The Regulation of Sunbed Parlours Bill

Summary of responses

General

In total, **54 parties responded** to the consultation. Overall responses to the proposed Bill were positive with 77% offering strong support, 17% offering support with some reservations and only two respondents stating explicitly that they did not support regulation of sunbed use. The following chart shows the level of support visually.

![Level of Support Chart]

The 54 respondents were made up of the following individuals and organisations:

- 21 local Councils
- 13 health organisations and cancer charities
- 10 health professionals
- 4 individuals from NHS boards
- 3 trade and business associations
- 1 membership organisation
- 1 business
- 1 individual

Most respondents answered the questions in the format suggested in the consultation document and provided interesting information, some of which has added to existing knowledge in this area.
Key Issues

The key issues arising from the consultation and responses are as follows:

1. Positive effects of proposed regulation

*Reduction in skin cancer and long-term savings to the NHS*

Respondents thought that one of the benefits of regulation would be long-term savings to the NHS as a result of a decrease in skin cancer rates and other tanning-related illnesses.

*Awareness of risk and informed choice*

Respondents felt it was important to increase awareness of risks among the public, sunbed users and salon operators, and consequently enable users to make informed choices about sunbed use.

*Preventing underage use and overexposure*

Respondents thought that preventing underage use, regulating use of sunbeds by young people, and eliminating uncontrolled, coin-operated and unstaffed salons would be highly beneficial.

*Changing users’ risk perceptions*

The majority of respondents thought that regulations would alter users’ perceptions in a positive way, i.e. users would be made aware that there are health implications associated with sunbed use, and the myth that Ultra Violet Radiation (UVR) from sunbeds is safer than natural sunlight would be dispelled. Many respondents thought it was important to combine the introduction of a new regulatory scheme with targeted public health campaigns to ensure the general public’s and users’ risk perceptions were adequately changed.

*Ensuring consistency across Scotland and thus potentially reducing health inequalities*

The importance of having consistency across Scotland and thus helping to equalise health risks was a theme that was repeatedly noted in respondents’ replies to the consultation.

2. Negative effects of regulation
A minority of respondents questioned whether regulations would be impossible to enforce in reality – respondents worried that regulating sunbed salons would induce customers to hire or buy their own sunbeds for use at home, that users may visit several salons to escape record-keeping of session numbers, or that ‘backstreet’ salons without licences would crop up. A selection of respondents posited that regulations would increase costs for local authorities, salons and consumers.

3. Evidence of risk

Respondents generally thought that the consultation document provided a good overview of evidence regarding the risks of sunbed use. A plethora of anecdotal remarks in support of sunbed regulation were provided, as were the summaries of several reports and surveys. A selection of evidence not supporting the link between sunbed use and melanoma was also brought to light by two respondents. Three respondents called for a more balanced review of the evidence, including research which does not support the link between sunbed use and melanoma.

4. Regulatory body

The vast majority of respondents thought Environmental Health Officers would be best placed to regulate sunbed salons, and that there should be little or no flexibility to ensure consistency across Scotland.

Responses

This analysis will address each question from the consultation document and conclude with a brief overview of responses.

Question 1

What do you consider would be the benefits from regulation of cosmetic sunbed premises? What do you consider, if any, would be the drawbacks?

43 respondents provided specific information in response to this question. Responses to this question were generally very positive: the majority of respondents felt that regulation of cosmetic sunbed premises would carry more benefits than drawbacks.

Benefits:

The main benefits suggested by respondents were:

- **Increased awareness of risks among users, the general public and sunbed salon staff.** This was thought of as a benefit by 50% of respondents.
- **Enabling users to make informed decisions about sunbed use, based on the mandatory provision of health risk information.** A third of respondents
thought this was important. Dr Harry Moseley, Head of Scientific Services at NHS Tayside, wrote, 'it is important that the public have sufficient information to make an informed choice'.

- **Regulating to prevent underage use of sunbeds.** 15 respondents agreed this was valuable. Tom Divers, the Chief Executive for Greater Glasgow and Clyde NHS Board said, 'It would seem reasonable that any regulation should increase the minimum age of users to 18 years and above (in keeping with advice from the World Health Organisation)...Young people in pursuit of fashionably tanned skin need to be protected from harm until they are in a position to make informed judgements for themselves.' In accordance with this idea, Dr Girish Gupta, Consultant Dermatologist at NHS Lanarkshire stated, 'I fully agree with you that sunbed usage in children should be banned'.

