salon market. Why do you consider the relative size of that to be important when investigating opportunities to improve operating practice in the country?

[83] **Ms Kirby:** Consol is fully supporting any review of the sunbed industry that could improve standards by regulation. Our concern is that there is a lot of reporting, particularly in the media, on partially supervised studios, which is Consol's business concept. Given that we operate the majority of those studios throughout the UK, our concern is that our business will be focused on unnecessarily, which detracts from other areas of the industry that really do need some considerable attention.

[84] **Darren Millar:** Okay, thank you.

[85] **Lorraine Barrett:** You say that you provide the highest standard of information to your customers. Can you describe some of the information that is provided? I know that it is up to people to take responsibility, but how can you ensure that the public at least reads the information and understands it?

[86] **Ms Kirby:** From our market research, we know that customers like to receive information in all sorts of different ways, so we have tried to make sure that it is available in all sorts of different ways. Some people, particularly men, prefer electronic communications and information. When you pay for your sunbed, there is a touch screen that you have to be quite involved with, and we include on that screen regularly updated information on tanning. All throughout the studio, there are posters, leaflets to take away, and regular newsletters that we produce for customers free of charge. Information is also spoken when you are lying on the sunbed, so we educate people about the responsible use of the sunbeds in every possible way.

[87] **Lorraine Barrett:** I have not quite got this straight in my own mind. When you talk about a sunbed studio, what sort of setting is it in? Do people just walk in off the high street and there is no-one else around? It is not in a department store or something?

[88] **Ms Kirby:** No. All our sites are on high streets.

[89] **Lorraine Barrett:** Okay. You say that your business concept represents less than 2 per cent of the sunbed industry. Are there other companies that provide the same thing?

9.40 a.m.

[90] **Ms Kirby:** Very few. Obviously, we make ourselves aware of the competition wherever we are. The only area that we really do not have a presence in, according to our analysis last year, is north-west England, so that is Liverpool and that kind of area. We pretty much cover the UK, and in an analysis carried out last year, we estimated that there are about 120 studios like ours, of which we operate 90. So, we are not only the leading tanning business in the UK, because most tanning studios tend to be one-man or two-man operations, but we are also the leading coin-operated business. We call it partially supervised, because it is not possible to have a completely unsupervised studio. What that means is that we have managers who go in twice a day and we have random visits by security staff, but the concept means that the customer can go in and make a choice about payment.

[91] **Darren Millar:** There was an article in *The Guardian* in 2006 that seemed to suggest that you were promoting the benefits of sunbed use in your salons, yet the evidence that we have heard from pretty much every witness—with one exception—has been that there is very little evidence and scientific research on which to base many of the claims of the tanning industry that sunbed use is beneficial to health. Why do you provide so much information about the health benefits to people, and how do you ensure that the information on health risks is taken on board by the people who use your salons, given that they are unstaffed?

[92] **Ms Kirby:** I think that if you went into any of our studios in Wales now, you would see that the primary focus of all of our communications is on how to tan responsibly and moderately. Our studios are set up to make sure that customers do that. I can explain a little bit of that later, but our key message to all our customers is that they must not burn, they must not overuse the sunbed and, as with all things, they must tan with moderation.

[93] **Ann Jones:** You were describing to my colleague what sounds like quite an automated approach to sunbed use in one of your salons. Could you take me through the process that I would encounter as a customer walking in off the high street? How would I proceed through the procedure of things such as using skin testers? How many sessions would

I be allowed on a sunbed? It would switch off automatically, but would I be allowed to use it up to 10 times a day?

[94] **Ms Kirby:** I will do the walk-through first and then I will turn to the issue of over-use of sunbeds. Our studios are on the high street. You can enter them yourself. Immediately, you would see signage explaining that, if you are under 16, you should not use a sunbed. We monitor that through closed-circuit television coverage, which is ongoing. You walk up to your console where there is a skin tester that has been developed by European dermatologists. You put your hand on the skin tester, and it measures the under-skin, which is the lightest, and you get a reading that explains how many minutes you should spend on each of the different sunbeds. It monitors each sunbed cabin, because some of them will have had tubes changed more recently than others. It is highly accurate in that regard. It will say something like, 'You are skin type whatever; you should use cabin three for three to four minutes'. There is an electronic console in front of you that gives you all sorts of information on the tanning services that you can access. You put your money in the slot and the cabin will open automatically; two minutes later your sunbed starts.

[95] As you have picked up from our information, the sunbed will automatically switch off after a maximum of 16 minutes, so you cannot spend more than 16 minutes on the bed. However, all the information displayed in the studio will recommend that you start very slowly, with three or four minutes at a time. That information is displayed everywhere within the studio.

[96] In terms of overuse, it is, of course, technically possible to get dressed again, come out of a cabin, which will lock behind you, and go through the whole system again. It does not happen in our studios, because we monitor them with CCTV and regular visits, and because it is inconvenient—people will be waiting for that cabin, so you would have to wait again. The reality is that, if people are determined to get a tan, they will move from one tanning studio to the next. What is crucial, from our point of view, is that we have systems in place to minimise any risk of burning, such as those relating to the strength of the emissions of our sunbeds, our sunbeds switch off after a short period of time, and we give as much information to our customers as possible about why they should not burn. I think that that is crucial in terms of public awareness.

[97] **Ann Jones:** Moving on to the monitoring of sunbeds by CCTV, how far is your control centre from your salons? You have salons all across south Wales, so how do staff monitor them? How many screens do you have? How many staff monitor this? How quickly would somebody be able to get to a salon if there was an issue?

[98] **Ms Kirby:** There are all sorts of safety systems in place. Closed-circuit television is really for us to monitor who is using the studio. It is a centrally based monitoring system that would just make a telephone call to the manager if something relevant came up, but it has never happened to us, and we have been in the UK for 12 or 13 years. As I said, managers randomly visit the studios twice a day, and security staff visit from time to time. We have a free helpline, to which we sometimes get calls, but it is usually because somebody has lost some money in the coin-operated system.

[99] **Ann Jones:** What are the opening hours of your tanning salons?

[100] **Ms Kirby:** Most of them are open from 7 a.m. until 9 p.m..

[101] **Ann Jones:** They are open from 7 a.m. to 9 p.m. and you make two visits a day.

[102] **Ms Kirby:** Yes.

[103] **Ann Jones:** Is that enough?

[104] **Ms Kirby:** As far as we are aware. Our business concept is safe and we regularly monitor who uses the studios and how happy customers are with the health and safety and cleanliness of the studios. I would just point out that we do not just do that by CCTV. We are a responsible operator. We are not in the business of offering our customers anything other than a very secure environment. We carry out regular omnibus surveys and independent research to check that customers understand how to tan responsibly, are aware of health and safety and are happy with the Consol concept.

[105] **Ann Jones:** You said that if anybody wants to tan, they will find ways to tan. So, if you are only doing twice daily visits, and there is a random visit by a security guard, is that responsible? Or is your CCTV monitoring only concerned with the type of person who uses your salon, the type of people who use it once a week, twice a week, and so on, so that you can market your product more successfully?

[106] **Ms Kirby:** The committee is, obviously, concerned with the health effects of the overuse of sunbeds, and we are with you on that. It is our concern that people can go from one studio to the next and, even worse, hire a sunbed at home. We have been campaigning and lobbying for a very long time for the industry to comply with a July 2007 EU declaration. We are the only company in the UK fully complying with that at the moment. It limits the emissions of sunbeds to such a level that it is very difficult to burn. What we would like to see is not only greater public awareness of moderate tanning but every tanning studio complying with that EU declaration.

[107] **Darren Millar:** Is it fair to say that the CCTV is there more for your security as a company, given that there is cash kept on these premises, rather than to monitor the potential health risks for some of your clients?

[108] **Ms Kirby:** There is not very much cash kept on the premises, as the coin-operated machines are cleared out during those two daily visits. We have never had an incident where somebody has tried to take money from our coin-operated system. So, no, the CCTV is very much for customer safety and it allows us to monitor who is using the sunbeds.

