



February 24, 2010

Federal Trade Commission

RE: Proposed Consent Agreement in the matter of the Indoor Tanning Association; FTC File No. 0823159

To Whom It May Concern,

The Dermatology Nurses' Association is a non-profit, professional nursing organization, committed to sharing knowledge and expertise in regards to dermatologic issues. Our organization feels strongly that indoor tanning increases one's risk of skin cancer. Representatives of our Advocacy and Health Policy Committee have testified before state legislatures supporting this belief.

We have all witnessed advertisements that tout indoor tanning as a safe alternative to sun exposure. Many advertisements indicate that indoor tanning eliminates sunburns despite studies that show the contrary. We are very concerned about children and their exposure to excessive amounts of UV rays via indoor tanning.

A study by Hamlet and Kennedy published in the Journal of Public Health in 2004 found that 48 per cent of children surveyed expressed a desire to use a tanning bed and 7 per cent had actually used one in the last 6 months. In addition, 30% admitted that they had suffered sore skin or sore eyes after indoor tanning. This combined with the finding by Strouse, reported in the in the Journal of Clinical Oncology in 2005, indicating that melanoma in children had increased by 3% annually between 1979 and 2001 is alarming.

The Dermatology Nurses Association has implemented a SunAWARE campaign to teach our patients and the community about proper sun protection and skin cancer detection. We are very concerned about the false advertisements and claims made by indoor tanning industry because we know that children tend to believe what they read. We recognize that there is an unrelenting epidemic of skin cancer and a population of all ages seeking a tan. We realize that we must work together in order to combat this social norm contributing to rising skin cancer rates and loss of life. With one American dying every hour from skin cancer we must dispute false advertisements about unsafe health practices.

We applaud the Federal Trade Commissions' efforts to hold the indoor tanning industry accountable for their claims. The growing body of science clearly indicates that there is no safety in indoor tanning. Thank you for this opportunity to make this public statement.

DERMATOLOGY NURSES' ASSOCIATION

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Attached for your reference are the DNA's Position Statement on Indoor Tanning, and an article I co-authored regarding teen perceptions of sun tanning, tips to educate them, the role of parents in assuring their teen's sun safety.

Sincerely,

Maryellen Maguire-Eisen RN, MSN
DNA Board Member
On behalf of the Board of Directors

TITLE:

Position Statement on Indoor Tanning

INTRODUCTION/PROBLEM STATEMENT:

The use of indoor tanning and artificial light devices is on the increase, especially among teens and young adults. There is now a known carcinogenic effect on humans related to the use of indoor tanning and other non-medical uses of artificial light. The DNA recognizes the urgent need to educate the public on these health risks causally linked to the use of indoor tanning devices and promotes an FDA ban on the manufacture, sale, and use of non-medical tanning equipment. Strict enforcement of current legislation involving the sale and use of indoor tanning equipment is required. Therefore, the Dermatology Nurses' Association (DNA) promotes the ban of indoor tanning and other non-medical uses of artificial light.

RATIONALE AND SUPPORTING INFORMATION:

Indoor tanning lamps, including the use of non-medical artificial light sources such as sun lamps, that deliver ultraviolet radiation (UVR) are **causally** linked to multiple health hazards including skin and eye cancer risks. The immediate effects of exposure to artificial UVR through indoor tanning beds may include skin burns, gastrointestinal upset, photosensitivity, adverse reactions to prescribed or OTC medications, onset of photo-induced diseases such as polymorphous light eruption or pseudoporphyria, and worsening of existing photo-sensitive conditions such as rosacea, systemic lupus erythematosus, and polymorphous light eruption. The chronic effects of indoor tanning and non-medical artificial UVR include an increased risk for precancerous actinic keratoses and skin cancers including basal and squamous cell carcinoma and melanoma.