- **Eliminating uncontrolled, coin-operated and unstaffed salons.** Thirteen respondents thought this would be beneficial and an additional three respondents agreed it was important to ensure staffing of salons.

- **Enabling local authorities to assess and manage salons with strict controls, to carry out inspections and to issue punitive fines.** This benefit was mentioned by 11 respondents.

- **Improving the health and safety standards in all salons, to provide a safer service for those wanting to use sunbeds and ensuring a consistency of service throughout Scotland.** This point was argued by 12 respondents.

- **Introducing greater control over users’ exposure levels and protecting users from over-exposure through record-keeping.** This was thought of as a benefit by 11 respondents.

- **Eventual reduction of skin cancer rates and savings to the NHS and associated agencies.** 7 respondents saw this as a possible benefit.

Miscellaneous comments from respondents indicated strong support for the Bill. For example, the Royal College of Nursing stated, 'We believe...the [case for] regulation is very strong and can’t envisage any drawbacks from a health perspective. South Lanarkshire Council thought that, 'increased regulation in the form of a licensing regime would be beneficial with regards to level of compliance, therefore there would be increased protection for service users'. The Sunbed Association (TSA) said they ‘would support a regulation for tanning salons providing it introduced controls that are practical and effective…and would prefer to see a national regulation rather than a regional regulation.’

Professor James Ferguson, Consultant Dermatologist at Ninewells hospital, Dundee, said, 'currently in our tumour clinics we see a steady flow of younger patients with pre-malignant and malignant skin cancers. They themselves comment on the role that their heavy sunbed use has played. We often note that the areas of sunlight damage are occurring on body sites not normally exposed to natural sunlight. Too often we hear the statement "if only I'd known the risks I was running". When you couple this lack of awareness with the calculations showing sunbeds to be responsible for an estimated 100 melanoma deaths in the UK annually, our current
lack of tanning parlour controls, including provision of at risk information, is woefully inadequate”

**Drawbacks:**

Only 43% of respondents noted any drawbacks to the proposed Bill in answer to question 1.

The two main potential *drawbacks* suggested by respondents were:

- That regulation may *induce customers to hire or buy their own sunbeds* for personal, unlimited and unsupervised use at home.
- That regulation may have *resource implications* for enforcing authorities and salon operators.

Additional drawbacks highlighted by respondents were:

*An increase in backstreet salons*

Two respondents, Dumfries and Galloway NHS Board, and Peter Murchie, a Cancer Research UK training fellow in primary care oncology, suggested that there may be an increase *in use of rogue or backstreet salons* that do not pay to licence but offer cheap services.

*Difficulties in controlling number/duration of users’ sessions*

Nine respondents suggested that it *may be difficult to enforce the number and length of users’ sessions.*

Consul Suncenter thought that regulations would not prevent over-exposure, saying, ‘if customers are determined to over-expose their skin, they will simply visit a different sunbed salon, spend too long in the sunshine, or hire (unregulated) sunbeds for use at home.’

Dumfries and Galloway NHS Board questioned who would determine the number of sessions that users should be limited to per year, and whether having a poster on the walls of salons stating the current HSE guidelines would be sufficient. *They also questioned whether, in reality, the regulations would be impossible to enforce.*

Kate Morris, a nurse practitioner at Norfolk and Norwich City Hospital thought that sunbed users may *register with a number of salons* in order to escape record-keeping and thus would not actually reduce their overall number of sessions.

The Federation of Small Businesses (FSB) thought that placing the responsibility of monitoring customer records on the business is unlikely to have ‘the desired
outcome’ saying, ‘there is surely nothing to stop the customer exceeding this by using different salons.’

West Lothian Council said, ‘although there are no obvious drawbacks to the proposals, it is difficult to see how sunbed use would be reduced for those individuals who use tanning facilities to excess. Many premises already operate to a high standard and restrict the amount of time customers can use their facilities. In many cases these individuals will use more than one premise in order to meet their needs.’

