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WHAT ARE THE EFFECTS OF ARTIFICIAL LIGHT ON HUMAN HEALTH? AN EVIDENCE BRIEF


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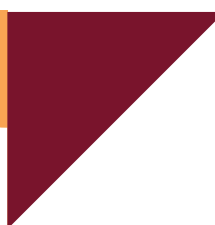
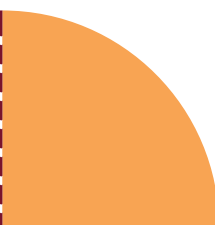
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EXECUTIVE SUMMARY

AIM

The purpose of this evidence review was to rapidly gather evidence on the effects of artificial light on human health.

DESIGN

This rapid review of evidence was conducted over 10 weeks (06th March to 14th May 2023) and includes both peer-reviewed and grey literature, published in the last ten years (January 2013-March 2023). It does not include any language limitations.

ABOUT THIS PROJECT

This rapid evidence review was produced as part of a pilot project to develop robust methods for producing rapid reviews of research for Parliamentarians. The Parliamentary Office of Science and Technology (POST) has worked with the Rapid Research, Evaluation and Appraisal Lab (RREAL), International Public Policy Observatory (IPPO), and the Capabilities in Academic Policy Engagement (CAPE) to produce rapid research synthesis based on comprehensive searches of academic databases. We have worked directly with Parliamentary select committees to conduct fast turnaround summaries of available research literature - informed by systematic review methods - delivered in partnership with Early Career Researchers from UK universities. The research was supported by Jonathan Breckon (POST, IPPO, CAPE Policy Fellow), Sarah Bunn (POST), Clare Lally (POST), Matthew Manning (Lords Science and Technology Committee), Thomas Hornigold (Lords Science and Technology Committee). We would also like to thank Professor Russell G. Foster (University of Oxford) and Dr. Hannah Dalgeish (University of Oxford) for their valuable feedback and comments on drafts of the report. Any errors are, however, the authors' own.

DISCLAIMER

This Rapid Evidence Assessment (REA) has been produced in consultation with the Parliamentary Office of Science and Technology (POST) to improve the conduct of scrutiny in Parliament; it is not, and should not be relied on as, advice. Neither the House of Lords nor the House of Commons are responsible for any information contained in this REA, or for its accuracy, and will not be liable for any errors or omissions or for any loss or damage arising from its use. The REA is the sole responsibility of the authors.

RESULTS

- Light pollution is classified by location (indoor or outdoor), colour (short or long wave) and magnitude (bright or dim), while the types of light pollution are grouped as light trespass, light clutter, glare, and skyglow.
- White phosphor-coated light-emitting diodes (WPCLEDs or white LEDs) are a common source of outdoor artificial light at night.
- Negative impacts of light pollution include suppression of melatonin and disruption of the circadian rhythm, which might contribute to:
 - ◊ sleep disorders, mood and mental health disorders, obesity, cancer, cardiovascular disease, and difficulties with fertility and reproduction.
- Studies attribute the worsening of light pollution to the increased use of LEDs and the urbanisation of towns and cities.
- Some types of air pollution, such as smoke, can also worsen light pollution by causing light to scatter and brighten the night sky further.
- Quality assessment of included evidence showed problems with sample sizes, and controlling factors that can affect measurements. Some claims from the included literature have been contested recently due to limited empirical evidence (e.g., melatonin's role as an anti-cancer agent and the influence of light pollution).

RECOMMENDATIONS

- Individual recommendations include:
 - ◊ Exposure to natural light in the evening, or using a small, low-power lamp to transition into darkness.
 - ◊ Exercising regularly for better sleep and preventing diseases.
- Societal recommendations include:
 - ◊ Using light shielding techniques and installing full cut-off fixtures on streetlights to direct light downward.
 - ◊ Promoting green building design to allow access to natural daylight in indoor environments.

BACKGROUND

The use of artificial lighting is becoming increasingly prevalent with modern lighting solutions such as Light-Emitting Diodes (LEDs) [1]. LEDs are more energy efficient but tend to be more harmful by emitting more light of shorter wavelengths [2] and are increasingly becoming the standard lighting source of choice. Artificial light allows the time which can be used to work or socialise to be extended past the hours of natural light [3]. However, when natural light levels are altered or reduced because of artificial sources, this produces light pollution, levels of which are also increasing [4]. According to the International Dark-Sky Association, light pollution is a side effect of industrial civilization, where the inappropriate or excessive use of artificial light might cause dangerous environmental consequences for humans, wildlife, and climate (5). The health conditions linked to light pollution range from sleep difficulties to an increased risk of developing some cancers [4]. This rapid evidence review aimed to summarise the evidence on the effects of artificial light on human health.

RESEARCH QUESTIONS GUIDING THE REVIEW

- 1 What is the state of the evidence base regarding the causes and impacts of light pollution in the UK as it relates to human health?
 - a. What are the mechanisms by which light pollution has an impact on human health – for example, by disrupting circadian rhythms? What are the negative impacts it can have?
 - b. What are the primary sources of light pollution and how well do we understand them? Is there evidence regarding which types of artificial light, in terms of frequency, duration of exposure, or intermittency, are the most harmful?
 - c. Is there evidence that light pollution is worsening – for example, with the introduction of LEDs and cheaper forms of lighting, or lighting with a different wavelength spectrum?
- 2 What are the interventions that have been used to mitigate the effects of light pollution and what are their reported effects?