DNA POSITION AND RECOMMENDATIONS:

The DNA recognizes the significant public health risks directly related to indoor tanning exposure and recommends the following:

- * extensive public health education on the known carcinogenic effects and other associated health risks of artificial UVR and indoor tanning
- * partnering with government, industry, agencies such as the CDC and AAD, other medical professionals, and schools to accomplish educational goals
- * an FDA ban of all non-medical uses for artificial UVR including the cosmetic use of indoor tanning beds
- * adequate funding to comply with strict enforcement of current indoor tanning guidelines and routine inspection of all indoor tanning equipment
- * prohibit use by minors under the age of 18

- * prominent display of warning signs listing the carcinogenic and health risks related to the use of indoor tanning beds
- * signed statement by each client that explicitly describes the health risks of indoor tanning
- * provision of sanitary eye protection for each client using indoor tanning facilities
- * adequate training of all tanning device owners/operators that includes health risks of indoor tanning devices, safe operation and maintenance of equipment, recognition of UVR overexposure and emergency conditions, and first aid/emergency care for burns and UVR-related health injury i.e., disease exacerbations
- * establish method to limit exposure time and alert client to end of tanning session
- * prohibit public messages or advertisements promoting the “safety” of indoor tanning

REFERENCES:

American Academy of Dermatology (AAD)
National Toxicology Program, National Institute of Environmental Health,
National Institute of Health, Report on Carcinogens (10th Edition)
National Center for Environmental Health of the Centers for Disease Control
and Prevention (NCEH/CDC)
International Agency for Research on Cancer Monographs on the Evaluation of
Carcinogenic Risks to Humans, Vol 55, Solar and Ultraviolet Radiation,
1992, Lyon, France

Initial Development Date: February, 2003

Developing Authors: Sue McCann, Mary Fraser, Maryellen Maguire-Eisen

Reviewed/Revised:



**Educating
Teens and
Parents in Effective**

Sun Safety

Understanding a teenager's perception of a tan and photoprotection will aid you in sun safety education.

Two experts share how they reach their teenage patients and how they get parents involved.

*By Maryellen Maguire-Eisen, RN &
Marie-France Demierre, MD
Boston*

In the United States, an estimated 1.3 million Americans were diagnosed with skin cancer in 2004, representing more than half of all cancers in the US.¹ There is no evidence that this epidemic is slowing. Sun exposure and ultraviolet (UV) radiation are responsible for 90 percent of all skin cancers and 65 percent of melanomas worldwide.² Sunscreen remains the most widely used form of sun protection. However, only an estimated one-third of US teens and adults routinely use sunscreens despite their known efficacy in reducing sunburns, decreasing rates of squamous cell cancer and actinic keratoses in adults, and preventing new moles in children.^{3,5} A recent survey conducted in 2002 by the American Academy of Dermatology found that 81 percent of Americans agreed that they looked better after being out in the sun, and half of respondents reported tanning in the past year.⁶

Of additional concern is the growing popularity of indoor tanning, with approximately one million visits to tanning parlors each day. Indoor tanning is common among teenagers, with 36.8 percent of white female adolescents (often those with fair skin who are at the greatest risk for skin cancer) and 11.2 percent of white males visiting indoor tanning parlors at least once in their lives.⁷ In one community, the lifetime prevalence of tanning bed use among female teenagers was 51 percent.⁸

As dermatologists, we recognize we have an unrelenting epidemic in skin cancer, less-than-ideal sunscreen use, and people of all ages seeking the “tan.” We can’t help but wonder at times whether educating teenagers on the risks of prolonged sun exposure or indoor tanning is making a difference. If it does, how do we effectively educate our teenage patients? If not, what *can* we do?

Impact of Sun Protection Information

Over the past decade, health officials have advised the public to avoid midday sun, wear sun protective clothing, use a broad-spectrum sunscreen with a minimum SPF of 15, and abstain from indoor tanning. Health organizations have also disseminated a considerable amount of information on the dangers of prolonged sun exposure and sunburns to the public; and the American Academy of Dermatology, the American Cancer Society, the American Pediatric Association, and the Centers for Disease Control have issued several policy statements on sun protection.⁹⁻¹² Sadly, despite these multiple recommendations by health officials, inadequate sun protection has continued, resulting in a high incidence of sunburn among children.¹³

Furthermore, among youth, those who knew someone with skin cancer or had received daily messages of sun protection were found to be at greater risk for sunburn than those who did not.¹⁴ In other reports, knowledge that sunlight caused sunburns and skin cancer did not positively influence teenagers’ sun protection practices.⁹ Studies then postulated an association between high-risk behavior and lack of sun protection

among teenagers, and not surprisingly, they found there are negative associations of smoking, alcohol, and marijuana use with sunscreen use among US adolescents.¹⁵⁻¹⁶ Thus, intentional tanning appears to align with other health-risk behaviors.