[109] **Darren Millar:** I just find it astonishing, though, that in your response to Ann Jones you indicated that, if somebody is using a sunbed twice, in a sort of loop, the CCTV helps you to overcome that. If someone is spending two or three minutes over their allocated time on a sunbed, they could burn, so how do you prevent that? You have no real way of preventing it, do you?

[110] **Ms Kirby:** No, but our evidence suggests that we do not see customers doing that. We ask them about their behaviour patterns and we also monitor it.

[111] **Darren Millar:** How do you know that your customers do not do that? They are unlikely to volunteer to you the fact that they may have burnt if they have ignored the advice.

[112] **Ms Kirby:** We are not hearing of instances of burning. I know there have been a few incidents in Wales, which are very worrying, and we definitely do monitor that.

[113] **Darren Millar:** How do you monitor if someone has burnt on your sunbed?

9.50 a.m.

[114] **Ms Kirby:** We ask our customers regularly, with independent research; it is not our research, as we ask research companies to come in to ask a number of questions of our

customers. So, we have that evidence, which I think is anonymous, and our customers would be quite open and honest about that. No tanning studio can stop a customer burning, which is why I say that we have been lobbying for this critical regulation in the UK, which is one of the most comprehensive ways of limiting sunbed emissions and minimising any risk of burning.

[115] **Darren Millar:** How many customers do you see in a typical year?

[116] **Ms Kirby:** I think that that varies, depending upon the location. I could certainly find that information for the committee, if it was helpful.

[117] **Darren Millar:** What proportion of the surveys that have been undertaken of your customer base have suggested that people have actually burnt using your sunbeds?

[118] **Ms Kirby:** Mostly, our research has a sample of between 500 and 1,000 customers across the UK.

[119] **Darren Millar:** What proportion of those have responded to say that they have burnt using your sunbeds?

[120] **Ms Kirby:** We have had none.

[121] **Darren Millar:** None whatsoever?

[122] **Ms Kirby:** No, and I can make that research available if it would be helpful.

[123] **Darren Millar:** We would appreciate that.

[124] **Val Lloyd:** I have a further question on the CCTV. How do you distinguish between a 15-year-old and a 16-year-old? In other words, how do you monitor actual age rather than apparent age?

[125] **Ms Kirby:** That is a good question, and it is very difficult, from the look of a young person, to say whether they are 15 or 16-years-old. Obviously, we advise throughout the studios that under-16s should not use a sunbed. I think that any staffed salon would find it very difficult to prove that somebody was 15 rather than 16 years of age. What we do, through our research, is check the age of people using the studio. We have very few people who say that they are under the age of 18 using a studio. So, most of our customers are in their 20s and early 30s.

[126] **Val Lloyd:** Basically, you are telling me that you do not know the ages of your customers. You have touched on it, but does the independent research that you undertake enable you to maintain records on exactly who is using your salons?

[127] **Ms Kirby:** We do not take records from customers. Do you mean written records?

[128] **Val Lloyd:** You gave evidence to the Scottish Parliament in July that you did keep records.

[129] **Ms Kirby:** There are a small number of studios in Scotland that are staffed, but I am not aware that they keep records of customers. I do not think that record-keeping solves the problem of young people who want to tan, and who are determined to tan, moving from one studio to the next or tanning at home. I refer back to the point that I would really like to make clear to the committee: we really are quite concerned that all studios in the UK adopt the EU declaration on limiting emissions.

[130] **Val Lloyd:** I thought that you had commissioned independent research and that you had some evidence.

[131] **Ms Kirby:** Yes, we do. We have two types of research. We buy into a UK-wide youth omnibus that asks young people about various consumer habits, and then we do our own independent research in our studios.

[132] **Val Lloyd:** That was what I was asking about. Can you maintain those records on who is using your salons, their ages and any other characteristics that you might want for commercial purposes, but particularly their ages?

[133] **Ms Kirby:** Yes. We do not use them for commercial purposes. We use them to check who is using the studios, whether our customers are happy and whether we need to change anything. Again, we are not finding young people using our studios. We are really keen for that evidence to be made available if it is available, but certainly our experience in Consol studios, through various means—research and CCTV—suggests to us that young people are not using our studios. Of course, if for a minute we thought that that was not the case, we would take that very seriously and would want to do something about it.

[134] **Darren Millar:** Is the reality not, though, that they are unlikely to volunteer that they are below the age at which you say, ‘Do not use our sunbeds’? You say in your paper,

[135] ‘in all instances we do not have any evidence that children are using Consol studios’.

[136] However, you have no evidence to say that they are not using your studios, have you, other than a bit of CCTV footage, which could be grainy and gives no indication other than enabling you to see somebody walking in to use your salons who may be a borderline age? Let us be honest about this. The fact that you are saying that you do not have any evidence that children are using Consol studios is a bit wishy-washy, is it not?

[137] **Ms Kirby:** Well, we do not have any evidence. We have never had a manager or another member of staff, on a random visit—it is not just managers who go into studios twice a day; other members of staff will visit studios—saying that they are concerned about seeing under-16s using a studio.

[138] **Darren Millar:** How long do they spend in the studios, though, during the day? You are open from 7 a.m. until 9 p.m. in most places.

[139] **Ms Kirby:** You can never guarantee when that visit will be made. Throughout the UK, those visits are random.

[140] **Darren Millar:** If it is during school time or whenever, you are unlikely to find them.

[141] **Ms Kirby:** We do check through CCTV and our CCTV is not grainy at all. When we do our research, we are not just asking ‘Did you see anybody who was young using the studio?’. We ask customers who use our Consol studios, ‘Do you ever see young people while you are using the tanning studio?’, so we get that response too.

[142] **Andrew R.T. Davies:** Thank you for your evidence. You have touched on the main question that I was going to ask you, namely the evidence for unmanned salons and young people using them. I will perhaps take a different course.

[143] In your evidence, you touch on the point that your business-type model is less than 2 per cent of the market. If there was no regulation and no change in the current situation, you

have a trajectory on which you wish to be in five or 10 years' time. How do you see that type of market evolving? Given that you work in the specific sector of the unmanned market, if nothing was to change, do you envisage yourself to be taking 5, 10 or 15 per cent of that market in five to 10 years' time?

[144] **Ms Kirby:** I am not responsible for marketing at Consol.

[145] **Andrew R.T. Davies:** However, as deputy managing director, you are bound to have an aspiration for where you would wish to be, given that you are based on a specific type of model—the unmanned salon, which is specific to your company.

*Gadawodd Ann Jones yr ystafell.
Ann Jones left the room.*

[146] **Ms Kirby:** I am actually the public affairs manager at Consol.

[147] **Andrew R.T. Davies:** Sorry, our briefing is wrong, then.

[148] **Ms Kirby:** The assistant managing director is not well, so she is unable to attend. I am aware of the rate of growth, if you like, over the last five to six years. I would say that, in the last five to six years, we have probably added an additional 15 or 16 studios to our UK portfolio. I do not know who can do the maths on that, but we are currently at 90 studios in the UK.

[149] **Helen Mary Jones:** I want to come back to this business of children using unstaffed salons. I am not saying that they are necessarily using Consol salons, because I do not know that they are and I would suggest that you probably do not know that they are not. You say in your evidence that any suggestion that children are using coin-operated, unstaffed studios is not backed by evidence. Well, there have been three severe burning incidents following sunbed use in unstaffed salons that required hospital treatment here in Wales in the last year alone. Kelly was 10 years of age, and she had to be treated for burns after 16 minutes on an unsupervised, coin-operated sunbed. Kirsty was 14 years of age, and she suffered 70 per cent burns on her body; again, she spent 20 minutes under an unstaffed sunbed. Kieran was 13 years of age, and he has severe blisters to his face; again, he used an unstaffed salon.