TYPES AND PRIMARY SOURCES OF LIGHT POLLUTION

Sources of light pollution vary and are classified in a number of ways in the literature. They can be grouped by location (indoor or outdoor light), or the magnitude of the light wave (either short or long). Typically, light pollution can be classified as:

- **Light trespass** - arises when streetlights illuminate above the ground-level, reaching homes where most people are asleep (6).
- **Light clutter** - the excessive alignment of lights (7).
- **Glare** - occurs when light is excessively bright and generates discomfort (8).
- **Skyglow** – occurs when light reflects from the ground and generates a luminous background (9)(6,7,10–12).

White phosphor-coated light-emitting diodes (WPCLEDs or white LEDs) are the main source of artificial light at night (ALAN) both outdoors and indoors. LEDs are more commonly used for domestic, occupational, street, and stadium lighting (7).

Furthermore, there is a differentiation between domestic and public/industrial use. For public/industrial use, light intensity is higher due to its extended purpose for safety and preventing crime (13), but this light often exceeds the minimum emission requirements on road lighting and traffic signals in the European Union (14).

Some reported sources of ALAN for public/industrial use include lighting of streets, highways, railways, residential and commercial buildings, industries, and billboards (15,16), while for domestic use, sources include indoor electric lights (including bedside night lights, desk lamps, etc) and electronic device screens, among others (17,18).

NEGATIVE IMPACTS OF LIGHT POLLUTION AND THEIR MECHANISMS

The main mechanisms by which light pollution impacts human health are **1)** the suppression of melatonin and **2)** the disruption of the circadian rhythm (19–21).

- 1** Melatonin is a hormone released from the pineal gland in the brain and is naturally released in response to decreasing levels of light (both natural and artificial). It is a widely held view that melatonin is responsible for increasing tiredness and regulating sleep cycles (7, 11, 22, 23). Light at night (LAN) has been found to suppress melatonin secretion (24–26), which is particularly sensitive to blue light (27). Most forms of outdoor illumination contain metal halide, mercury vapour, fluorescent, and blue-white LED illumination. All forms of indoor lighting and electronic devices (TV, cellular and smartphones, and other electrical devices) use blue light and have Short Wavelength Light (SWL) emissions, which have a considerable influence on melatonin production (13). Melatonin disruption results in the disruption of the body's circadian rhythms and processes (6).
- 2** The circadian rhythm is responsible for regulating the body's hormone production, cell regulation, brain processes and other biologic activities e.g., body temperature regulation, appetite, etc. (8, 28). As a result, any changes to this rhythm, e.g., suppressed melatonin, can cause sleep and metabolic irregularities (9). When exposed to light pollution, melatonin is reduced and there are changes in circadian rhythm. This results in light working as an endocrine disruptor (something that may mimic or interfere with the body's hormones) and a general stressor to the body's systems (15). This disrupted daily rhythm impacts sleep cycles and weakens immune systems. It also changes how oestrogen is used in the body, which increases susceptibility to infectious diseases and oestrogen-linked cancers (15). Melatonin has been reported to be an anti-carcinogen and can eradicate oxygen radicals (an unstable molecule, which if spread, can result in the death of certain cells in the body). Therefore, melatonin disruption reduces its efficacy and further increases susceptibility to developing cancer and Parkinson's disease when exposed to LAN (29). Changes in circadian cell processes, sleep disruption and behaviour (e.g., eating at irregular times) are all contributors to the risk of obesity (16, 30–32), as well as mood disorders and cardiovascular disease (17, 33–36). The literature suggests that the way in which light pollution impacts health is implicated in a range of negative health outcomes. The main health impacts can be categorised into:
 - 1)** Sleep disorders,
 - 2)** Mood/ mental health disorders,
 - 3)** Cancer, obesity, and cardiovascular disease and
 - 4)** Difficulties with fertility and reproduction.

SLEEP DISORDERS

Light pollution impacts negatively on sleep, specifically, its duration and quality (37). Exposure to screens at night 1 hour before bedtime disrupts sleep ability and quality by lengthening sleep latency (time it takes for a person to fall asleep). This can increase in the length and number of nocturnal awakenings, reducing sleep duration and efficiency due to the decrease of time spent asleep while in bed (35, 38, 39). When sleep is severely impacted, sleep deprivation can lead to the onset of anxiety, depression, and other mental health disorders (40).

MOOD/ MENTAL HEALTH DISORDERS

The increased prevalence of mood/ mental health disorders can be linked to increased disruptions in sleep, resulting from exposure to light pollution, as discussed previously. However, there is also evidence that suggests that exposure to indoor and outdoor ALAN increases the risk of bipolar disorder, depression, and suicidal behaviour (21, 41–43). This risk varies with the level of exposure since it has been observed that increased exposure to outdoor ALAN increases the odds of having depressive symptoms and exhibiting suicidal behaviours (21).