Among adults, national surveys suggest that despite decades of comprehensive sun protection programs, sun burning rates actually increased among adults surveyed in 1986 and 1996.⁹ Researchers have shown that comprehensive sun protection begins to decline at a much earlier age than previously reported. Despite tailored sun protection education, in the first summer of life, 22 percent of children received a sunburn or tan as compared with 54 percent during the second summer ($P < .001$).¹⁷ Thus, to date, studies have not been able to prove that knowledge of the health risks associated with sunburn positively influences sun protective behaviors, in children, teenagers, or adults.

Dangers of Indoor Tanning

The popularity of indoor tanning represents a major health risk. Many teenagers use indoor tanning to get a base tan prior to going on a holiday or will go to an indoor tanning parlor in addition to going to the beach. Indoor tanning has many health risks, including severe skin or corneal burns, cataract formation, skin infections, photoaging, exacerbation of photosensitive disorders, and skin cancer. Melanomas and non-melanomas (basal cell carcinomas and squamous cell carcinomas) are the most serious of these after-effects. While older studies did not convincingly show a link, recent studies have demonstrated positive associations between indoor tanning and melanoma.¹⁸ Regular use by women, regardless of age, was associated with a statistically-significant increase in risk of melanoma (after adjustment for sun sensitivity).¹⁹ Another study indicated a greater risk of melanoma with sun-bed use for young subjects (< 45 years of age) with fair skin.²⁰ Previous studies have also shown an association between indoor tanning and nonmelanomas skin cancers.²¹

Despite these risks, the popularity of indoor tanning continues to increase. Would knowledge of the risks of indoor tanning impact practice? Among adolescents, a large study indicated that those who currently use indoor tanning facilities and those likely to use them were less knowledgeable about skin cancer risks.²² On the other hand, among college students, awareness of the risks of tanning lamps did not influence behavior.²³

Why Teens Tan: More than Image

The “tan” is still “in.” A national survey has indicated that there is a significant association between outdoor sunbathing and indoor tanning.⁷ Tanning is a socially determined behavior. In two national surveys of US adolescents, the probability of tanning indoors was much higher among adolescents whose friends¹³ or parents²⁴ also tanned. Social relationships also influ-

enced the likelihood of sunbathing among adolescents.²⁵⁻²⁶ Friends, parents, and social norms are all important for encouraging adolescent sunscreen use²⁷ or intention to protect oneself from the sun.²⁸ It is clear that the perception of being surrounded by friends and adults who tan and believing that the behavior is “okay” as per parents promotes tanning.

The question also arises of whether tanning is addictive. Anecdotal reports have suggested that some adolescents may be “addicted” to indoor tanning.²⁹ The large Minnesota Massachusetts Indoor Tanning study (MMITS) found that tanners at risk of continuing tanning indoors were much more likely to report difficulty giving up indoor tanning compared with low-risk tanners.²²

Besides the social benefits of tanning, what other factors motivate teens to tan? In addition to appearance,³⁰⁻³¹ one of the most common reasons for tanning indoors is relaxation.^{30,32-33}

Global UV Index & Appropriate Sun Precautions

1-2.....	Low				
3-5.....	Moderate				
6-7.....	High				
8-10.....	Very High				
11+.....	Extreme				

Ways Parents Can Help



Find out About Your Teenager’s Friends. First, keep in close touch with your teenager. Who are his/her peers and with whom is he or she “hanging out”? Does this peer group engage in risky behaviors: smoking, drinking, tanning/burning, etc.? Do these friends regularly use tanning salons? Try to stay in close contact with your teenager. Don’t back off just because of separation behavior. They need you more than ever to give them strong health messages. Peers have been shown to be critically important in influencing a teenager’s behavior. Get to know your teenager’s friends and provide a positive influence for them, too.