[150] I think that it would be very difficult to suggest to the families of those three children that there was no evidence of children using unstaffed sunbeds. I would put it to you that, if there had been staff in those places, they would probably have been able to suss out that Kelly was aged 10 and she would probably not have been under that sunbed. They were all unstaffed salons and probably ones using a less responsible business model than yours—I am not suggesting that yours is exactly the same—so do you accept that these incidents show that children in Wales are using unstaffed salons? Even if it is only three of them, my submission is that it would be three too many.

[151] **Ms Kirby:** None of those were Consol studios.

[152] **Helen Mary Jones:** No, but they were all unstaffed.

[153] **Ms Kirby:** So that does not refute my claim that we do not have evidence that young people are using Consol studios. Obviously, those are very unfortunate incidents, and those particular businesses need to be investigated in terms of what is happening there. Again, just to get everything in context, we are talking about us being the majority operator in Wales of unsupervised, coin-operated studios, and we operate 12 in Wales. The sunbed industry in Wales is a lot bigger than that. Our concern is that having the debate about unsupervised studios should not detract from looking at the industry as a whole and regulating there in

terms of improving standards. Without boring you all, what is really critical is the quality of the technology in those studios and the level of safety of the sunbeds.

10.00 a.m.

[154] **Helen Mary Jones:** I want to pursue an issue to do with the staffing. Does each individual studio have a manager in charge? How many hours a day on average would those managers be working?

[155] **Ms Kirby:** Three to four. Their job is to go in to check that the studios are clean and that the money is taken away from the studios.

[156] **Helen Mary Jones:** So, it is not the managers that are monitoring the closed-circuit television, but the security staff. Are those security staff in charge of looking after one salon at a time or is it more centralised?

[157] **Ms Kirby:** CCTV and security are two separate things. So, our CCTV is monitored centrally in central England and security staff are local to each studio. So if, for instance, someone phoned and said that there was an incident in a studio, there would be a manager and security staff very close to that studio to attend.

[158] **Lorraine Barrett:** Something you said earlier touches on what Helen has just said. You said that your sunbeds switch off automatically after 16 minutes. What is the maximum length of time that even someone with less sensitive skin should be under it? I think that 16 minutes is a long time. Have you looked at cutting that back?

[159] **Ms Kirby:** Our sunbeds comply with the EU declaration to minimise the strength of tubes. I will have to let you know the science, but it really does limit the sunbed emissions as far as you can go, really, and still get a tan. So, in that instance, 16 minutes is not a long period of time. Obviously, we recommend that people start off with four minutes. You pay for incremental sessions and they are four-minute sessions, so you have to make a choice in units of three to four.

[160] **David Lloyd:** As we have heard, as an organisation you have provided evidence to other parliaments. We have heard of your evidence in the Scottish Parliament already. As regards the evidence of UV radiation exposure in relation to children, we have also seen your written reply to the House of Commons All-Party Parliamentary Group on Skin report in 2008. I direct you to the part of your evidence that was a rather interesting discourse on the science of the situation, the relationship between puberty and the accumulation of melanin and suchlike. You stated that there is no medical or scientific evidence to support an increase in an age restriction above the current age of consent, which is 16. How can you substantiate that?

*Dychwelodd Ann Jones i'r ystafell.
Ann Jones returned.*

[161] **Ms Kirby:** I am not aware of any scientific evidence that suggests that the skin tans differently at the ages of 17 and 18. Historically, the industry has supported no-under-18s tanning because the guidelines were that before the age of puberty skin was particularly sensitive to UV light. Obviously, nowadays puberty happens considerably earlier than 16, but we remain with the no-under-16 ruling.

[162] **David Lloyd:** The most recent evidence we have—and it was presented to us here by the BMA earlier—suggests that the incidence of malignant melanoma has taken off exponentially because of the increased exposure when you are under the age of 35. In the

light of evolving science and medicine, and because any burning under the age of 35 is harmful and potentially causes an increase in the incidence of malignant melanoma, which is the type of skin cancer we are most concerned about, are you reviewing your age restrictions in your sunbed studios?

[163] **Ms Kirby:** We all agree that burning is not good for you, which is why we make sure that our customers are aware of that and of what constitutes moderate tanning behaviour, and why we limit the emissions of our sunbeds to make sure that burning is virtually impossible on a sunbed.

[164] The study you refer to, which has been used by the media a lot and which I have read in some detail, actually does not suggest that under-35s should not expose themselves to UV light. I heard the doctor say earlier on, 'All things in moderation'. If you drink a glass of red wine, that can bring some benefits. If you are drinking two or three bottles, then that is not going to do you any good. In the same way with UV exposure, it is really important that customers are aware, from our point of view, that they should tan with moderation.

[165] On whether we should suggest that there is a different age restriction, again I would like to see more evidence that we should raise our minimum age. It is not that we do not support an increase to 18. We have spoken, as you say, to a number of other health departments on this matter. I noticed that the doctor earlier even said that the age of 18 is when we are not allowed to do certain things, but at 16 we are allowed to do others, like become a director of a company, and all sorts of things. It is a matter of debate as to the age at which you are able to make an informed choice in terms of your responsible health choices. We do not see many under-18s using tanning studios at Consol, but it is still our view that a 16-year-old, given the right information, is probably able to make a sensible tanning choice.

[166] **Peter Black:** In your written evidence to the All-Party Parliamentary Group on Skin you state that there is no credible evidence to support the statement that sunbed use increases skin cancer risk. You go on to criticise various studies that have been undertaken. Do you still stand by this view and can you explain why you consider that the reported evidence is flawed?

[167] **Ms Kirby:** I think that there is certainly a consensus of opinion among scientists and medics that burning may increase the risk of skin cancer. It is not possible to say that using a sunbed has that kind of direct detrimental link to health, because in order for research to be able to do that you would have to study people that have only ever used a sunbed and never exposed themselves to UV light.

[168] I think that what is critical is that we make the public very aware about the importance of limited exposure to UV light and sensible tanning.

[169] **Peter Black:** Does your organisation have any particular expertise or have you accessed any particular expert advice to back up that conclusion?

[170] **Ms Kirby:** Obviously, we are advised on our skin testing technology by dermatologists. We are a member of an international tanning association based in the United States that has a number of scientists that advise on the membership. I am not a scientist, but it is very important for us as an organisation that we are up to speed with what research is available. We are not in the business of harming people and that would be an awful thing to suggest. We are a family business trying to make sure that those people who want to tan on a sunbed do so in the safest way possible.

[171] Our concern is that there is an industry out there of 7,000 tanning studios, many of which are not regulated, have sunbed equipment that is not up to scratch in terms of quality,

and that provide unsupervised tanning booths. I have heard, anecdotally, of a newsagent putting a tanning bed behind the shop and operating in that way, using high-strength tubes that are not changed regularly. Our concern is that the media sometimes focuses on this very small area of our industry, where we try to operate responsibly, invest significant amounts of money in technology to help customers understand how their skin tests, and make sure that if they are going to use a sunbed they are using technology that will minimise any risk of burning. Meanwhile, the other 99 per cent of the industry certainly does not comply with the same kind of standards.

[172] **Darren Millar:** I have one final question before we bring this part of the evidence session to a close.

10.10 a.m.

[173] You say in your paper that you strongly support tighter regulation of the sunbed industry. As far as I can see, the only suggestion that you make is that the UK should adopt the EU declaration and that all salons should have to abide by that EU declaration. Is that a fair assessment of the tighter regulation that you want to see?

[174] **Ms Kirby:** I certainly think that we would like to see standards of public information regulated, along with the standards of the technology that is used in the industry. The only area that concerns us is the way in which people focus on how we operate our business, which detracts, as far as we are concerned, from concerns in terms of other areas of the industry.

