

THE EUROPEAN SUNLIGHT ASSOCIATION BELIEVES BIASED REPORTING IS DEMONISING SUNSHINE AND CONTRIBUTING TO REDUCED LEVELS OF VITAMIN D ACROSS EUROPE. GARY LIPMAN TELLS PEN MORE

On the bright side

Avoid too much Sun, especially for children. Use Sun protection. Do not use sunbeds.' This is the seventh recommendation of the most recent European Code Against Cancer, a 12-step guide to reducing your cancer risk. It's a position which builds on a large body of scientific evidence suggesting that exposure to UV light, although not without its beneficial effects – among them Vitamin D production – increases your likelihood of developing skin cancer, a condition which affects between two and three million people each year.

But according to the European Sunlight Association (ESA), it's also a position which magnifies the risks, ignores the benefits and demonises sunlight at the expense of Vitamin D. The ESA is thus concerned that this biased reporting, mirrored by the media, is contributing to a Vitamin D deficiency across the continent.

The ESA was set up in 2002 as an umbrella association to promote the benefits of sunbed use and provide balanced information on the risks and benefits of UV light. Widely recognised as the voice of the European indoor tanning industry, the association today represents most manufacturers and distributors of indoor tanning equipment in addition to some 20,000 indoor tanning facilities both inside and outside of the EU.

Here, ESA spokesman Gary Lipman speaks to PEN about the importance of Vitamin D, the imbalance in discussions around UV exposure and sunbed use, and why it was surprised by a European Commission committee's preliminary opinion on the biological effects of UV radiation.

A recent study in the *American Journal of Clinical Nutrition* concluded that 'Vitamin D deficiency is evident throughout the European population at prevalence rates that are concerning and that require action from a public health perspective'.¹ Why is Vitamin D so important to our health and wellbeing?

Vitamin D is actually a hormone – as opposed to a vitamin – which helps the body protect itself, i.e. it supports the immune system. Recent research shows that Vitamin D plays a very important role in helping to prevent and treat a number of long-term health problems such as some cancers, diabetes, obesity and also heart disease.



Gary Lipman

To give you a concrete example: Australia ran something called the SunSmart campaign a few years ago, which was a massive publicity drive to encourage people to wear a high Sun protection factor (SPF) and keep out of the Sun. That was necessary for two reasons: the depletion of the ozone layer over the country, which is fortunately now correcting itself, and Australia's subtropical climate. As a result, osteoporosis (brittle bones) and osteomalacia (soft bones) have recently become more common in Australians in their thirties, whereas, many years earlier, they were both traditionally considered diseases of the elderly, i.e. people over 60 or 70. When people with osteomalacia/osteoporosis have been examined, they've been found to have a chronic deficiency of Vitamin D – they followed the health advice, but in doing so they made themselves less healthy.

What action would you recommend is taken from a public health perspective to address this problem?

Popular advice recommends that you put on sunscreen before you leave the house. That advice should be amended to say: go outside for five or six minutes, make sure you don't burn, and then apply sunscreen. (This is the case, at least, for the vast majority of the European population who have skin that can take sunshine without burning.) Sunscreen blocks sunshine, which means your skin cannot synthesise Vitamin D.

Some people argue that this can be offset by taking Vitamin D supplements, which usually come from sheepskin. But while they obviously have a place in some people's dietary intake, these supplements contain Vitamin D2, and the body needs Vitamin D3. Whatever is synthesised naturally by the body is stored by the body; anything that's taken as a supplement is not natural to the body and is not stored. Vitamin D supplements and other Vitamin D-rich foods, for example fatty fish or eggs, are



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therefore not as efficient as the body producing its own Vitamin D from sunshine.

You don't actually need to spend a lot of time in the Sun to begin synthesising Vitamin D. Say you have an MED (minimal erythema dosage) of 20 minutes – that means it will take about 20 minutes of being in the Sun before you start to feel that tingling sensation of burning and just five or six minutes before your body begins to synthesise Vitamin D. (The same holds true for a sunbed, which produces Vitamin D of exactly the same quality/properties as the Sun itself – there is no such thing as artificial UV; the body cannot tell what is natural light and what isn't.)

The expression 'there's no such thing as a healthy tan' is therefore abject nonsense – a tan is not a sign of Sun damage; burning is. Sunscreen was actually originally designed to protect against burning. When the Sun's heat hits our skin, our body brings to the surface melanin, which happens to be brown, to absorb the heat and disperse it throughout the body. Tanning is therefore a byproduct of that process; it's a natural reaction to sunshine which shows that the body is doing its job. It's burning that we want to avoid, and burning that needs to be warned against – the conversation needs to be changed.

