Enforcement Notice:
Ads for sunbeds and tanning salons

Who we are
We are the Committee of Advertising Practice (CAP). We write the advertising rules which are enforced by the Advertising Standards Authority (ASA), the UK's independent advertising regulator. You can read about the UK advertising regulatory system, including what to expect when dealing with CAP and our procedures, on the ASA website.

Why are we contacting you?
The ASA has published a series of rulings concerning ads for sunbeds. The rulings make clear that ads for sunbeds cannot link sunbed use to health claims – including vitamin D production, claims to treat any medical condition are prohibited, and sunbed use must not be described as "safe".

In producing these rulings, the ASA noted that the NHS advises caution on the use of sunbeds, and that UV rays given out by sunbeds increase the risk of developing skin cancer. The ASA has also considered advice from Cancer Research that using a sunbed is not safe, and that there is no such thing as safe tanning from UV radiation, irrespective of the source.

Scope
The content of this Notice is not media-specific, this Notice applies to ads for sunbeds across all media, including websites, social media, magazines, press and direct mail.

Enforcement
Please take immediate action to review your advertising and make any changes as needed. After **14 December 2026** we will deploy the ASA's AI-based Active Ad Monitoring system to actively scan for ads that breach this Enforcement Notice. This may result in sanctions, which might include publishing an advertiser's name and record of their noncompliance on a dedicated section of the ASA website, the removal of content and accounts from social media platforms, and – where advertisers are persistently unwilling or unable to comply, referral to Trading Standards.

Guidance

Advertisers must not link the use of sunbeds to health or medical claims. The ASA has seen a number of health claims advertisers have linked to sunbed use and it has ruled that these are misleading and/or irresponsible, including claims to:

- ease the symptoms of eczema
- improve brain function and production of serotonin and melatonin
- fight inflammation
- help with blood circulation
- rebuild collagen

In addition, the ASA has also ruled that referring to the following conditions in ads for sunbeds discouraged essential treatment for conditions for which medical supervision should be sought:

- osteoporosis
- type 1 diabetes
- psoriasis
- multiple sclerosis
- high blood pressure
- depression and SAD (Seasonal Affective Disorder)

The ASA has also ruled against claims that imply general health benefits of sunbeds, including:

- UV exposure provides a net health benefit
- keeps your tan healthy
- enjoy health benefits without guilt

The above precedents set by the ASA are not exhaustive, but they demonstrate that health and medical claims linked to sunbed use have been ruled to be problematic. Before making any claims that attribute a benefit to users of sunbeds, beyond the effect of producing a cosmetic tan on the skin, advertisers should consider that the ASA has cited the potentially serious health consequences for people who use sunbeds as a basis to consider such claims as irresponsible.



Advertisers must not link the use of sunbeds to vitamin D production.
The ASA has ruled that references to vitamin D are misleading and irresponsible, including:

- stimulates vitamin D production
- maintains healthy vitamin D levels
- get that much needed dose of vitamin D



Advertisers must not claim or imply that sunbeds are safe or risk-free.
In line with established public health guidance, the ASA has ruled against claims including:

- safe tanning
- your safety is our top priority [...] enjoy your tan without worry

Appendix: Relevant Code rules, legislation and useful reading

Please refer to the following relevant CAP Code rules:

1.3 Marketing communications must be prepared with a sense of responsibility to consumers and to society.

3.1 Marketing communications should be legal, decent, honest and truthful.

3.3 Marketing communications must not omit material information or information required to be included by law. This includes providing such information in a way that is unclear or untimely, or in a way that the consumer is unlikely to see or hear it.

Regard will be had to any limitations (e.g. as to time or space) resulting from the means of communication used and steps taken by the marketer to overcome these by providing the information by other means. “Material information” is information that the average consumer needs to take an informed transactional decision.

3.7 Before distributing or submitting a marketing communication for publication, marketers must hold documentary evidence to prove claims that consumers are likely to regard as objective and that are capable of objective substantiation. The ASA may regard claims as misleading in the absence of adequate substantiation.

3.11 Marketing communications must not mislead consumers by exaggerating the capability or performance of a product.

12.1 Objective claims must be backed by evidence, if relevant consisting of trials conducted on people. Substantiation will be assessed on the basis of the available scientific knowledge.

Medicinal or medical claims and indications may be made for a medicinal product that is licensed by the MHRA, VMD or under the auspices of the EMA, or for a medical device with the applicable conformity marking. A medicinal claim is a claim that a product or its constituent(s) can be used with a view to making a medical diagnosis or can treat or prevent disease in human beings.

Secondary medicinal claims made for cosmetic products as defined in the appropriate European legislation must be backed by evidence. These are limited to any preventative action of the product and may not include claims to treat disease.

12.2 Marketers must not discourage essential treatment for conditions for which medical supervision should be sought. For example, they must not offer specific advice on, diagnosis of or treatment for such conditions unless that advice, diagnosis or treatment is conducted under the supervision of a suitably qualified health professional. Accurate and responsible general information about such conditions may, however, be offered (see rule 12.11).

Health professionals will be deemed suitably qualified only if they can provide suitable credentials, for example, evidence of: relevant professional expertise or qualifications; systems for regular review of members' skills and competencies and suitable professional indemnity insurance covering all services provided; accreditation by a professional or regulatory body that has systems for dealing with complaints and taking disciplinary action and has registration based on minimum standards for training and qualifications.

Other useful reading

Please also refer to the following articles, which outline the ASA's current position on relevant topics:

- Social Responsibility
- Beauty and Cosmetics: Sunbeds
- Health: Seasonal affective disorder (SAD)
- Health: Phototherapy

The CAP Copy Advice team provides bespoke, confidential advice on non-broadcast advertising.