Peter Murchie, a Cancer Research UK training fellow in Primary care oncology, said that ‘detractors from this bill could also argue that legally restricting sessions is nannyism, especially when any safe limits will be purely arbitrary.’

CLIC Sargent posed the idea that if users are limited in their use of sunbeds, they **may instead spend more time in natural sunlight**, where the risk of burning can be greater.

*Regression is not necessary*

The FSB purported that the latest evidence from the Royal Environmental Health Institute of Scotland (REHIS) indicates that there has not been any significant growth in the number of salons and that parlours are concentrated in a few local authorities. The FSB offered support for prohibiting unstaffed, coin-operated premises, but said that preventing underage use ‘is clearly harder to regulate’. Given the costs of a potential licensing scheme, the FSB said they were ‘not convinced’ that a licensing scheme is needed at this point and ‘would also like to see more detail about why the current local authority schemes under the Civic Government Act are unsuitable’.

Consul Suncenter called for resources to be invested in ‘educating the consumer’ rather than in regulation, saying that ‘regulating companies like ours…will affect our ability to provide consistent standards of maintenance, investment in technology and information and will not prevent over-exposure to UV light for those consumers determined to get a tan.’

**Question 2**

*Is there any additional evidence of the risks, or otherwise, that you can provide?*

A number of respondents commended the considerable body of evidence contained in the consultation paper, and said that they had nothing more to add. 27 respondents offered additional evidence in response to this question. The following is a summary of relevant additional evidence provided, both academic and anecdotal. The majority of evidence given is in support of the consultation paper’s argument.
Evidence in support of the risks associated with sunbed use

Research/ surveys

Falkirk Council said that a recent survey in the district ‘found evidence of sharps/needles being found’. Additionally, the Council said that the survey also brought to light ‘operator experiences of faeces, semen and urine.’

Professor Rona MacKie of the University of Glasgow wrote, ‘the evidence that sunbed use in the West of Scotland is a risk factor for melanoma is strong’, saying the link was first reported in a 1988 BMJ article\(^1\) and restated in a 1989 paper in The Lancet\(^2\).

Dr Carol Davidson, Director of Public Health at NHS Ayrshire and Arran, cited a number of studies in support of the consultation paper’s argument. Of note, Dr Davidson mentioned that REHIS has updated the 2003 survey cited in the consultation document. The 2006 survey found that there had been a 2% increase in the number of salons operating since 2003; a 6% increase in complaints related to skin burning, poor standards of cleanliness and people being trapped in equipment, and that 5% of salons are still unstaffed. REHIS also highlighted that the survey only covers salons that Environmental Health Officers are aware of, and that there may be a significant number that they are unaware of.

Cancer Research UK highlighted a recent Opinion on the risks associated with sunbed use developed by The Scientific Committee on Consumer Products (SCCP) at the Directorate General SANCO of the European Commission\(^3\), explaining that the Opinion was drafted based on ‘existing evidence highlighting that use of artificial tanning devices is likely to increase the risk of malignant melanoma and possibly ocular melanoma.’

Dr Alison Spaul, Director of the Health Department, Chief Scientist’s office at the Scottish Executive, cited two studies in support of the consultation paper: one whose findings suggested that a significant number of primary school children may be using tanning devices either in the home or on commercial premises\(^4\), and another,\(^5\) which explored compliance with international recommendations in an unregulated setting, and found that few sunbed salons operating in Australia were compliant with more than 10 of the 13 international regulations on sunbed use. This study suggested that new legislation may be useful, as would other harm minimisation strategies such as mandatory staff training and taxation.

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**Additional evidence**

Fife Council and Convention of Scottish Local Authorities (COSLA) suggested that employees use sunbeds as a ‘perk of the job’ without suitable knowledge of the risks.

Aberdeen City Council said the area had seen an increase in ‘both the provision and popularity of sunbeds.’

East Renfrewshire Council said, ‘we have had occasion to investigate cases of children receiving burns after sunbed use,’ and East Ayrshire Council said that anecdotal evidence suggested that children do have access to the unmanned variety of sunbeds.

The Dermatology Council stated that ‘all dermatologists can provide anecdotal evidence of the effects of sunbed abuse in children and young people.’