[175] We are not in the business of putting our customers' health at risk. It is our primary concern to make sure that we operate, and continue to operate, to the kind of standards that we do. We are the leading tanning business in Europe and we continue to invest in technology and information to make sure that we continue as a small, successful family business that puts customer safety first.

[176] **Darren Millar:** Andrew R.T. Davies, you wanted to come in, did you not? I do apologise.

[177] **Andrew R.T. Davies:** Yes. I listened to the last parts of your contribution, in answer to Peter Black and Darren. When we had the trade body in, if you like, despite the picture you have painted of your particular business model, which is of investment and highly trained staff and so on who rotate around the salons, it has no membership whatsoever, or you would not be able to join the trade organisation that basically seeks better regulation of the sunbed industry. So, it is that much harder to take on what you are saying here today when your own trade body is obviously trying to marginalise and push out of the market the unmanned sector—I apologise to Ann for saying that—or the unsupervised sector.

[178] So, the difficulty for us, if you like, in pulling this together, is in trying to pull it together with a uniform approach. Why is it that your own trade body would not accept your membership if you were to go forward on a basis of self-regulation, for example?

[179] **Ms Kirby:** We know the Sunbed Association and have been in dialogue with it over many years. Consol is a member because, in London, we have studios that are manned. That is the way the licensing regime works there.

[180] The thing about the Sunbed Association—and we would really like to see a trade organisation that is far bigger and has a lot more clout—is that it represents at the moment about 15 per cent of the marketplace. I am not very good at maths, but you can work out the number of operators—actually, quite a lot of the members are manufacturers. So, they are not tanning studios at all, but companies that supply into the tanning market. That leaves an awful

lot of sunbed businesses that are not part of any trade association.

[181] **Darren Millar:** I am afraid that time has beaten us. We have taken a little longer than we had planned for this part of the evidence session, but I think that it was important that we got this evidence on the record. Thank you, Sam, for taking the time to be with us today. We have appreciated your evidence. It will certainly add to the value of our inquiry. If there is any further evidence that you want to submit to us, particularly on the research that you conduct as a company, we would appreciate that. Diolch yn fawr. Thank you.

[182] **Ms Kirby:** Thank you.

10.14 a.m.

Ymchwiliad i'r Defnydd o Welyau Haul a'u Rheoleiddio—Tystiolaeth gan Dr Dafydd Roberts
Inquiry into the Use and Regulation of Sunbeds—Evidence from Dr Dafydd Roberts

[183] **Darren Millar:** In view of the time, I ask Members to be brief in their questioning and the witness to be brief in the answering. I am delighted to welcome Dr Dafydd Roberts to our inquiry today. Dafydd is a consultant dermatologist and a national clinical adviser on skin cancer to the UK Department of Health, I understand.

[184] We have received an evidence paper from the witness, which has been circulated to committee members. I think that we have indicated that we would like to go straight into questioning, if that is okay with you, given the time constraints.

[185] You say in your evidence that the incidence of skin cancer is relatively high in Wales. Do you know why that is?

[186] **Dr Roberts:** Not for certain, but I think that there are a number of possibilities. The studies we did were based around Swansea mainly, looking at the incidence of skin cancer. These were published in international journals, so that the standard of the work done was to that international standard. We think it is because Welsh people generally have fair skin. We are a Celtic race, so lots of people have fair skin and blue eyes, there are more people with red hair than in other parts of the UK, and also we live near the beach. So, on a sunny weekend lots of people go down to Gower, where the beaches are packed, as compared with Birmingham or London, for example, where, on sunny weekends, people have less chance to expose their skin. So, people take every opportunity that they can to expose their fair skin in south Wales.

[187] **Darren Millar:** So, are you saying you cannot necessarily link that to sunbed use? Is it probably more skin type and lifestyle?

[188] **Dr Roberts:** Yes. Sunbed use is relatively recent. That is one of the problems with trying to work out accurately whether sunbeds really cause skin cancer because their use has really only become very popular in the past 10 to 15 years. We know from work done over many years on sunburn, for instance, that there is a gap of many years between the episodes of sunburn and the development of skin cancer.

[189] **Darren Millar:** Okay. Thank you for that. Ann Jones?

[190] **Ann Jones:** It was suggested by Consol, who gave evidence, that non-malignant cancers are not cancers at all, although their classification as such boosts diagnosis statistics.

What is your view on that?

[191] **Dr Roberts:** I am not certain what the representative is talking about.

[192] **Ann Jones:** Consol gave evidence to the All-Party Parliamentary Group on Skin and the evidence says,

[193] ‘There is some scientific and medical proof that ultraviolet rays are associated with the main non-malignant skin cancers...which are not, in fact, cancers at all, but their classification boosts diagnosis statistics.’

[194] I think that what they were saying was that it is not really a cancer and, therefore, they were trying to argue that sunbeds do not harm you.

[195] **Dr Roberts:** Yes. I think that what has happened is that the incidence of malignant melanoma is increasing dramatically throughout the western world more than any other cancer. That increase is partly due to very early diagnosis because people are much more aware of moles changing and so on, and so we see people now at a much earlier stage than we used to.

[196] Sometimes, it can be difficult to be certain. It is not a case of a mole being benign one minute and malignant the next. There is an area where a pathologist may have some difficulty deciding whether one has actually become malignant or not. There has been a debate among professionals that some of the increase may be due to pathologists diagnosing melanoma at an earlier stage, and perhaps some of them might never develop into melanoma. That is probably a small amount because we know that mortality is increasing and that some of these do spread.

[197] So, I think that there is some truth in what has been said, but there is no doubt that the incidence of true invasive melanoma is increasing.

[198] **Andrew R.T. Davies:** Thank you for your evidence and paper. In your paper, you touch on various strands of evidence that you say are now sufficient to give that definitive link between sunbed use and the increase in skin cancers. I heard your response to my colleague, the Chair of the committee, that there is still an element there because, obviously, there is a time lag between exposure and it showing comprehensively. Could you impart to the committee some more information that leads you to the judgment that there is sufficient evidence to make that critical link between sunbed use and the increase in skin cancers, particularly in young people?

[199] **Dr Roberts:** Yes. In adults, the relative risk of people who have used sunbeds developing melanoma is something like 1.15. If 1 is taken as the standard risk for the normal population, then it only increases to 1.15 in adults who have used sunbeds, which does not sound an awful lot. It is still real, but it is not a huge amount.

[200] In people under the age of 30 who have used sunbeds, the risk is 1.75, so it is nearly double the risk. By extrapolation from that, we know that exposure to excessive sun in early childhood—not sunbeds but excessive sun—and sunburn in early childhood, causes melanoma. So, by extrapolating from those figures, we think that exposure to sunbeds, which are very powerful compared with normal sun exposure, the risk of melanoma among children is likely to increase significantly above the 1.75 risk for under-30s. No research has been done on the increased risk of melanoma in those under 18.

10.20 a.m.

[201] As I said earlier, because of that time lag, we will not know for certain that the risk is very significant for another 10 years, perhaps, but I do not think that we should be waiting that long. There is enough there from the basic work that was been done years ago on sunlight and melanoma and also the fact that we know that, for under-30s, the risk is increased more than in the rest of the population to 1.75 anyway.

[202] So, there is great concern that in children who are exposed to sunbed use excessively there will be quite a huge increase in skin cancer risk. I do not think that we want to wait that long, because the benefits are not that great. We have to balance between possible huge increases in melanoma and other skin cancers against a very small benefit. I feel quite strongly about that. I think that we should protect our children's skin. Adults can do what they like, but I think that we should be looking after our children's skin.

[203] **Andrew R.T. Davies:** You are quite categorical on that. We have heard from the trade, if you like, that, with increased compliance with the EU guidelines and better tubes, for example, that argument might be historic and that we are moving forward to a better specification of product, shall we say. Does that not carry any weight at all?