Dispel Vitamin D Myths. Tell your teenager that while the sun has health benefits, such as promoting vitamin D formation, individuals do not need to tan to get vitamin D. Most people will get adequate vitamin D levels with typical daily activities (e.g. walking to school). Adequate vitamin D levels can be achieved in the spring and summer by incidental sun exposure to the face, arms, and hands. Exposure time of as little as five minutes of sunlight most spring and summer days is adequate for vitamin D metabolism.

Provide Positive Examples. Give the example of how to best protect oneself from the sun. Inform your teenager of the usefulness of the UV index (above). Teach your children that UV intensity is highest in the spring and summer and between the hours of 10 a.m. and 4 p.m. Instruct them

to limit prolonged sun exposure during these times and to be particularly careful with reflective surfaces (sand, water, snow, etc.). Emphasize use of hats to protect the face, sun-glasses to protect the eyes, and tightly woven clothing to protect the skin. Use adequate amounts of sunscreen with a minimum SPF of 15 on the skin that is not covered by clothing.

Offer Tanning Alternatives. Your teenager will probably still want to have a tan nevertheless. Inform him/her of the alternatives: the cosmetically acceptable self-tanning lotions. This is a tan without the risks associated with UV exposure. Self-tanning lotions are safe to use. The spray-on tans will give a color as good as that of tanning beds, without the risks of photodamage. However, the color alone will NOT protect from sunburn. Emphasize the use of a sunscreen SPF 15 or greater before going outside, which should be reapplied every 2 hours when outside.

Encourage Healthy Relaxation. Relaxation is very important for teenagers. Discuss with your teenager hobbies that will help him or her to relax. Teenagers often lead a stressful life with demands from school, peers, and sports. Recommend alternatives to indoor tanning (e.g. whirlpool baths, massages) that will help with relaxation. Give your teenager a membership or coupon to a health club or salon. Physical activity will also promote health and relaxation. Offer to go to the gym with your teenager.

Stay Connected. Ultimately, staying connected to your teenager and interested in his or her life is incredibly important at this stage of development. This may provide the only way to identify problems or issues that your teenager is confronted with during these years. Separation is the developmental work of adolescents, and parents are responsible for providing direction during this period. Help your teenager to make good choices.

Relaxation could be more important in older teens in that among college students, the pleasure of relaxing on a tanning bed was one of the most common reasons given in a survey.²³ Overall, in teenagers, appearance appears to remain most relevant, with appearance-related motives known to represent strong psychosocial indicators of intentional sun exposure.^{26,34} Since appearance-related behaviors are associated with both positive (e.g. exercise) and negative behaviors (e.g. dieting, smoking), researchers have suggested that presenting alternatives that promote healthy appearance (e.g. physical activity, good nutrition) may be helpful.⁷ Presenting these and other alternatives is particularly important since both sunbathing and indoor tanning appear to align with other health-risk behaviors.

The question, however, remains: Can informing teenagers of the dangers of tanning make a difference? Possibly. To date, results from the MMITS indicated that teenagers who believed that tanning beds were safe were more likely to be current users.²² Teenagers less knowledgeable about skin cancers risks

were also more likely to be current users. These data suggest that properly informing teenagers of the skin cancer risks and lack of safety associated with indoor tanning may help. However, health promotion by other means will also be important.

Parents as Role Models

Rather than simply educating your teenage patients on sun safety, it may be equally beneficial to educate your teenage patients' parents on their role in sun safety. (The reproducible handout on page 41 may help.) As parents and role models, a major challenge will be to do as we say. The data in sun protection clearly indicates that if parents tan, kids will tan. If parents protect themselves, kids are more likely to do the same. Studies in indoor tanning indicate that it is most prevalent among youths whose caregivers used indoor tanning lamps in the preceding year.²⁴ In the MMITS, the correlation between parent indoor tanning use and teen use was also noted.³⁵ Parents serve as role models, and parental influence on their children's tanning behavior is important, as it is with other youth high-risk behaviors.³⁶⁻³⁷ We must do our best as role models.