REHIS said that ‘recent surveys carried out by the Institute and its member local authorities would indicate that public health impacts also include unsanitary premises, equipment that was not adequately cleaned…’ and that ‘some premises offer a variety of services, for example tattooing/skin piercing, where there were cross-contamination risks from blood, urine, faeces.’

Skin Cancer Scotland said that ‘Professor James Ferguson at Ninewells Hospital in Dundee will be happy to provide evidence of the risk of sunbed use in the form of the significant number of acute and chronic sunbed injuries he and his colleagues have seen and he will also be able to give information about people who have died following psolaren and UVA burns’.

The Moray Council said that in there had been ‘a progressive increase in the number of patients diagnosed with skin cancer. In 2003, there were 117.7 new male non melanoma cases and 66.1 new female melanoma cases.’ The Moray Council did not give a reference for this information.

*Evidence against the risks associated with sunbed use*

*Research/ surveys*

John Smyth, Professor of Medical Oncology at University of Edinburgh Cancer Research Centre said, ‘I am aware of publications that challenge the direct link between sunbed exposure and melanoma, and believe that this should be offered as an intelligent caution in terms of overall exposure of skin to UV light, i.e. regulation of sunbed use as part of the general warning about overexposure to UV.’
Peter Murchie, a Cancer Research UK training fellow in primary care oncology, thought that ‘the consultation cites literature in a selective manner. There is little mention of studies that would not support the Bill nor is there a balanced mention of the potential health benefits of UV light. Such omissions are likely to be addressed by the Bill’s detractors. I think these need to be argued away.’ Professor Murchie recommended the Autier paper\(^6\), for this purpose.

The Scottish Executive cited several case-controlled studies\(^7-9\), which found no association between sunbed use and melanoma risk. However, researchers from all three studies suggested there may have been recall and selection bias among participants, and that the full impact of sunbed exposure may not become apparent for many years.

Consul Suncenter quoted a study\(^10\) which suggested that the increase in the diagnosis of skin cancer in Scotland was largely due to increased diagnostic screening and not an increase in the incidence of the disease. Consul also said that, ‘out of 22 most recent international studies, 18 found no association between sunbed use and skin cancer and the remainder were not conclusive.’

(In their references section, Consul provided a table showing names, dates, countries and a very brief summary of results for each of these 22 studies, but did not give specific references for the studies themselves).

**Additional evidence**

TSA made the point that the causes of the increase in skin cancer are not obvious, purporting that ‘...the definitive role of UV radiation concerning melanoma development remains unproven. The complexity of possible reasons for skin cancer and the influence of different exposure patterns to the skin cancer risk make the inference that cosmetic tanning is responsible extremely doubtful’. TSA said that an increase in the number of salons ‘doesn’t represent any proof since user behaviour and the popularity of sunbed use must be taken into account.’ TSA went on to say, ‘there is no proven link between the responsible use of sunbeds and skin cancer…it is essential that due consideration should be given to people’s outdoor exposure habits if there is to be any positive impact on skin cancer prevention.’

**Question 3**


How would licensing of salons help to change users’ perceptions of the risks involved?

43 respondents provided information in relation to this question. The majority of respondents thought that licensing of salons would change users’ perceptions in a positive way.

**Users will be more aware of the risks involved**

The majority of respondents thought that regulations would change users perceptions of the risks involved. Respondents thought that by imposing mandatory health warnings, risk assessments and limiting the number of sessions a user is allowed to have, users would be made aware that there are health risks associated with sunbed use.

Falkirk Council posited that the introduction of regulations ‘would immediately give the perception of a hazardous activity, or at least one which required a degree of control…the lack of regulation may be seen to imply a safe product.’

Four respondents thought that regulation of salons would dispel the myth that sunbeds are not harmful, and that sunbed UVR is safer than natural sunlight. NHS Education for Scotland thought that regulations would ‘inject a sense of risk management into sunbed usage’. Cancer Research UK said that ‘anecdotal evidence suggests that many sunbed users assume that sunbed rays are ‘safe’ and have had all of the dangerous rays ‘taken out’. The charity believed that licensing would send a clear signal that there are health implications associated with sunbed use.