[204] **Dr Roberts:** No, because why should we allow children to use sunbeds? What is the benefit for them? It is of absolute minimal cosmetic benefit to them and there are so many risks: burning, the fact that it is going to damage their skin in the long term, make them look older anyway in the long run, and the risk of skin cancer. So, what is the benefit? The benefit is minimal against what is already known to be a risk and may be a much greater risk than we know at this moment.

[205] **Peter Black:** You note that there are 1,800 deaths each year in the UK from cutaneous malignant melanoma. We understand that a study by Professor Brian Diffey suggested that there may be 100 deaths per year attributable to sunbed use, though this figure has been disputed by the Sunbed Association. In fact, just earlier on, we heard evidence to say that there is no credible link between sunbed use and skin cancer risk. Do you consider that sunbed use is a significant enough issue that it should be tackled rather than, say, focusing on outdoor tanning behaviour?

[206] **Dr Roberts:** We have tried, over many years, focusing on outdoor tanning by public education and so on. I think that it does have an effect, but you cannot control it. You can educate people and I think that people are aware now that sunburn is bad and people are much more careful with their children than I think they used to be. There is only so much you can do with public education. We all like being outdoors in summer. We all like a bit of sun and we are not going to stop people from doing that. There are benefits to it and there is no way that people will stay indoors over the summer. So, I think that we have probably reached the best level that we can by public education. If there is something else that we can target that will help, it would be of benefit. We can do something about sunbeds in a very straightforward way.

[207] **Peter Black:** What about the statement that we heard from Consol earlier on that small doses of UV would not actually lead to greater risk of cancer?

[208] **Dr Roberts:** Yes, I think that that is probably true. I think that a small amount of sunlight is fine.

[209] **Peter Black:** In terms of sunbeds as opposed to the outdoors.

[210] **Dr Roberts:** Sunbeds for adults, okay, but I think that, for children, we have to be much more careful, because we do not know how much is a small amount. In children with fair skin, or with moles—the more moles you have, the greater the risk—there are so many

variables. I think that it would be much safer for the population if children just did not use sunbeds.

[211] **Lorraine Barrett:** Can you define children? What age are you referring to?

[212] **Dr Roberts:** I am referring to under-18s.

[213] **Helen Mary Jones:** Gan droi at eich gwaith ar agweddau plant—y gwaith a wnaethoch yn y ddwy ysgol yng Nghastell-nedd ac Abertawe—yr oedd yn fy nychryn i glywed bod dros 80 y cant o'r plant yn gwybod am beryglon canser ond eu bod yn dal i ddefnyddio'r gwelyau haul. A oedd yr arolwg yn rhoi gwybodaeth i chi am lle oedd y plant yn defnyddio gwelyau haul? A oeddent yn eu defnyddio mewn cyfleusterau lle'r oedd staff, cyfleusterau heb staff ynteu yn eu cartrefi eu hunain?

Helen Mary Jones: Turning to your work on children's attitudes—the work that you undertook in the two schools in Neath and Swansea—it shocked me that more than 80 per cent of children were aware of the dangers of cancer but that they still used sunbeds. Did the survey give you information about where the children used the sunbeds? Did they use them in staffed salons, in unstaffed salons or at home?

[214] **Dr Roberts:** The majority of the children used unmanned sunbed salons, but there were quite a significant number of them—this shocked me as well—for whom it was part of the family weekend. The whole family, on a Saturday afternoon, would go down to the sunbed parlour. That was their treat. So, 14-year-olds and 16-year-olds and their families would spend the afternoon in the sunbed parlour. It was just absolutely amazing. I was absolutely shocked when I got those results back.

[215] **Helen Mary Jones:** I can see from the looks round the table that we are all a bit stunned by that.

[216] That brings me on to my next question, which is about parental attitudes. You had some parents who were treating this as a family outing, but was that general or were more of the children using sunbeds without permission?

[217] **Dr Roberts:** We did not ask that specifically, which is a pity, because I think that that would have been a good question to have asked. We did not ask whether they had permission to do it. The general attitude was that this was just something normal that we all do—I was going to say like going for a swim in the swimming pool, but perhaps they do not do that anymore. It was just something that they would normally do: go to the sunbed, go with family or go by themselves. It was not a big deal.

[218] They knew about the skin cancer risk, as you know. Of course, girls always know more than boys. Whenever we do these surveys, girls are much better at looking after their own health and have a much better knowledge of health. However, in this case, they are not looking after their own health, although they know more.

[219] **David Lloyd:** O ystyried bod 26 o draethau arbennig ar benrhyn Gŵyr, nid wyf yn deall sut y gallai unrhyw un ddewis treulio prynhawn Sadwrn dan do ar wely haul.

David Lloyd: Given that there are 26 excellent beaches on the Gower, I do not understand why anybody would want to spend Saturday afternoon on a sunbed.

[220] Ar gyfer y cofnod, a allwch chi egluro pam fod croen plant a phobl ifanc dan 18 mor sensitif i effeithiau'r haul neu effeithiau ymbelydredd UV, o'i gymharu â

For the record, could you explain why the skin of children and young people under the age of 18 is more vulnerable to the effects of the sun and UV radiation than adults?

chroen oedolion?

[221] **Dr Roberts:** We are not absolutely certain but, of course, children's skin is more delicate, it is more sensitive, it has not developed properly, and they are more likely to burn. Of course, if you start off early—we know that, with some skin cancers in particular, it is an accumulation of ultraviolet light—it gives a longer period of long-term exposure. The answer is that I do not really know exactly why children's skin is more sensitive.

[222] **Helen Mary Jones:** But do we know that it is?

[223] **Dr Roberts:** Yes.

[224] **Darren Millar:** On your comments about whole families going to the sunbed parlour, I think that we should ban certain people from being parents rather than some other things, perhaps.

[225] **Lorraine Barrett:** You suggested little or no benefit from UV exposure, and yet Consol, the company that we interviewed just before you, has reported on the work of Johan Moan. Are you aware of him?

[226] **Dr Roberts:** I am not aware of that name but I may know the work.

[227] **Lorraine Barrett:** He is an eminent photo-biologist and has done some work on this, apparently. Anyway, Consol says that he estimated that an increase in sun exposure, which might double the number of malignant melanomas, might save 10 times that number of people from suffering internal cancers and extend the lives of people suffering from cancer and other diseases. It does not quite make sense to me.

[228] **Dr Roberts:** That is quite interesting. I have mentioned this in my report; it is about vitamin D. There is some evidence that people who have low levels of vitamin D are at high risk of getting internal cancers. It is not a hard fact, and what he said is probably not taken as gospel, by any means. For instance, work that was done in the States showed that people who lived in the northern states—less sunshine—had higher risks of developing things like Parkinson's disease and prostate cancer and some other malignancies as well. So they extrapolated from that that this was due to less sun exposure and low vitamin D levels.

[229] Sunlight increases vitamin D and that is part of the reason why we feel better in the sun. A little bit of sun is fine, but you can get vitamin D easily in other ways—through diet, for example: it is easy to eat vitamin D, and you cannot eat too much of it. You cannot overdose on vitamin D. So, you could make an argument—I would not say in children—that elderly people in nursing homes who never go out should, perhaps, have a sunbed in the corner. If you are 80 years old, the risk of skin cancer in 20 years' time perhaps does not matter that much. Actually, you could just give them vitamin D supplements.

10.30 a.m.

[230] So, if people go outdoors normally, and children do play outside, they will get enough vitamin D. You need 10 to 15 minutes a day in our climate to get enough vitamin D to keep your levels up. You do not need huge amounts.

[231] **Peter Black:** I have a quick supplementary question to ask. In terms of the amount of vitamin D that you can get from a UV sunbed and that you can get from the sun, what is the comparison? Would you get much vitamin D from a sunbed?

[232] **Dr Roberts:** You would get more, because sunbeds are more powerful, in that short

time. I do not know exactly, but you may only need 10 minutes on a sunbed compared with 20 minutes outdoors. Work done in Boston—which is on the same latitude as us, more or less—showed that just 10 minutes' exposure, walking to and from the car, for instance, was enough to keep vitamin D levels up. So, what we should be doing is encouraging children to go outdoors to take part in some sports and then they will get their vitamin D.