This 'unbalanced negative reporting on the effects of sunlight' is something the European Sunlight Association has commented on in the past – can you expand on this, and what do you believe may be fuelling that bias?

The last 30-40 years have witnessed the demonisation of sunshine, which has caused a reduction in people's Vitamin D levels. Look in any consumer magazine and you will see a skincare company promoting a moisturiser that includes a high SPF or a beauty editor or journalist warning you to keep out of the Sun. Very little is written about the positive effects of Vitamin D or sunshine itself.

This is a particular problem in the UK, where newspapers will be giving away a free holiday to a Sun-drenched location on the one page and, two pages later, be warning you about the dangers of spending time in the Sun. In countries such as the Netherlands, this kind of reporting doesn't exist. There, authorities,



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industry and the media all seem to say the same thing: enjoy the Sun, enjoy a sunbed, just don't burn.

In the UK, however, the National Institute for Health and Care Excellence (NICE) recently published a study on sunshine entitled 'Sunlight exposure: risks and benefits'.² I was one of the participants on that committee and helped to write the report, which was quite substantial and full of lots of facts and information. But the press sadly diluted it down to about three lines and singled out only the most extreme comments.

This biased reporting misses the bigger picture. None of us want to talk about or encourage burning or going red, but the advice we are given always seems to come in these extremes. The discussion goes immediately to the worst case scenarios of prolonged UV exposure. That's not what we want; we want a sensible level of UV exposure. And in fact, in 2010 Cancer Research UK, the British Association of Dermatologists, the National Heart Forum and Diabetes UK, among others, published a consensus statement saying exactly the same – that some UV exposure can be beneficial to health, but overexposure is not.³

Our argument is that there needs to be a more balanced debate about sunshine in general as opposed to burning in particular. I'd say that, in the UK, the NHS, the Department of Health and a number of advisory bodies are fully aware that more balanced information about UV exposure and Vitamin D needs to be available.



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The Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) is in the process of updating the previous European Commission opinion on professional sunbed use from 2006 – something the ESA has helped to facilitate. What are your thoughts on the committee’s preliminary opinion that ‘the small potentially beneficial effects of sunbed use are more than outweighed by the many severe adverse effects? There is no need to use sunbeds to induce Vitamin D. On the contrary, UV overexposure may even reduce the Vitamin D level’?⁴

For many years the output of a sunbed was limited to 0.6 watts per square metre. That was updated in 2006, when the European Commission, the ESA and a number of other stakeholders agreed to limit exposure to 0.3w/m² in Europe, this being equivalent to Mediterranean sunshine. In 2006, European sunbed manufacturers therefore adjusted their products to comply with the new standard.

It was SCENIHR’s job to look at the last ten years to see whether that opinion still holds true and if any new scientific or health information has come out that should cause them to change their opinion. The ESA wasn’t concerned about this at all, because in the last decade most, if not all, of the research has demonstrated the advantages of UV exposure as opposed to the adverse effects.

We were therefore quite surprised when we saw the draft opinion, and we have made our feelings very well-known that what the committee has done is literally deleted any health benefits and concentrated on the chronic cases of overexposure and selectively highlighted its adverse effects. We’ve made it quite clear that the report was misleading, biased and wholly unacceptable not only to the industry but to the essence of science itself. That might sound ridiculous, but the generally accepted principles of ethics and medical research require that results are collated and presented in an objective and impartial manner. This has not been the case for this draft summary report: for example, we sent 143 peer-reviewed scientific reports to the committee, and they used only 11 of them, purely focusing on the negative effects. We are very concerned about this biased approach, which ESA made clear at a

public hearing in April in Luxembourg on the scientific basis of the opinion. We sincerely hope SCENIHR will take our comments into account, not only because the future of an entire industry is at stake but also for the sake of its own credibility.

In what other ways does the ESA contribute to research and legislation with regard the risks/benefits of UV exposure and Vitamin D intake?

First of all, we actively engage with policy makers, operators and the medical profession in Europe. We assemble scientific evidence to facilitate reports such as those mentioned, participate in public consultations and work with local authorities across the continent to try and redress the balance of all the misinformation they receive.

We also define and implement the operating standards for sunbed services on the continent. To give you an example: late last year, a European standard came out – for the first time – on sunbed operator training, which was a joint effort of the ESA and EU regulators. Now that such a training standard exists, every country in Europe will be obligated to operate to the same high standard.

Being effectively an umbrella association for the European sunbed industry, the ESA also acts in an advisory and educational capacity. We conduct training amongst our members and even non-members from non-EU countries, and make sure everyone has the information they need to provide the safest and most professional service possible to customers.

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