**Users will perceive sunbeds to be a safe activity**

Six respondents suggested that with regulations in place some users may think that it is safe to use sunbeds. West Lothian Council said, ‘licensing may give the impression that the use of sunbeds is ‘safer’ as a result of using a licensed salon. Otherwise I do not think it will change users’ perceptions at all.’ North Lanarkshire thought that ‘the presence of a licensing regime may give an indication to users that there is a danger involved in sunbed use which requires to be regulated.’ However, they also pointed out that ‘the possibility that licensing a sunbed parlour may give it increased legitimacy and therefore may increase use, should also be considered.’

**Users’ perceptions of risks will not be changed**

Five respondents felt that perceptions of sunbed users would not be changed: the FSB said, ‘we are not convinced that the licensing of salons will affect the perceptions of the people using such premises’. The Law Society of Scotland thought that a licensing scheme would not affect user perceptions, but that ‘a consumer education programme would’. East Ayrshire Council said, ‘it is unlikely that
perceptions of risks would change with the introduction of licensing. However, formal licensing may give the user the peace of mind that formal regulation of the premises is controlling the nature and type of premises, equipment and management.’ Glasgow City Council thought that ‘perceptions would only be changed if people on the premises were prepared (and knowledgeable) to give advice to prevent repeated continuous usage of sunbeds but considering they would be operating a commercial business this would be unlikely to happen.’ Additionally, CLIC Sargent questioned how exactly a regulatory scheme would ensure salons and staff could play a positive role in increasing awareness of risks, and suggested that greater clarity in the proposals is needed to specify this.

Question 3b

What other methods could be used to affect perceptions?

Public health campaign

53% of respondents thought that an effective way of changing user perceptions of risk would be through a targeted health campaign, coordinated by a number of relevant agencies, to raise awareness and understanding of the risks involved with sunbed use.

Three respondents thought that a health campaign should link sunbed and natural UVR as both pose a health risk and that a campaign should focus on dispelling the myth that sunbeds are less harmful than natural UVR. REHIS said that any health campaign should focus on trying to change attitudes; being fair-skinned can be just as attractive as being tanned. East Renfrewshire Council had the same opinion, saying that more needs to be done to alter the perception that a tan is a sign of good health and a desirable look. COSLA suggested that it would be helpful if the fashion industry were persuaded to assist with altering the perception that a tan is attractive. Dr Drew Walker, Director of Public Health for NHS Tayside, thought that early aging should be emphasised as the campaign would be targeting people who are, for the most part, trying to improve the look of their skin. Skin Care Campaign Scotland, COSLA and North Lanarkshire Council all highlighted the importance of providing health information as early as possible, suggesting that public health education should begin in Primary or Secondary schools.

Consul Suncenter highlighted opposition to a proposed regulatory scheme but stated strong support for action to ‘educate consumers’, saying, ‘we strongly recommend that funds are not channelled into costly regulation but into education programmes in Scotland as regulation will not prevent customers’ over-use of sunbeds…the greatest change in perceptions of the risks and benefits associated with UV light would be achieved by education. We would very much like to support an education programme as an alternative to regulation.’
Question 4

If cosmetic sunbed premises were to be regulated, what body or bodies would be best place to do so?

*Environmental Health Officers*

36 respondents answered this question. **92% of these respondents suggested that Environmental Health Officers from Local Authorities would be best placed to regulate sunbed salons**, as they are already responsible for health and safety provisions within these premises, and have a wealth of knowledge and experience of regulating and engaging with the business community. COSLA said that Environmental Health Officers were best placed to regulate sunbed salons, saying, ‘…they have a proven track record in introducing new public health driven legislation (smoking ban, butcher licensing, HMO licensing, tattoo and body piercing licensing)…[they] also hold the information on locations, management etc as they enforce health and safety legislation in regard to these premises.’ The Melanoma Support Group suggested that responsibility for regulation should fall within the remit of ‘the appropriate body of Scottish Central Government’, and two respondents thought that the Health and Safety Executive should be responsible for regulating sunbed salons.

Question 4b

**What degree of flexibility should a regulator have?**

15 respondents directly responded to this question.