[233] **Darren Millar:** I have a final question for you, if I may, Dr Roberts. In your paper, you make the recommendation that we should prohibit the use of sunbeds by people under the age of 18, but considering the discussions that we have had today and some of the other evidence that you may be aware that the committee has received, are there any other recommendations that you would like to make in terms of the regulation of sunbeds?

[234] **Dr Roberts:** There are quite a lot of regulations for sunbed use in the UK already, but they are not being followed—we know that. If there are to be sunbed parlours, they should be manned and there should be notices up warning people of risks. Those are the standard things that have been recommended before. I am very keen, as is the all-party parliamentary group on skin and lots of other people, that children should not be using sunbeds.

[235] **Darren Millar:** Thank you for the evidence that you have given us today. I am sorry that it has been a shorter time than we would have been able to allocate otherwise, but the clock has been against us. If there is any further evidence that you want to submit, please make it available to the clerk and we will circulate it to Members to add to our inquiry. Many thanks for your time.

10.34 a.m.

**Ymchwiliad i'r Defnydd o Welyau Haul a'u Rheoleiddio—Tystiolaeth gan y
Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol
Inquiry into the Use and Regulation of Sunbeds—Evidence from the Minister for
Health and Social Services**

[236] **Darren Millar:** I am delighted to welcome the Minister for Health and Social Services, Edwina Hart, to our meeting today, along with Christopher Brereton, the deputy chief environmental health officer, and Dr Tony Jewell, the Chief Medical Officer for Wales. We have received an evidence paper from the Minister, which has been circulated to Members, so with your permission we will go straight into questions on that paper.

[237] Before we start in earnest, Minister, you indicate in your paper that you support regulation of sunbeds and tanning salons in Wales, something that I think that the committee inquiry has been leading to. You also state that it has been a priority of yours, yet this is the first evidence that this committee has received that suggests that that might be the case. Do you think that you would have brought this paper and regulation forward had it not been for this committee inquiry?

[238] **The Minister for Health and Social Services (Edwina Hart):** Yes, I think that I would have done, because there has been a lot of campaigning going on about sunbeds. Siân James, the Member of Parliament for Swansea East, has been taking the lead in Parliament and we have also had various correspondence with the Department of Health. So, this would have eventually come forward. Of course, we have looked with interest at what our Scottish colleagues have been doing as well. Some of the incidents that we have read about in the press, particularly over the past few years, have indicated that something is going to have to be done.

[239] **Darren Millar:** Do you think that the timescale has been progressed more as a result

of some of the work of this committee and some of the recent news stories—some of the horror stories, really—on sunbed use?

[240] **Edwina Hart:** Yes, I do think that. I think that it is good that we have taken into account what has gone on and that the committee has decided to look at these issues. There is then a concerted effort, on all sides of the Assembly, including Government, to have the necessary legislation put in place.

[241] **Darren Millar:** Thank you, Minister. Many of the contributors to the inquiry have questioned the link between sunbed use and skin cancer. Do you consider that the evidence of a link between skin cancer and sunbed use is strong enough, or do you consider it necessary to do more work before we can legislate on this?

[242] **Edwina Hart:** We have undertaken a lot of campaigns about this over the years, and we have not, at the end of the day, stemmed the tide of people wanting to use sunbed salons. Of course, there is a substantial link between sunbed use and skin cancer, which is scientifically valid. I do not know whether the CMO wants to comment on that aspect.

[243] **Dr Jewell:** Thank you, Minister. Good morning. I think that you have just had evidence from one of our local dermatologists this morning, and you will later be hearing evidence from the BMA; I have seen its submission.

[244] **Darren Millar:** We just received its evidence, actually.

[245] **Dr Jewell:** So, from our point of view, we have seen a growing trend in malignant melanoma, as well as other skin cancers, over the past 20 to 30 years. Sunbeds are part of that picture, because we know that ultraviolet light damages the skin and increases the risk of skin cancers. This is an avoidable factor, so we want to prevent that risk and protect people, which is why we are focusing on younger people in particular, because there is increasing evidence that young people's exposure is particularly damaging. So, I think that the scientific evidence is mounting every day, and it is extremely strong.

[246] **Andrew R.T. Davies:** May I come in on that? I hear what you say, and in this committee room that sounds all well and good, but if I walk down Holton Road in Barry or visit the Theatre Royal in Barry, I would see a big billboard with a poster advertising Australian Bronze, with probably two of the most perfect bodies you could think of advertising the benefits of sun tanning. If there has been this concerted effort over time, why are we still in a position where such advertisements—which carry no health warning whatsoever—are perfectly acceptable in prominent places? We can talk all that we want in here about the medical evidence and the rest of it, but, frankly, those are the message that the 58,000 to 60,000 people who live in Barry are seeing.

[247] **Edwina Hart:** I think that we must look at the media and magazines and how people react in society to a lot of issues. It is very fashionable to have tanned skin and a lot of personalities have it, probably through sun tanning, although some, of course, just use bottle tans, which is another issue. That has had a direct impact on people, how they want to look and how they want themselves to be perceived. Fortunately, I think that having a tan is actually going to start to be seen as being a tad unfashionable—the white-skin look will be in in the future, which might help. You are talking about sunbed advertising, but you should note the difficulties that we have with alcohol advertising and issues like that. I think that what has come to the fore in recent times is that there has been a tendency to look like pop stars, with their beautiful skin and so on.

10.40 a.m.

[248] We have got to recognise that there is a generation that is taken in by that and wants to have that same type of image. It is also the body image issues that we have in relation to anorexia and eating disorders. It is a very complicated agenda. We have to start looking at the messages that we have given people about sunbathing, which have been quite important, and about the use of these studios. We are talking about a concerted effort. It is not like going on holiday for a week where you might go out in the sun and get burnt. Sometimes people do this two or three times a week, and for more than three minutes at a time. They go to a tanning studio that they can just walk into and they can be in for 15 minutes. There is also an issue about advertising. We have to recognise that this is a far more complicated issue than that, and the committee is taking the first steps towards identifying positive action that we can take to get the messages across.

[249] **Val Lloyd:** In your paper you say that you believe there is a causal link between increased sunbed use and the increase in skin cancer. That is something we have heard earlier today as well. Considering that the increased use of sunbeds has taken place over a time when there has been an increase in binge tanning and foreign holidays, to what extent do you consider that sunbeds is the issue that we need to address?

[250] **Edwina Hart:** The issue is UVR rays, and the BMA made that point earlier today. That is far more intense than going out and walking in the sun while on holiday, and I think that that is the issue for us. I do not know whether the CMO wants to come in on the medical side.

[251] **Dr Jewell:** If we are looking for the underlying cause of skin cancer then, clearly, sunbeds are not the only cause. As the Minister has pointed out, overseas holidays to the Mediterranean, where people sometimes go and are not smart in protecting their skin against the sun, is a factor. Sunburn is a sign that your skin has been damaged, so I do not think that anyone is saying that sunbeds are the only cause. What we are saying is that ultraviolet light is damaging, and sunbeds provide intense ultraviolet light, which is sometimes unregulated. As the Minister has said, people overdose on it in concentrated amounts, weekly, and over the year it mounts up. That is the concern at the moment. I do not think that anyone is saying it is just sunbeds, but sunbeds deliver ultraviolet light, which is the radiation that damages the skin.

[252] **Lorraine Barrett:** May I pick up on something that Dr Jewell has said? We had evidence from Consol Suncenter earlier today who said that they have an automatic cut-off on their machines after 16 minutes, which I thought was a long time. They said that they have particular tubes at a low level, and they change them regularly. The company's representative made the point that their sunbeds are safe—that is how I took her answer—because they are low-level tubes that comply with some European regulation or other. Does any of you want to say something about that?