CANCER, OBESITY AND CARDIOVASCULAR DISEASE

As previously mentioned, melatonin is believed to be an anti-carcinogenic agent (which halts the spread of cancer). Therefore, light pollution increases the risk of cancer due to the suppression of melatonin in the blood (9). There are numerous articles detailing the association between ALAN and the risk of breast cancer (6,10,13,44–48). However, there is also debated evidence to suggest that there is a link between ALAN and other cancers, including prostate (6–8,49), colon (50,51), thyroid (30), Non-Hodgkin's Lymphoma (52,53), and pancreatic cancer (24).

Selected studies generally attributed this relationship to hypotheses such as changes in melatonin production and suppression, melatonin properties as an oncostatic agent(44), and circadian disruption(44,50). Circadian disruption because of shiftwork was labelled as a probable carcinogenic to humans in 2007, by the International Agency for Research on Cancer (IARC) (50).

Furthermore, there has been a growing number of studies reporting on the association between ALAN and obesity (10,16,31,32), diabetes (54) and cardiovascular disease (10,55,56).

FERTILITY AND REPRODUCTION

Evidence suggests that there is a link between nocturnal light exposure (e.g., in night shift work) and impairments in reproduction and fertility, arising from circadian shifts(57). In women, exposure to ALAN and changes in sleep cycles are associated with disruptions to hormone secretion, changes in lengths of menstrual cycles, risk of miscarriage, preterm birth, and low infant birth weight (57). In men, there is a suggested link between night shift work and male fertility issues, although the link to ALAN is not as well evidenced as the link for females.(57).

WORSENING OF LIGHT POLLUTION

Studies that reported how light pollution is worsening, associated this situation with the increased use of LEDs and the urbanisation of towns and cities. One study reported that in 2017, satellite-observable light emissions had increased by 49% over the previous 25 years (58), while another quantitative cross-sectional survey found that self-reported perceptions of light pollution were that it had not worsened (59).

LEDS

The use of LEDs has increased from 3% to over 50% in the last ten years, and it is expected to reach 99% by 2030(60). Light pollution is made worse by the increasing use of LEDs because of the tendency of these forms of light to be either blue or white light (61), which are thought to have a greater impact on suppressing melatonin (6,7,62). These wavelengths have been associated with worse health outcomes, such as more severely disrupted circadian rhythms, retinal toxicity (increased toxins in the retina of the eye) (63), and breast cancer morbidity (the increased rate of the disease in the population)(15).

INCREASING URBANISATION

The increasing urbanisation of towns and cities has also been reported to exacerbate light pollution, as urban areas are associated with the experience of less natural light during the day (due to the presence of more artificial light) and more artificial light at night (37,51,64,65). For example, one quantitative cross-sectional survey reported that in addition to light pollution being higher in urban areas, this light pollution subsequently had a greater impact on sleep quality in those living in urban areas compared to rural areas (37).

AIR POLLUTION

Reports have also argued that certain types of air pollution such as smoke, can further exacerbate light pollution because it can cause light to scatter in different directions, brightening "night" skies further (3). However, with a small number of research discussing this interaction, caution must be applied, as the findings might not be conclusive.

INTERVENTIONS TO MITIGATE THE EFFECTS OF LIGHT POLLUTION

The literature highlighted some mitigation strategies to reduce light pollution and their impacts. They were divided into individual and societal strategies as depicted below. Previous studies have set evening and night-time as the 2 hours before going to sleep, and the actual hours of sleep, respectively (83).

RECOMMENDATIONS FOR INDIVIDUALS IDENTIFIED IN THE LITERATURE INCLUDE:

EVENING LIGHT RECOMMENDATIONS:

- The melanopic EDI is indicative for how the body reacts to light. The recommended melanopic EDI is 250 lux, which ideally should be provided by natural daylight (64).
- If additional electric lighting is required, the polychromatic white light should have a spectrum that is enriched in a shorter wavelength (64).
- Exercising regularly for better sleep and preventing diseases (17,33).
- Installation of a free mobile application Twilight (<http://twilight.urbandroid.org>) on mobile phones or similar (67).

NIGHT-TIME LIGHT RECOMMENDATIONS

- Turn off lights, especially in times when they may not be needed (55).
- Limit exposure to blue light or filter it out as much as possible at night e.g., light filtering glasses, dimming screens, and night-time filters using warmer bulbs (43,46,47,55,63,66).
- Exposure to natural light in the evening, or using a small, low-power lamp to transition into darkness (19,54).
- In consultation with your physician, increase melatonin concentrations with melatonin supplements taken at night (46,47).
- Starting at least 3 hours before bedtime, the recommended maximum melanopic EDI is ten lux. To help achieve this, the white light should have a spectrum depleted in short wavelengths (64).
- Invest in blackout curtains or a sleep mask to create the darkest environment possible when you go to bed (27,40,51,67).

RECOMMENDATIONS FOR SOCIETY IDENTIFIED IN THE LITERATURE INCLUDE:

- Using light shielding techniques and installing full cut-off fixtures on streetlights to direct light downward (8,11,68).
- Energy-efficient lights (55).
- Smart city techniques (e.g., sensor-controlled light shut-off when the area is not in use or adaption to meteorological conditions) (55).
- Motion sensors be installed so they only come on when needed, or even better, only turned off when sensing heat, not movement (26,69).
- Curfew period, where a further limitation is applied for late night (i.e., 11 pm) (70).
- Technology: Some researchers suggest the creation of a City Emission Functions (CEFs) database with the help of radiometry leading to a new phase in light pollution research with significant cost-effectiveness and advanced accuracy of night sky brightness predictions (10).
- Promoting green building design to allow access to natural daylight in indoor environment (70).