- 7 respondents thought that no flexibility should be allowed to ensure consistency of enforcement across all local authorities. The FSB did not specify a degree of flexibility, but did mention that if a regulatory scheme were to be introduced, they would ‘favour consistent regulation across Scotland.’
- 7 respondents thought that there should be a standard set of licensing conditions with limited opportunity for local authorities to add additional conditions if they wish.

Question 5

**How should the costs on the enforcing body be covered?**

40 respondents answered this question.

*Salon owners*
6 respondents said the costs accrued by the enforcing body should be covered by **salon operators**, not specifying means of payment. 75% of respondents specifically said the costs should be covered by the **licence fee**. One respondent, Sheena Dryden, a clinical nurse specialist from NHS Lothian suggested costs should be covered by owners of salons as part of an extra insurance levy.

The FSB proposed that ‘if a licensing scheme, enforced by local authorities, were to be introduced, it would presumably be funded in the same way as existing licenses, i.e. fees charged on a **cost-recovery basis**’.

**Concern over costs**

**Several respondents expressed concern over potential costs.** TSA said, ‘if any fee is levied against the granting of a licence, account should be taken of the volume of business associated with sunbed provision and should be based on a scale depending on the number of sunbeds available’. Consul Suncenter purported that, ‘tanning businesses would need to invest significantly in on-going monitoring and training which will be **commercially prohibitive** for an industry where levels of staff turnover are very high.’

**Two respondents suggested that costs should be covered with additional funding from the Scottish Executive:** East Ayrshire Council said, ‘the costs of a licence fee must be reasonable and manageable to the business involved – most of which would be classed as small…it is therefore essential that the initiative is funded partially by the license fee bolstered by a grant from the Executive.’ Dundee City Council argued that the successful implementation of the smoking ban in Scotland was made possible by additional funding from the Scottish Executive, and that the opportunity exists to do the same with sunbed salons.

**Question 6**

**What costs and savings do you think will arise as a consequence of this proposal?**

41 respondents answered this question.

**Costs**

**Cost to local authorities**

67% of respondents thought that there would be costs to local authorities for **setting up the regulations and carrying out inspections**. CLIC Sargent and the Dermatology Council both posited that these costs would be covered by salons’ licence fees (as stated by a large proportion of respondents in reply to question 5).
COSLA said, ‘the costs should decrease for local authorities after the initial licensing lead-in enforcement.’

Cost to salons

14 respondents thought that there would be increased costs to salons in terms of licence fees and staff training costs. Perth and Kinross Council, the Dermatology Council and the FSB posited that some salons would close down as a result of these costs. The FSB suggested the development of a ‘Regulatory Impact Assessment’ to outline the potential costs of the proposals. As discussed in question 5, Consul also thought costs to salons would be ‘commercially prohibitive’.

Cost to consumers

6 respondents thought that costs to consumers may increase due to salons driving up their prices to cover their increased overheads. Skin Care Campaign Scotland and Macmillan Cancer Support both thought that this would be a beneficial outcome if increased usage costs acted as a deterrent and fewer people used sunbeds.

Savings

Long-term saving to the NHS

70% of respondents posited that there would be significant, predominantly long-term, savings to the NHS, as a result of a reduction in skin cancer rates and a decrease in benign lesions and other tanning-associated illnesses. Cancer Research UK argued that the saving to the NHS would be significant, saying, ‘in regards to the demand on NHS services, skin complaints comprise 10-25% of general practice workload’¹¹. It is estimated that skin cancer accounts for 30% of a consultant dermatologist’s workload and one third of all plastic surgery on the NHS¹². Although the costs of skin cancer are not available for Scotland, a recent report revealed the total cost of skin cancer in England to be in excess of £190million in 2002, of which 37% (£71million) was borne by the NHS¹³. It has been estimated that 63% of the total cost of skin cancer was due to malignant melanoma¹⁴.

Social saving

¹³ Morris, S., Cox, B., and Bosanquet, N., Cost of Skin Cancer in England Report, Imperial College London, 2005
¹⁴ Morris, S., Cox, B., and Bosanquet, N., Cost of Skin Cancer in England Report, Imperial College London, 2005
The ‘social’ saving of fewer people being affected by skin cancer was also seen as important.