[253] **Edwina Hart:** Christopher, can you help?

[254] **Mr Brereton:** I think that the company representative is referring to the recommendation that the power of the tube should not exceed 0.3 watts per metre squared. Going back to your first question on time and the 16-minute cut-off, there is nothing to stop someone who has had their 16 minutes walking from one booth to another and putting more coinage in, or leaving the premises and visiting another premises down the road. The only limit is whether you have access to transport and how much money you have.

[255] On the power of the tubes, there are recommended controls in relation to that tube and in relation to burning. As UV sunbeds emit low levels of UVB, which is associated with burning, people assume that they are safer and that they are less likely to burn using a sunbed. The problem is that in nature, UVB is about 10 per cent of solar radiation and UVA is 90 per

cent, and when you burn it is nature's way of telling you that you have overdosed on radiation. You cannot assume, just because sunbeds emit low levels of UVB, that the UVA element which you are still getting is not causing you a problem.

[256] **Darren Millar:** Do you think that 16 minutes is acceptable for someone to be exposed to a sunbed?

[257] **Mr Brereton:** Personally, no. It would depend on many factors, including skin type, previous history of tanning, and your family characteristics in relation to susceptibility for cancer. There are so many variables and that is why you need informed consent and people telling you what your skin type is and what their considered opinion is—a trained opinion on how long you should spend on that bed.

[258] **Helen Mary Jones:** Thank you. In your evidence, Minister, you state that the Welsh Government supports the SunSmart campaign. The industry has argued that there are positive health benefits relating to sun exposure, and it has also said—and I must say that I find this assertion extraordinary but I need to put it on the record—that the SunSmart campaign might be causing more cancer and disease than it is preventing. How would you and your advisers respond to that view?

[259] **Edwina Hart:** This is a campaign that is managed by Cancer Research UK across the four nations of the UK. It raises public awareness of skin cancer and the need to adopt some protective behaviour. It is very important to get these messages across about suntan cream for adults and children and so on, so I am taken aback by those comments. I do not know whether the CMO wants to comment from a public health perspective.

[260] **Dr Jewell:** Thank you, Minister. I cannot see any angle to support what the industry has said. SunSmart is all about us advising people—children and adults—about a safe approach to the sun, and that includes wearing hats as well as using sunscreens, as the Minister points out. If the vitamin D question was in their minds, that is not related to any cancers and you can get vitamin D in a diet. I do not think any of us are saying that people should not walk outside in the sun. SunSmart is all about a safe approach to the sun.

[261] **Darren Millar:** Cancer Research UK said that a contribution was made by the Assembly Government to the cost of the SunSmart campaign. What contribution was made by the Assembly Government?

[262] **Edwina Hart:** I do not know whether you have the figures to hand, Tony.

[263] **Dr Jewell:** Yes, thank you, Minister. We have details which we can provide to the committee, but we have been funding this campaign annually since 2003-04. It varies each year depending on the campaign that it is proposing, but the amount varies from £8,600, being the lowest, to £20,000, being the highest.

[264] **Darren Millar:** It is a very small amount, is it not, to publicise—

[265] **Dr Jewell:** Yes, but this is a UK-wide campaign, so we are chipping in, as it were, across the UK.

[266] **Darren Millar:** Thank you for that. Do you have anything further, Helen Mary? I see that you do not.

[267] **Andrew R.T. Davies:** Thank you for your paper. In it, you indicate that you are looking to change the age limit from 16 to 18. Why is it your contention that 18 is the desirable age and not 16, given that there are all sorts of parameters around electoral reform,

for example? There is a very strong argument about changing the voting age to 16, and we heard earlier today that you can fight for your country at 16 years of age, so what has informed your opinion that 18 should be the cut-off age?

[268] **Edwina Hart:** The enforcement agencies advise us that the age cut-off of 18 is well understood by regulators, and that it is easier to ascertain in practice than the age cut-off of 16—that is the advice that I have been given at this stage. If you receive evidence to the contrary, I will obviously consider it when the committee reports.

[269] **Andrew R.T. Davies:** You close your paper by saying that you consider this work to be a high priority. In the timetabling of the Welsh Assembly Government's priorities, and in particular your department's priorities, where do you see this sitting in another 12 to 18 months or 2 years' time? When will we see the action coming through?

[270] **Edwina Hart:** The lawyer responsible for dealing with this matter is sitting over there, so it is a high priority.

[271] **Andrew R.T. Davies:** Will we see action in the short term?

[272] **Edwina Hart:** I will take great interest in what the committee asks me, and in the report of the committee because that might give me some guidance about my direction of travel. I will be in a better position to act quickly and respond to that question when the committee reports and when I respond to the committee.

[273] **David Lloyd:** On the recommendations and policy objectives, I note that your paper refers to the Health and Safety Executive guidance, and also to the Committee on Medical Aspects of Radiation in the Environment report. Do you subscribe fully to the recommendations made by both the HSE and COMARE and do you consider that your policy objectives do or will fully reflect those previous recommendations?

[274] **Edwina Hart:** Yes, we do, because they are the expert advisers in the field and I think that our policy objectives will satisfy the main thrust of the recommendations. There are options for licensing or registration of salons, but I believe that our proposal has the right balance, and at this stage this is the right direction of travel for us. Obviously, if you gather evidence that suggests that we have to go a bit further, that is something that I will consider.

10.50 a.m.

[275] **David Lloyd:** Are there any areas of the HSE reports or COMARE recommendations that the Welsh Government would wish to go beyond?

[276] **Edwina Hart:** I do not think so at this stage, but I will be advised on that. Are there any areas that you think we would like to look at further?

[277] **Mr Brereton:** I sat on the group that revised the industrial guidance of the Health and Safety Executive in 2009 on the Minister's behalf, and it became clear that—and I think the committee had already taken evidence about this from Julie Barratt from CIEH—that the Health and Safety at Work etc Act 1974 is a blunt instrument. It is an instrument that was designed primarily for the safety of employees, not for members of the public using those facilities, and the law was quite constraining in what you could include in that guidance note. As part of the consultation, lots of feedback was received indicating that the enforcement agencies wanted to go beyond what the Health and Safety at Work etc Act would allow. That is why we then moved on to look at COMARE in relation to evidence and other legislative options.

[278] **Darren Millar:** Earlier, we received evidence from Dr Dafydd Roberts who suggested that the enforcement regime for existing regulations had been very poor and that there was a need for greater enforcement of existing regulation of sunbeds. Is that something you would like to comment on?

[279] **Mr Brereton:** Yes. The problem in Wales at the moment is that we have only the Health and Safety at Work etc Act which, as I have said and described, is primarily aimed at employees, not members of the public affected by those sunbeds. In London and some other metropolitan bodies you have local legislation made under the London and Local Authorities Act 2007, for example, which enables you to licence special treatments, and that includes sunbeds. So the level of control varies across the country. At the moment in Wales all we have is the Health and Safety at Work etc Act. It is a low priority because if you take, for example, unattended sunbed parlours, people do not work there, so in terms of enforcement priorities for local authorities, they are at the bottom.

[280] **Peter Black:** Do you think that the approach in Scotland provides a good blueprint for Wales in relation to the regulation of the sunbed industry?

[281] **Edwina Hart:** Yes, we do. We have been looking at what has been happening in Scotland and the enforcement agencies are very supportive of the approach that has been taken there.

[282] **Peter Black:** The Scottish regulations come into force on 1 November this year, but you say in your paper that they do not contain powers to close down a sunbed salon. Do you consider that there are weaknesses in the Scottish approach that you would like to see better addressed in legislation in Wales?

[283] **Edwina Hart:** We were discussing before we came in the fact that the Scots did not take that course of action because they felt that it was an area that was unsafe anyway. There was a dilemma, was there not?