INDIVIDUAL STRATEGIES:

Evening light recommendations:

- The melanopic EDI is indicative for how the body reacts to light. The recommended melanopic EDI is 250 lux, which ideally should be provided by natural daylight (64).
- If additional electric lighting is required, the polychromatic white light should have a spectrum that is enriched in a shorter wavelength (64).
- Regular physical activity may be a good option for individuals living with elevated levels of indoor LAN exposure, for improved sleep and preventing diseases such as cardiovascular disease and hypertension

(17,33).

- Installation of a free mobile application Twilight (<http://twilight.urbandroid.org>) on mobile phones or similar(67).

Night-time light recommendations

- Turn off lights, especially in times when they may not be needed (55)
- Limit exposure to blue light or filter it out as much as possible at night e.g., light filtering glasses, dimming screens, and night-time filters using warmer bulbs (43,46,47,55,63,66).
- Exposure to natural light in the evening, or using a small, low-power lamp to transition into darkness (19,54).
- In consultation with your physician, increase melatonin concentrations with melatonin supplements taken at night (46,47).
- Starting at least 3 hours before bedtime, the recommended maximum melanopic EDI is ten lux. To help achieve this, the white light should have a spectrum depleted in short wavelengths (64).
- Invest in blackout curtains or a sleep mask to create the darkest environment possible when you go to bed (27,40,51,67).

SOCIETAL STRATEGIES

- Light shielding (sending light to the ground instead of the horizon or outside the area to be lit). The most used fixtures for street lighting are the drop lens cobra luminaire. Full cut-off fixtures need to be installed on drop lens cobra luminaire lenses (on streetlights) to make sure the light is directly downward (8,11,68).
- Energy-efficient lights (55).
- Smart city techniques (e.g., sensor-controlled light shut-off when the area is not in use or adaption to meteorological conditions) (55).
- Motion sensors be installed so they only come on when needed, or even better, only turned off when sensing heat, not movement (26,69).
- Curfew period, where a further limitation is applied for late night (i.e., 11 pm) (70).
- Technology: Some researchers suggest the creation of a City Emission Functions (CEFs) database with the help of radiometry leading to a new phase in light pollution research with significant cost-effectiveness and advanced accuracy of night sky brightness predictions (10).
- Green building design promotes daylight access in an indoor built environment (70).

GLOSSARY

Light-emitting diodes (LEDs)	A semiconductor device that emits light when current flows through it.
Minimum emission requirements	Applied to a wide-ranging list of activities which result in atmospheric emissions that have, or may have, a significant detrimental effect on the environment, including health, social conditions, economic conditions, ecological conditions, or cultural heritage(71).
Circadian rhythm	A natural, internal process that regulates hormone release, eating habits and body temperature, including the 24-hour sleep-wake cycle(72).
Circadian disruption	Any disruption in the 24-hour circadian rhythm.
Pineal gland	A tiny gland found in the brain, responsible for secreting melatonin.
Blue white LED illumination	Using a blue LED with a phosphor coating to convert blue light to white light by a process called fluorescence(73).
Metabolic irregularities	The metabolism is responsible for taking and making the energy from the food we eat. Irregularities occur when abnormal chemical reactions in the body disrupt this process(74).
Endocrine disruptors	Chemicals, both natural and human-made, may mimic or interfere with the body's hormones, known as the endocrine system. These chemicals are linked with developmental, reproductive, brain, immune, and other problems(75).
Oestrogen-linked cancers	Cancers such as breast cancer, ovarian cancer and endometrial (uterine) cancer, which rely on oestrogen to develop and grow.
Anti-carcinogen	Preventing or delaying the development of cancer
Oxygen radical	A type of unstable molecule that contains oxygen and that easily reacts with other molecules in a cell. A build-up of oxygen radicals in cells may cause damage to DNA, RNA, and proteins, and may cause cell death.
Cardiovascular disease	A disease of the heart or blood vessels.
Sleep latency	The time it takes for a person to fall asleep after turning off the lights.
Oncostatic	Halts the spread of cancer (a synonym for anti-carcinogen)
Retinal toxicity	Damage to the retina, usually from strong doses of certain medications
Morbidity	Refers to having a disease or a symptom of disease, or to the amount of disease within a population.
Melanopic EDI	The circadian metric that has been adopted by the international commission on lighting (CIE)(76).
Polychromatic	Being or relating to radiation that is composed of more than one wavelength.
City Emissions Functions (CEFs)	The upward intensity angular distribution function of ground-based light sources. In some cases, CEF is also interpreted in terms of luminous intensity distribution(77).