Reduction in work for Environmental Health Officers

Two respondents, Aberdeenshire Council and Perth and Kinross Council, thought that the work of Environmental Health Officers would be minimised as most complaints would be covered by the licensing scheme.

No savings

Eight respondents simply did not mention any savings in their answers to question 6, and three respondents specifically pointed out that they thought there would be no savings. Renfrewshire Council and Stirling Council said there would be ‘no obvious savings’. Professor John Smyth, Professor of Medical Oncology at University of Edinburgh Cancer Research Centre, said that ‘it is unlikely that this regulation would have such a significant influence on the total development of skin cancer that it would prevent significant charges to the NHS…our treatments for melanoma are so poor at the present time, there is not a great deal of money expended!’

Question 7

Can you suggest any equal opportunity impacts that you envisage arising from this proposal, either positive or negative?

28 respondents answered this question. Of those, 18 respondents thought that no equal opportunity issues would arise from the introduction of a regulatory scheme. 10 respondents thought that there would be equal opportunity issues – of these, 6 respondents only suggested positive outcomes.

Positive impacts

The Melanoma Support Group said, ‘the health divide is often quoted when comparing cancer incidences. It is obvious that these salons target poorer areas. Making operation more difficult and costly will hopefully prevent their proliferation. This will help equalise the health risks.’ In line with this, Dr Carol Davidson, Director of Public Health at NHS Ayrshire and Arran, thought that regulations would enhance the quality of service of salons for all customers and ensure minimum health and safety requirements for all socio-economic groups. Correspondingly, REHIS thought that regulations would ensure consistent standards across Scotland. REHIS also argued that a regulatory system would ‘promote the right of an individual to use a sunbed safely and be provided with information about potential risks and supervision’.
East Lothian Council and COSLA both thought that a regulatory scheme would establish an equal ‘playing field’ in relation to other cosmetic beauty operations, for example skin piercing.

Aberdeen City Council thought that the mainly female, part-time, temporary employees of salons may benefit from having to obtain a minimum qualification, and that ‘better regulated premises frequently make better employers.’

NHS Greater Glasgow and Clyde thought that ‘well-run parlours that take these issues seriously and offer a ‘safer’ sunbed establishment will be favoured, offered a licence and stay in business, and that those who are unwilling or unable to meet the licence requirements would be forced to stop trading.’

**Negative impacts**

The Sunbed Association said that smaller salons may not be able to afford a licence, and called for account to be taken of an establishment’s level of sunbed provision when deciding on licensing costs.

Fife Council and COSLA both suggested that there may be some literacy problems with some individuals and thought that translations may be required for non English speaking/reading customers and staff.

East Dunbartonshire Council mentioned that a small number of people with skin problems that can be helped by exposure to UV sessions could be negatively affected if local sunbed salons had to cease trading.

**Conclusion**

The vast majority of respondents gave their support for the proposed Bill, with just two respondents, the FSB and Consul Suncenter, saying that they did not support the Bill. The FSB said that although they supported the abolition of coin-operated and unstaffed salons, they did not see the need for regulation at the present time and Consul Suncenter said they were in favour of ‘consumer education’ rather than regulation.

Benefits of the proposals highlighted by respondents included reducing the number of deaths from skin cancer, increased awareness, prevention of under-age use, changing users’ perception of risk, reducing health inequalities, long term savings to the NHS, “social savings”, and consistency in application.

A few respondents called for greater clarity in the draft proposals of how exactly the regulations would be enforced, and others called for a more balanced review of the evidence of risks associated with sunbed use. Overall, however, respondents were pleased to have the opportunity to comment on the consultation document as they
felt it was an important subject for review, and in essence, 94% of respondents supported the introduction of a proposed regulatory scheme for sunbed salons.
**APPENDIX**