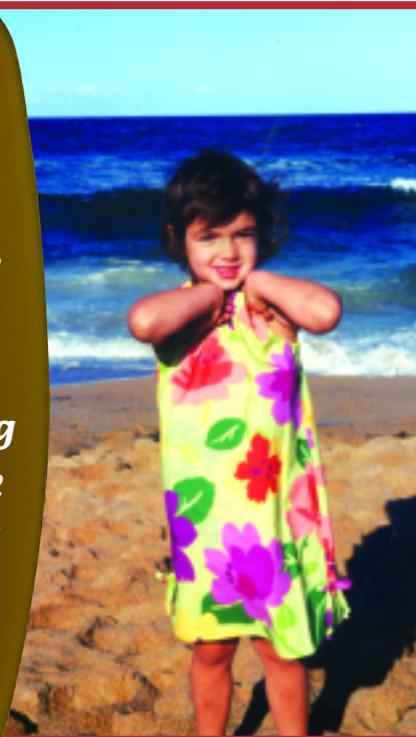
Key Education Tips for Teenagers

Teenagers need to know the harsh realities of skin cancer. Estimates of between three and five percent of melanomas occurring in adolescents and one person dying every hour from this most fatal skin cancer are quite staggering for even the most omnipotent teenager.³⁸⁻³⁹ Emphasize to teenagers that anyone can get skin cancer and that teens are not immune from developing the disease. And take time to talk with them about inherent and acquired risk factors (e.g. family history of melanoma, tendency to freckle and to sunburn, presence of many moles or large moles) and warning signs (changing mole, new irregular mole). In addition, stress to teenagers the effects of both natural and artificial light in initiating and promoting skin cancer. Explaining the differences between tanning rays and burning rays may be helpful in teaching teenagers about the risks associated with cumulative and sporadic exposures.

The association of sunburns and excessive tanning with skin cancer incidence, photodamage, and even death are important messages. Informing your teens that freckles and moles will be "promoted" by sun exposure and that wrinkles and skin discoloration are signs of photodamage is relevant. Teaching adolescents about the relationship between UV exposure patterns and the development of common moles and freckles are important steps in communicating the impact of excessive sun exposure on the skin. A current area of sun protection education, sponsored by the Sun Protection Foundation (Hingham, MA), involves the use of a UV reflectance camera that demonstrates the extent of sun damage and sun sensitivity. It is very effective in raising a teenager's consciousness regarding sun damage, allowing teens to "see" some of the immediate effects of excessive sun exposure on their face.



“Despite multiple recommendations by health officials, inadequate sun protection has continued, resulting in a high incidence of sunburn among children.”



Teaching teens about regular moles versus abnormal changes may be helpful in promoting the recognition of malignant changes later. Teens should also understand that there are different types of skin cancer and that some are more serious than others.

Pointing out to male teenagers that males have a survival disadvantage as compared to females with the same level and thickness of melanoma can also be another topic to discuss. Ultimately, emphasizing to all teenagers that prevention and early detection of skin cancer is imperative to reduce morbidity and mortality of this disease is critical. Take time to review common sense approaches to sun protection along with warning signs of skin cancer, and advise them to seek evaluation by their physician or mid-level practitioner if they develop a new, persistent, or changing growth. Also, counsel teens on the proper use of sunscreen including spectrum of protection, SPF, quantity for proper coverage, reapplication recommendations, and substantivity (waterproof factor). Recommending daily use of sunglasses, hats, sun protective clothing, and portable or stationary shade are also important elements of a sun protection plan.