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- 131** Samson DR, Manus MB, Krystal AD, Fakir E, Yu JJ, Nunn CL. Segmented sleep in a nonelectric, small-scale agricultural society in Madagascar. *American Journal of Human Biology* [Internet]. 2017 Feb;29(4):e22979. Available from: <https://onlinelibrary.wiley.com/doi/10.1002/ajhb.22979>
- 132** Smolensky MH, Sackett-Lundeen LL, Portaluppi F. Nocturnal light pollution and underexposure to daytime sunlight: Complementary mechanisms of circadian disruption and related diseases. *Chronobiol Int* [Internet]. 2015 Sep 14;32(8):1029–48. Available from: <http://www.tandfonline.com/doi/full/10.3109/07420528.2015.1072002>
- 133** Stebelova K, Kosnacova J, Zeman M. Intense blue light therapy during the night-time does not suppress the rhythmic melatonin biosynthesis in a young boy. *Endocr Regul*. 2017 Jan;51(1):31–4.
- 134** Tancredi S, Urbano T, Vinceti M, Filippini T. Artificial light at night and risk of mental disorders: A systematic review. *SCIENCE OF THE TOTAL ENVIRONMENT*. 2022;833.
- 135** Tavares P, Ingi D, Araújo L, Pinho P, Bhusal P. Reviewing the Role of Outdoor Lighting in Achieving Sustainable Development Goals. *Sustainability* [Internet]. 2021 Nov 16;13(22):12657. Available from: <https://www.mdpi.com/2071-1050/13/22/12657>
- 136** Touitou Y, Reinberg A, Touitou D. Association between light at night, melatonin secretion, sleep deprivation, and the internal clock: Health impacts and mechanisms of circadian disruption. *Life Sci*. 2017 Mar;173:94–106.
- 137** Walker WH 2nd, Walton JC, DeVries AC, Nelson RJ. Circadian rhythm disruption and mental health. *Transl Psychiatry*. 2020 Jan;10(1):28.
- 138** Wieduwilt A, Alsat EA, Blickwedel J, Strizek B, Di Battista C, Lachner AB, et al. Dramatically altered environmental lighting conditions in women with high-risk pregnancy during hospitalization. *Chronobiol Int* [Internet]. 2020 Aug 2;37(8):1201–6. Available from: <https://www.tandfonline.com/doi/full/10.1080/07420528.2020.1792484>
- 139** Yang WS, Deng Q, Fan WY, Wang WY, Wang X. Light exposure at night, sleep duration, melatonin, and breast cancer. *European Journal of Cancer Prevention* [Internet]. 2014 Jul;23(4):269–76. Available from: <https://journals.lww.com/00008469-201407000-00006>
- 140** Kim KY, Lee E, Kim YJ, Kim J. The association between artificial light at night and prostate cancer in Gwangju City and South Jeolla Province of South Korea. *Chronobiol Int*. 2017;34(2):203–11.
- 141** Zielinska-Dabkowska KM. Healthier and Environmentally Responsible Sustainable Cities and Communities. A New Design Framework and Planning Approach for Urban Illumination. *Sustainability* [Internet]. 2022 Nov 4;14(21):14525. Available from: <https://www.mdpi.com/2071-1050/14/21/14525>

APPENDIX 1: DESIGN

The review followed established guidelines for the conduct of evidence reviews developed by Tricco, Langlois and Straus (2017), [5] with the scope to incorporate relevant grey literature. We also followed the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) statement to guide the review design and the reporting of the methods and findings [6].

SEARCH STRATEGY

Search terms were developed based on example literature and refined and agreed on by key stakeholders. The search strategy was tested across databases to develop the final search strategy. We searched four peer-reviewed literature databases (PubMed, MEDLINE, Web of Science, and PsycInfo) for literature published between January 2013 and April 2023, and six databases for grey literature and policy documents (Policy Commons, Social Science Database, Google Scholar, Dogpile, OSF preprints, and Opengrey). Searches were conducted on the 6th of March 2023. Details of the search terms and databases are provided in Appendix 1.

ELIGIBILITY CRITERIA

Published and grey literature of any type were included if they met the following criteria:

- Published in the last ten years (January 2013- April 2023)
- Describe one of the following:
 - ◊ The influence of artificial light on (physical or mental) health
 - ◊ The role of national and local authorities in combatting the effects
 - ◊ Possible interventions to control or mitigate the effects

SCREENING PROCESS AND DOCUMENT SELECTION

Search results were imported into Rayyan, an online software tool for team-based screening and article selection [7]. Two researchers screened records at the title and abstract level according to the eligibility criteria and cross-checked 25% of each other's exclusions. Finally, two researchers reviewed full-text versions independently. Discrepancies were resolved via discussion and disagreements were managed by the research lead.

DATA EXTRACTION

Relevant data from each included item were extracted into a form by one of three researchers developed using REDCap [8,9]. REDCap is a secure, web-based software platform designed specifically to support data capture of research studies. The information extracted included author, publication year, country, study design/type of article, relevant information regarding the study population, type of light exposure, and information relating to our research questions, namely:

- 1) Mechanisms of light pollution impacting human health
- 2) Negative effects of light pollution
- 3) Primary sources of light pollution
- 4) Most harmful sources of light pollution
- 5) Details of worsening of light pollution
- 6) Interventions to mitigate the effects of light pollution
- 7) Details of global, national, or local authority roles in addressing light pollution

QUALITY ASSESSMENT

The Mixed Methods Appraisal Tool (MMAT) [10] was used to assess the quality of research articles. Qualitative, quantitative, and mixed methods research designs can all be appraised using the MMAT. Each study was given a score based on a scale of zero to five considering the number of positive or negative points on the five appraisals (related to the design of the study). After assessing the included articles with the MMAT tool, the average score was 3.62.