[284] **Mr Brereton:** There is an issue because COMARE recommends licensing and registration, and if you look at the Scottish legislation, they have shied away from the licensing aspect. That is not to say they cannot do it in Scotland because under the Civic Government (Scotland) Act 1982 I understand that local authorities can introduce licensing schemes should they wish to do so. However, there was this efficacy issue, if you like, of whether you should license something that is potentially harmful and, therefore, give it credibility, although in the same breath you could say that licensing says that something is harmful and needs to be controlled. So, there is a debate. Licensing and registration would provide a notification of where these sunbed outlets are and how many there are, and that way we can determine risk more thoroughly.

[285] **Peter Black:** So are you looking at licensing issues?

[286] **Mr Brereton:** We are not dismissing any options.

[287] **Peter Black:** Of course, we license people to sell alcohol, for example.

[288] **Edwina Hart:** That is the key comparator when you look at some of the issues. They must have had an interesting discussion in Scotland about these issues and about this particular balance, but I do not think you can rule out licensing.

[289] **Peter Black:** On the route that you need to take to introduce this legislation, presumably we will need a legislative competence Order—is that correct? I am not clear on this. Do we have powers that we can use already?

[290] **Edwina Hart:** It is a difficult question to answer in committee today because we are still pursuing advice with lawyers and I would like to put that on the backburner until I have taken further legal advice, and answer it when I respond to the committee's report. Pursuing an LCO would probably be the most time-consuming option, so I would like to look at the legislative options that might be available in that context. You will be aware that I have been pestering the UK Government on some of the issues around legislation and I will continue to do so. That is something that, with your permission, Chair, I will return to when I respond to the committee's report when we have taken further advice.

[291] **Peter Black:** The UK Government is looking at legislation as well, and we might be able to piggyback on that.

[292] **Edwina Hart:** That is one of the options that lawyers will be looking at.

[293] **Darren Millar:** Although the evidence has suggested that the UK legislation may not go as far as this committee would want, we heard in previous evidence, and we have received advice, that the London boroughs have a special treatments licensing arrangement and that there are similar arrangements in place in Birmingham and Nottingham, but by Act of Parliament in order to provide them with those powers. It will be interesting to look at the legislative route that might need to be taken.

[294] **Ann Jones:** My question has been answered, Chair. I just welcome the Minister's paper and the fact that now you are looking at making some legislation as we have heard that the legislation is weak regarding local authorities. My question is answered, thank you.

[295] **Darren Millar:** Minister, there have been some stories even as recently as this week about local authorities deriving significant income from sunbeds on their own premises. In Wrexham, for example, I think that the sum was £86,000 per annum. In the Vale of Glamorgan, the local authority there has recently stripped out sunbeds from its premises. What discussions have you had with your colleague the Minister for Social Justice and Local Government about the issuing of guidance to local authorities on sunbeds in public buildings?

[296] **Edwina Hart:** As yet I have had no discussions with my colleague responsible for local government at ministerial level about issuing guidance to local government. Do you want to come in on this?

[297] **Mr Brereton:** We first wrote to local authorities in Wales in 2003, drawing their attention to the fact that, at the time, the National Radiological Protection Board had issued guidance linking sunbeds with cancer and, as a result, local authorities started removing them from their leisure centres. Over the past few years, and following the recent announcements by the Vale of Glamorgan and the Wrexham Council that they have removed sunbeds from their premises, it has now come down to just one local authority.

[298] **Darren Millar:** So is it just one local authority that still has them as far as you are aware?

[299] **Mr Brereton:** Yes, and during my liaison visits—

[300] **Darren Millar:** Which local authority is that?

[301] **Mr Brereton:** Flintshire. During local authority liaison visits, which I undertake to all local authorities in Wales, it is one of the questions we ask them at every visit.

[302] **Lorraine Barrett:** My questions on the legislative options have been covered, Chair,

but can I make a point, as Ann Jones did earlier, about language and make a suggestion for when the committee comes up with its report? I would like to thank the Minister for the paper where it describes the unsupervised salons, which are the ones that give us the greatest cause for concern. Instead of even messing around with ‘unmanned’ and then ‘staffed’—‘unstaffed’ does not sound right—I like ‘unsupervised’ and I wonder whether we could use the same language throughout our report when we put it together. Obviously, we have a verbatim report of what has been said today, but if we can officially use ‘unsupervised’, that is a much nicer term and says what it is.

[303] **Darren Millar:** I am sure that the clerk has taken those comments on board and that Members will be happy to accept that. Minister, in closing, you have outlined some of the areas that you would look to regulate. Is skin type one of the areas that you have considered? We have heard evidence that suggests that certain skin types are more prone to burning and to longer-term negative impacts of tanning. Is that something that you could consider legislating on?

[304] **Mr Brereton:** That is not currently included in the recommendations, but other countries have done that.

[305] **Darren Millar:** Australia, for example.

[306] **Mr Brereton:** It would also require some judgment on skin types when people walk in through the door. It would come back to the question of supervision—‘supervised’ meaning having some expert knowledge and opinion and being able to give that at the time.

[307] **Edwina Hart:** It goes into another area altogether.

[308] **Mr Brereton:** The current revision of the IDG209 includes a poster on skin types, describing the type of skin types and trying to get people with skin types 1 and 2 not to use sunbeds.

[309] **Darren Millar:** Is that sufficient in order to get the message across about certain skin types? We have talked about unsupervised salons, and if regulation is brought in that means that there has to be some supervision, you can get face-to-face advice before you use a salon. We have also heard that there are technologies out there; Consol Suncenter ironically suggested that technologies are available that can determine someone’s skin type before they use their beds. Is that something that you might consider?

11.00 a.m.

[310] **Edwina Hart:** CMO, do you want to come in?

[311] **Dr Jewell:** Thank you, Minister. I think that this is a diversion. Can you imagine trying to regulate this? It reminds me of South Africa and apartheid, and the difficulty you have in defining things. To even consider that would be very difficult. If you ask whether black African people get melanoma, then the answer is that they do not, by and large, but in terms of our population, just saying that someone at the door will try to put people into different categories is a diversion from the objective.

[312] **Darren Millar:** With respect, Mr Jewell, this is about protection of the public and we have heard strong evidence that certain people with different types of skin are more likely to suffer negative results as a result of sunbed use. Given that there is a regulation on skin types in other countries, I do not think that this committee has ever considered that we would be like South Africa if we were trying to safeguard people’s health.

[313] **Dr Jewell:** We are trying to protect people's health here, and if we complicate the matter in that way, it would make it more difficult.

[314] **Edwina Hart:** There is a technical point, if you want any help on the technology.

[315] **Darren Millar:** Yes, thank you.

[316] **Mr Brereton:** Can I just respond on that issue? You mentioned Consol Suncenter talking about the technology they use to judge skin types. I believe you put your arm in the device and it looks at the lower level of the arm. I have met with Consol before, on the Minister's behalf, to discuss what they do, and it struck me then that unless that piece of machinery is interlocked to the sunbed, you can just walk past it, and with the self-determined operation of sunbeds that is what happens—people walk past it. We have to get the health messages across in another way.

[317] **Darren Millar:** Thank you for that. Are there any further questions from Members of the committee? If there are not, I thank the Minister, Christopher Brereton and Tony Jewell for their attendance at the committee today. We appreciate your evidence and the response you have given us in the paper. Thank you very much indeed.

[318] **Edwina Hart:** Thank you very much, Chair. When is the committee likely to report?

[319] **Darren Millar:** The committee report will be published as soon as is practicably possible. We will discuss the possible recommendations on 21 October, so it is likely that we will issue a report some time in November.

[320] **Edwina Hart:** Thank you.

[321] **Darren Millar:** That brings us to the end of our meeting. I remind Members that our next meeting will be in two weeks' time. There is no meeting next week, but visits to a stroke unit will be taking place next week and I would encourage as many Members as possible to attend. Thank you.

*Daeth y cyfarfod i ben am 11.02 a.m.
The meeting ended at 11.02 a.m.*