Encourage Parents, Too

Teenagers require constant reinforcement. Never give up on providing them with proper health messages and reinforcements, and encourage parents to do likewise. In addition, suggest to parents that they provide their teenagers with sunscreen, hats, and sunglasses, and suggest that they use laundry additives that boost the SPF in their teen's clothing for added protection. ☘

1. ACS. Facts and Figures. American Cancer Society. 2004.
2. Armstrong BK, Kricker A. The epidemiology of UV induced skin cancer. *Journal of Photochemistry & Photobiology. B Biology.* 2001;63(1-3):8-18.
3. Gallagher RP, Rivers JK, Lee TK, Bajdik CD, McLean DJ, Coldman AJ. Broad-spectrum sunscreen use and the development of new nevi in white children: A randomized controlled trial.[see comment]. *JAMA.* 2000;283(22):2955-2960.
4. Hill D. Efficacy of sunscreens in protection against skin cancer.[comment]. *Lancet.* 1999;354(9180):699-700.
5. Green A, Williams G, Neale R, et al. Daily sunscreen application and betacarotene supplementation in prevention of basal-cell and squamous-cell carcinomas of the skin: a randomised controlled trial.[see comment][erratum appears in *Lancet* 1999 Sep 18;354(9183):1038]. *Lancet.* 1999;354(9180):723-729.
6. AAD. New AAD Survey Reveals People Understand the Relationship Between Overexposure to the Sun and Skin Cancer April 24 Accessed April 29th, 2002 2002.
7. Demko CA, Borawski EA, Debanne SM, Cooper KD, Stange KC. Use of indoor tanning facilities by white adolescents in the United States.[see comment]. *Archives of Pediatrics & Adolescent Medicine.* 2003;157(9):854-860.
8. Oliphant JA, Forster JL, McBride CM. The use of commercial tanning facilities by suburban Minnesota adolescents. *Am J Public Health.* 1994;84(3):476-478.
9. Robinson JK, Rigel DS, Amonette RA. Trends in sun exposure knowledge, attitudes, and behaviors: 1986 to 1996. *J Am Acad Dermatol.* 1997;37(2 Pt 1):179-186.
10. McDonald CJ. American Cancer Society perspective on the American College of Preventive Medicine's policy statements on skin cancer prevention and screening.[comment]. *CA Cancer J Clin.* 1998;48(4):229-231.
11. Association AP. Ultraviolet light: a hazard to children. Available at www.aappolicy.aappublications.org/cgi/content/full/pediatrics;104/2/328.
12. Glanz K, Saraiya M, Wechsler H, Centers for Disease C, Prevention. Guidelines for school programs to prevent skin cancer. *Morbidity & Mortality Weekly Report. Recommendations & Reports.* 2002;51(RR-4):1-18.
13. Geller AC, Colditz G, Oliveria S, et al. Use of sunscreen, sunburning rates, and tanning bed use among more than 10 000 US children and adolescents. *Pediatrics.* 2002;109(6):1009-1014.
14. Davis KJ, Cokkinides VE, Weinstock MA, O'Connell MC, Wingo PA. Summer sunburn and sun exposure among US youths ages 11 to 18: national prevalence and associated factors. *Pediatrics.* 2002;110:27-35.
15. Coogan PF, Geller A, Adams M, Benjes LS, Koh HK. Sun protection practices in preadolescents and adolescents: a school-based survey of almost 25,000 Connecticut schoolchildren. *J Am Acad Dermatol.* 2001;44(3):512-519.
16. Santmyre BR, Feldman SR, Fleischer AB, Jr. Lifestyle high-risk behaviors and demographics may predict the level of participation in sun-protection behaviors and skin cancer primary prevention in the United States: results of the 1998 National Health Interview Survey. *Cancer.* 2001;92(5):1315-1324.
17. Benjes LS, Brooks DR, Zhang Z, et al. Changing patterns of sun protection between the first and second summers for very young children. *Archives of Dermatology.* 2004;140(8):925-930.