Overall, there are various methodological limitations and shortcomings. These include inadequate sample sizes

(84), insufficient control of confounding factors (13,85–87), reliance on self-reported measures (65,84,88,89), and incomplete follow-up data (21). Some studies also fail to control for relevant factors such as ethnicity and socio-economic status (41,49,90–92). In some cases, data collection methods are called into question, such as the use of proxy measures for light pollution or the lack of accuracy in the use of single-point photos to measure light (13,62).

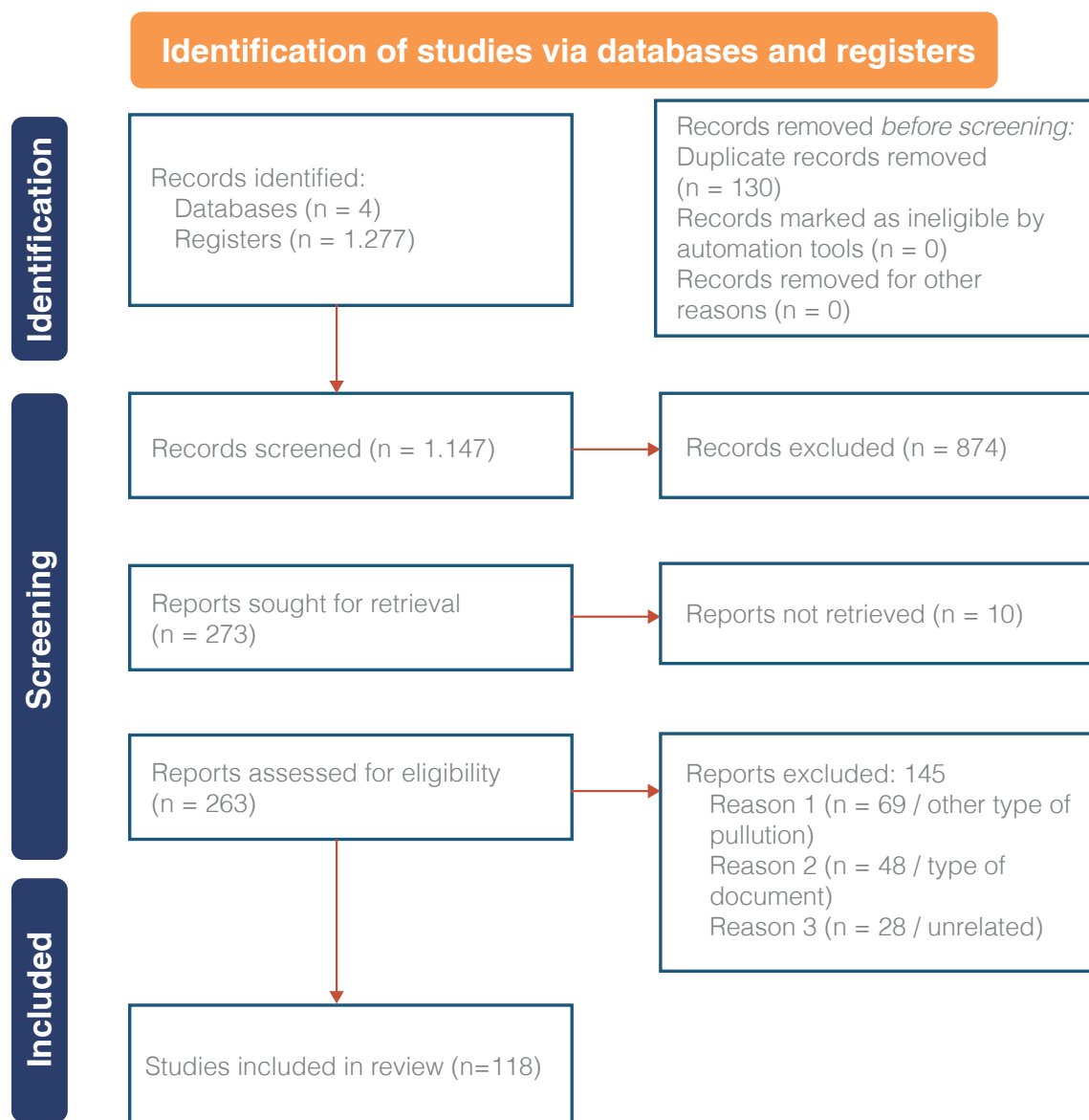
DATA SYNTHESIS

The data were narratively synthesised following established guidance by Popay and colleagues [11]. Data relevant to each research question was summarised together, with key similarities and differences between included literature highlighted.

APPENDIX 2: RESULTS

In total we identified 1147 information sources of published and grey literature. Title and abstract screening resulted in the exclusion of 1029 sources, leaving 118 studies and reports included. The main exclusion reasons were the type of pollution, type of document, and relatedness to the topic. A full description of the flow of studies through the screening process is shown in Figure 1, including reasons for exclusion.