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<th>RESPONDENT</th>
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<td><strong>LOCAL COUNCILS (21)</strong></td>
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<td>East Ayrshire Council</td>
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<td>Dermatology Council</td>
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</tr>
<tr>
<td>Macmillan Cancer Support</td>
<td>Strong</td>
</tr>
<tr>
<td>Dr David Brewster, Director Scottish Cancer Registry</td>
<td>Strong</td>
</tr>
<tr>
<td>Health Protection Agency</td>
<td>Strong</td>
</tr>
<tr>
<td>Royal College of Nursing</td>
<td>Strong</td>
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<tr>
<td>CLIC Sargent</td>
<td>Strong</td>
</tr>
<tr>
<td>NHS Education for Scotland</td>
<td>Strong</td>
</tr>
<tr>
<td>Dr Harry Moseley, Head of Scientific Services, NHS Tayside</td>
<td>Strong</td>
</tr>
<tr>
<td>Cancer Research UK</td>
<td>Strong</td>
</tr>
<tr>
<td>Royal Environmental Health Institute Scotland</td>
<td>Strong</td>
</tr>
<tr>
<td>Skin Care Campaign Scotland</td>
<td>Strong</td>
</tr>
<tr>
<td>Dr Alison Spaull, Director, Health Department, Scottish Executive</td>
<td>No comment</td>
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<tr>
<td>Melanoma Support Group</td>
<td>Support with reservations</td>
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**HEALTH PROFESSIONALS (10)**
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor James Ferguson, Photobiology Unit, Ninewells Hospital, Dundee</td>
<td>Strong</td>
<td></td>
</tr>
<tr>
<td>Val Doherty, Consultant Dermatologist, The Royal Infirmary of Edinburgh</td>
<td>Strong</td>
<td></td>
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<tr>
<td>Judith Morgan, Health Promotion, NHS Forth Valley</td>
<td>Strong</td>
<td></td>
</tr>
<tr>
<td>Sheena Dryden, Clinical Nurse Specialist, NHS Lothian</td>
<td>Strong</td>
<td></td>
</tr>
<tr>
<td>Dr Girish Gupta, Consultant Dermatologist, NHS Lanarkshire</td>
<td>Strong</td>
<td></td>
</tr>
<tr>
<td>Kate Morris, Nurse Practitioner, Norfolk and Norwich University hospital</td>
<td>Strong</td>
<td></td>
</tr>
<tr>
<td>Professor Rona MacKie, University of Glasgow</td>
<td>Strong</td>
<td></td>
</tr>
<tr>
<td>John Norris, Consultant Dermatologist, NHS Dumfries and Galloway</td>
<td>Strong</td>
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</tr>
<tr>
<td>Peter Murchie, Cancer Research UK training fellow in Primary care oncology</td>
<td>Support with reservations</td>
<td></td>
</tr>
<tr>
<td>John Smyth, Professor of Medical Oncology, University of Edinburgh Cancer Research Centre</td>
<td>Support with reservations</td>
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**INDIVIDUALS FROM NHS BOARDS (4)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Support</th>
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</thead>
<tbody>
<tr>
<td>Tom Divers, Chief Executive NHS Greater Glasgow and Clyde</td>
<td>Strong</td>
<td></td>
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<tr>
<td>Dr Carol Davidson, Director of Public Health, NHS Argyshire and Arran</td>
<td>Strong</td>
<td></td>
</tr>
<tr>
<td>Dr Drew Walker, Director of Public Health, NHS Tayside</td>
<td>Strong</td>
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</tr>
<tr>
<td>Dumfries and Galloway NHS Board</td>
<td>Support with reservations</td>
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**TRADE AND BUSINESS ASSOCIATIONS (3)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Support</th>
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</thead>
<tbody>
<tr>
<td>Michael Clancy, The Law Society of Scotland</td>
<td>Strong</td>
<td></td>
</tr>
<tr>
<td>The Sunbed Association</td>
<td>Support with reservations</td>
<td></td>
</tr>
<tr>
<td>Federation of Small Businesses</td>
<td>Against</td>
<td></td>
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</table>

**MEMBERSHIP ORGANISATIONS (1)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Support</th>
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</thead>
<tbody>
<tr>
<td>Convention of Scottish Local Authorities</td>
<td>Strong</td>
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**INDIVIDUALS (1)**
<table>
<thead>
<tr>
<th>Maurice Halliday</th>
<th>Support with reservations</th>
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</thead>
<tbody>
<tr>
<td><strong>BUSINESSES (1)</strong></td>
<td></td>
</tr>
<tr>
<td>Consul Suncenter</td>
<td>Against</td>
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</tbody>
</table>