18. Demierre MF. Time for the national legislation of indoor tanning to protect minors. *Archives of Dermatology.* 2003;139(4):520-524.
19. Veierod MB, Weiderpass E, Thorn M, et al. A Prospective Study of Pigmentation, Sun Exposure, and Risk of Cutaneous Malignant Melanoma in Women. *J Natl Cancer Inst.* October 15, 2003 2003;95(20):1530-1538.
20. Bataille V, Winnett A, Sasieni P, Newton Bishop JA, Cuzick J. Exposure to the sun and sunbeds and the risk of cutaneous melanoma in the UK: a case-control study. *European Journal of Cancer.* 2004;40(3):429-435.
21. Karagas MR, Stannard VA, Mott LA, Slattery MJ, Spencer MJ, Weinstock MA. Use of tanning devices and risk of basal cell and squamous cell skin cancers. *J Natl Cancer Inst.* 2002;94:224-226.
22. Lazovich D, Forster J, Sorensen G, et al. Characteristics associated with use or intention to use indoor tanning among adolescents. *Archives of Pediatrics & Adolescent Medicine.* 2004;158(9):918-924.
23. Knight JM, Kirincich AN, Farmer ER, Hood AF. Awareness of the risks of tanning lamps does not influence behavior among college students. *Archives of Dermatology.* 2002;138:1311-1315.
24. Cokkinides VE, Weinstock MA, O'Connell MC, Thun MJ. Use of indoor tanning sunlamps by US youth, ages 11-18 years, and by their parent or guardian caregivers: prevalence and correlates. *Pediatrics.* 2002;109(6):1124-1130.
25. Wichstrom L. Predictors of Norwegian adolescents' sunbathing and use of sunscreen. *Health Psychol.* 1994;13(5):412-420.
26. Brandberg Y, Ullen H, Sjoberg L, Holm LE. Sunbathing and sunbed use related to self-image in a randomized sample of Swedish adolescents. *Eur J Cancer Prev.* 1998;7(4):321-329.
27. Banks BA, Silverman RA, Schwartz RH, Tunnessen VWW, Jr. Attitudes of teenagers toward sun exposure and sunscreen use. *Pediatrics.* 1992;89(1):40-42.
28. Mermelstein RJ, Riesenber LA. Changing knowledge and attitudes about skin cancer risk factors in adolescents. *Health Psychol.* 1992;11(6):371-376.
29. Netburn. Young, carefree and hooked on sunlamps. *New York Times.* 2002: 9.
30. Dougherty MA, McDermott RJ, Hawkins MJ. A profile of users of commercial tanning salons. *Health Values.* 1988;12:21-29.
31. Rhainds M, De Guire L, Claveau J. A population-based survey on the use of artificial tanning devices in the Province of Quebec, Canada. *J Am Acad Dermatol.* 1999;40(4):572-576.
32. Mawn VB, Fleischer AB, Jr. A survey of attitudes, beliefs, and behavior regarding tanning bed use, sunbathing, and sunscreen use. *J Am Acad Dermatol.* 1993;29(6):959-962.
33. Boldeman C, Jansson B, Nilsson B, Ullen H. Sunbed use in Swedish urban adolescents related to behavioral characteristics. *Prev Med.* 1997;26(1):114-119.
34. Arthey S, Clarke VA. Suntanning and sun protection: a review of the psychological literature. *Soc Sci Med.* 1995;40(2):265-274.
35. Stryker JE, Lazovich D, Forster JL, Emmons KM, Sorensen G, Demierre MF. Maternal/female caregiver influences on adolescent indoor tanning. *J Adolesc Health.* 2004;35(6).
36. Cohen DA, Richardson J, LaBree L. Parenting behaviors and the onset of smoking and alcohol use: a longitudinal study. *Pediatrics.* 1994;94(3):368-375.
37. Fagan P, Eisenberg M, Stoddard AM, Frazier L, Sorensen G. Social influences, social norms, social support, and smoking behavior among adolescent workers. *Am J Health Promot.* 2001;15(6):414-421.
38. Rabe MC. Malignant melanoma in children. Poster presented at the Dermatology Nurses Association Annual Convention. February 18-21, 2005.
39. Jemal A, Murray T, Ward E, et al. Cancer statistics, 2005. *CA Cancer J Clin.* 2005;55(1):10-30.