Figure 1: PRISMA Diagram



STUDY CHARACTERISTICS

Of the 118 included sources, 35 did not specify a country, 21 were based on global information, and one was based on European information. The remaining studies were most commonly from the USA (n=13), followed by South Korea (n=7), Israel (n=6) and China (n=5). Most studies were published in and after 2020 (n=60), with 40 published between 2016 and 2019, and the remaining 18 published in 2013 or 2014. While 61 of the included sources were non-empirical (i.e., reviews, commentaries, and editorials), 55 were quantitative studies and one was a mixed methods design. Two sources described the effects of natural light only, 9 sources described the effects of both natural and artificial light and the remaining 107 described the effects of artificial light only. Further details of the characteristics of each included study are available in Table 1.

APPENDIX 3: ADDITIONAL RELEVANT LITERATURE IDENTIFIED BY EXPERT STAKEHOLDERS:

- ◇ Zissis, G., Bertoldi, P., Serrenho T. Update on the Status of LED-Lighting world market since 2018, EUR 30500 EN, Publications Office of the European Union, Luxembourg, 2021, ISBN 978-92-76-27244-1, doi:10.2760/759859, JRC122760 2018. <https://doi.org/10.2760/759859>.
- ◇ International Energy Agency (IEA). Global lighting sales in the Net Zero Scenario, 2010-2030 – Charts – Data & Statistics - IEA 2022. <https://www.iea.org/data-and-statistics/charts/global-lighting-sales-in-the-net-zero-scenario-2010-2030> (accessed May 11, 2023).
- ◇ Kyba CCM, Altıntaş YÖ, Walker CE, Newhouse M. Citizen scientists report global rapid reductions in the visibility of stars from 2011 to 2022. *Science* (1979) 2023;379:265–8. https://doi.org/10.1126/SCIENCE.ABQ7781/SUPPL_FILE/SCIENCE.ABQ7781_SM.V1.PDF.
- ◇ de Miguel AS, Bennie J, Rosenfeld E, Dzurjak S, Gaston KJ. First estimation of global trends in nocturnal power emissions reveals acceleration of light pollution. *Remote Sens* (Basel) 2021;13:3311. <https://doi.org/10.3390/RS13163311/S1>.
- ◇ Sweeney MR, Nichols HB, Jones RR, Olshan AF, Keil AP, Engel LS, et al. Light at night and the risk of breast cancer: Findings from the Sister study. *Environ Int* 2022;169:107495. <https://doi.org/10.1016/J.ENVINT.2022.107495>.
- ◇ Kocifaj M, Barentine JC. Air pollution mitigation can reduce the brightness of the night sky in and near cities. *Scientific Reports* 2021 11:1 2021;11:1–10. <https://doi.org/10.1038/s41598-021-94241-1>.
- ◇ Shith S, Ramli NA, Awang NR, Ismail MR, Latif MT, Zainordin NS. Does Light Pollution Affect Nighttime Ground-Level Ozone Concentrations? *Atmosphere* 2022, Vol 13, Page 1844 2022;13:1844. <https://doi.org/10.3390/ATMOS13111844>.
- ◇ Kennaway DJ. Melatonin rich foods in our diet: food for thought or wishful thinking? *Food Funct* [Internet]. 2020;11(11):9359–69. Available from: <http://xlink.rsc.org/?DOI=D0FO02563A>
- ◇ Foster RG, Hughes S, Peirson SN. Circadian Photoentrainment in Mice and Humans. *Biology* (Basel) [Internet]. 2020 Jul 21;9(7):180. Available from: <https://www.mdpi.com/2079-7737/9/7/180>
- ◇ Foster RG. Sleep, circadian rhythms and health. *Interface Focus* [Internet]. 2020 Jun 6;10(3):20190098. Available from: <https://royalsocietypublishing.org/doi/10.1098/rsfs.2019.0098>
- ◇ Foster RG. Light Regulation of Circadian Rhythms: Fact and Fiction and Design Implications. *Archit Des* [Internet]. 2020 Nov 2;90(6):66–71. Available from: <https://onlinelibrary.wiley.com/doi/10.1002/ad.2633>
- ◇ Foster RG. Melatonin. *Curr Biol* [Internet]. 2021 Nov;31(22):R1456–8. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0960982221014184>

APPENDIX 4: SEARCH STRATEGY

THEMES

#1 LIGHT

light OR glare OR skyglow OR light trespass OR clutter OR ALAN OR anthropogenic light OR dim light OR light at night OR artificial blue light

#2 POLLUTION

light pollution OR pollution OR urbani#ation OR light pollution OR Artificial light at night

#3 HUMAN

human OR human health) AND (circadian rhythm* OR sleep architecture OR sleep quality OR circadian time structure OR sleep/wake cycle disturbance OR quality of life OR melatonin OR clock genes)

#4 IMPACT ON HEALTH

health effects OR health influence OR health damage OR lighting effects OR lighting adverse effects OR sleep effects OR radiation effects OR circadian rhythm effects OR radiation effects OR environmental exposure

STRATEGY

For the exploration of results to determine sensitivity versus breadth, we used 1 + 2 + 3 + 4

