

REPORT 4 OF THE COUNCIL ON SCIENCE AND PUBLIC HEALTH (A-12)
Light Pollution: Adverse Health Effects of Nighttime Lighting

SUMMARY

Objective. To evaluate the impact of artificial lighting on human health, primarily through disruption of circadian biological rhythms or sleep, as well as the impact of headlamps, nighttime lighting schemes, and glare on driving safety. Concerns related to energy cost, effects on wildlife and vegetation, and esthetics also are briefly noted.

Methods. English-language reports in humans were selected from a PubMed search of the literature from 1995 to March 2012 using the MeSH terms “circadian/biological clocks/rhythm,” “chronobiology/disorders,” “photoperiod,” “light/lighting” “sleep,” “work schedule,” or “adaptation,” combined with the terms “physiology,” “melatonin,” “adverse effects/toxicity,” “pathophysiology,” “neoplasm,” “epidemiology/etiology,” “mental disorders,” “energy metabolism,” and “gene expression.” Additional articles were identified by manual review of the references cited in these publications; others were supplied by experts in the field who contributed to this report (see Acknowledgement).

Results. Biological adaptation to the sun has evolved over billions of years. The power to artificially override the natural cycle of light and dark is a recent event and represents a man-made self-experiment on the effects of exposure to increasingly bright light during the night as human societies acquire technology and expand industry. In addition to resetting the circadian pacemaker, light also stimulates additional neuroendocrine and neurobehavioral responses including suppression of melatonin release from the pineal gland improving alertness and performance. Low levels of illuminance in the blue or white fluorescent spectrum disrupt melatonin secretion. The primary human concerns with nighttime lighting include disability glare (which affects driving and pedestrian safety) and various health effects. Among the latter are potential carcinogenic effects related to melatonin suppression, especially breast cancer. Other diseases that may be exacerbated by circadian disruption include obesity, diabetes, depression and mood disorders, and reproductive problems.

Conclusion. The natural 24-hour cycle of light and dark helps maintain precise alignment of circadian biological rhythms, the general activation of the central nervous system and various biological and cellular processes, and entrainment of melatonin release from the pineal gland. Pervasive use of nighttime lighting disrupts these endogenous processes and creates potentially harmful health effects and/or hazardous situations with varying degrees of harm. The latter includes the generation of glare from roadway, property, and other artificial lighting sources that can create unsafe driving conditions, especially for older drivers. More direct health effects of nighttime lighting may be attributable to disruption of the sleep-wake cycle and suppression of melatonin release. Even low intensity nighttime light has the capability of suppressing melatonin release. In various laboratory models of cancer, melatonin serves as a circulating anticancer signal and suppresses tumor growth. Limited epidemiological studies support the hypothesis that nighttime lighting and/or repetitive disruption of circadian rhythms increases cancer risk; most attention in this arena has been devoted to breast cancer. Further information is required to evaluate the relative role of sleep versus the period of darkness in certain diseases or on mediators of certain chronic diseases or conditions including obesity. Due to the nearly ubiquitous exposure to light at inappropriate times relative to endogenous circadian rhythms, a need exists for further multidisciplinary research on occupational and environmental exposure to light-at-night, the risk of cancer, and effects on various chronic diseases.

RECOMMENDATIONS

The Council on Science and Public Health recommends that the following statements be adopted and the remainder of the report be filed:

That our American Medical Association:

1. Supports the need for developing and implementing technologies to reduce glare from vehicle headlamps and roadway lighting schemes, and developing lighting technologies at home and at work that minimize circadian disruption, while maintaining visual efficiency. (New HOD Policy)
2. Recognizes that exposure to excessive light at night, including extended use of various electronic media, can disrupt sleep or exacerbate sleep disorders, especially in children and adolescents. This effect can be minimized by using dim red lighting in the nighttime bedroom environment. (New HOD Policy)
3. Supports the need for further multidisciplinary research on the risks and benefits of occupational and environmental exposure to light-at-night ~~the risk of cancer, and exacerbation of chronic diseases.~~ (New HOD Policy)
4. That work environments operating in a 24/7 hour fashion have an employee fatigue risk management plan in place. (New HOD Policy)
5. That Policy H-135.937 be reaffirmed. (Reaffirm HOD Policy)