(light OR glare OR skyglow OR light trespass OR clutter OR ALAN OR anthropogenic light OR dim light OR light at night OR artificial blue light) AND (light pollution OR pollution OR urbani#ation OR light pollution OR Artificial light at night) AND (Human OR human health) AND (circadian rhythm* OR sleep architecture OR sleep quality OR circadian time structure OR sleep cycle disturbance OR wake cycle disturbance OR quality of life OR melatonin OR clock genes) AND (health effects OR health influence OR health damage OR lighting effects OR lighting adverse effects OR sleep effects OR radiation effects OR circadian rhythm effects OR radiation effects OR environmental exposure)

Table 1 – Main characteristics of included records

AUTHOR, YEAR	COUNTRY (SPECIFIC LOCATION IF REPORTED)	PUBLICATION TYPE	STUDY DESIGN (IF QUANTITATIVE STUDY)	POPULATION OF INTEREST	TYPE OF LIGHT
Amdisen, 2021 / [12]	Denmark	Quantitative study	Survey		Artificial light
American Medical Association, 2016 / [13]	USA	Non-empirical report (i.e., review, commentary)			Artificial light
Arcadia, 2017 / [14]	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Argentiero, 2021 / [15]	Italy	Quantitative study	descriptive, cross-sectional	People diagnosed with Covid 19	Artificial light
Bauer, 2013 / [16]	Georgia	Quantitative study	Case-Control		Artificial light
Bedrosian, 2013 / [17]	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light

Bedrosian, 2016 / [18]	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Bjelajac, 2019 / [19]	Serbia	Non-empirical report (i.e., review, commentary)			Artificial light
Blume, 2019 / [20]	Not specified	Non-empirical report (i.e., review, commentary)			Both natural and artificial light
Boslett, 2021 / [21]	USA	Quantitative study	cross-sectional		Artificial light
Bozejko, 2023 / [22]	Worldwide	Non-empirical report (i.e., review, commentary)			Artificial light
Brown, 2022 / [23]	Worldwide	Non-empirical report (i.e., review, commentary)			Artificial light
Cajochen, 2019 / [24]	Switzerland	Quantitative study	controlled trial	younger vs older individuals	Artificial light
Cao, 2022 / [25]	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Carta, 2018 / [26]	Not specified	Non-empirical report (i.e., review, commentary)		People with bipolar disorders	Artificial light
Chellappa, 2021 / [27]	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Cho, 2013 / [28]	South Korea	Quantitative study	cross-sectional		Artificial light
Cho, 2015 / [29]	Worldwide	Non-empirical report (i.e., review, commentary)			Artificial light
Cho, 2016 / [30]	South Korea (Korea University Anam Hospital)	Quantitative study	Randomised controlled trial	Male university students	Artificial light
Clarke, 2021 / [31]	Denmark	Quantitative study	Cohort study	Nurses	Both natural and artificial light
Coogan, 2020 / [32]	Ireland	Quantitative study	cross-sectional survey		Artificial light
Cote-Lussier, 2020 / [33]	Canada (Quebec)	Quantitative study	Cross-sectional	Children aged 8-10	Artificial light
Cupertino, 2022 / [34]	Not specified	Non-empirical report (i.e., review, commentary)	Systematic review		Artificial light
Davies, 2018 / [35]	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light

Dutfield, 2022 / [36]	Worldwide	Non-empirical report (i.e., review, commentary)			Artificial light
Environmental Conscience, 2023 / [37]	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Falchi, 2019 / [4]	USA	Non-empirical report (i.e., review, commentary)			Artificial light
Filmer, 2013 / [38]	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Fleury, 2020 / [39]	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Gabinet, 2021 / [40]	Israel	Quantitative study	Survey		Artificial light
Garcia-Saenz, 2018 / [41]	Spain	Quantitative study	Case-control		Artificial light
Green, 2017 / [42]	Israel (Tel Aviv)	Quantitative study	Non-randomized crossover design		Artificial light
Green, 2018 / [43]	Israel	Quantitative study	cross-sectional		Artificial light
Grose, 2014 / [44]	Australia (Melbourne)	Non-empirical report (i.e., review, commentary)			Artificial light
Haim, 2015 / [45]	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Harb, 2015 / [46]	Brazil (Porto Alegre)	Quantitative study	Cross-sectional		Natural light
Harmsen, 2022 / [47]	Netherlands (Maastricht)	Quantitative study	Randomised crossover trial	Male and female, overweight, insulin-resistant volunteers	Artificial light
Hartmann, 2019 / [48]	Germany (Marburg)	Quantitative study	cross-sectional	adolescent males	Artificial light
Hu, 2022 / (88)	China	Quantitative study	Cross-sectional	Older adults (>65 years) in China	Artificial light
International Dark Sky Association, 2023 / (111)	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Jeong Kim, 2016 / (90)	South Korea (Jeollanam-do province and the adjacent Gwangju metropolitan city)	Quantitative study	Ecological study	People with breast cancer.	Artificial light

Jin, 2017 / (112)	China (Beijing)	Quantitative study	Case study of light pollution assessment method		Both natural and artificial light
John C. Wells Planetarium, 2013 / (45)	USA	Non-empirical report (i.e., review, commentary)			Artificial light
Keshet-Sitton, 2017 / (48)	Israel (Ahkelon)	Quantitative study	Correlational analysis	Women aged 35-74 with new Breast Cancer cases between 2004 and 2012.	Artificial light
Keshet-Sitton, 2017 / (13)	Israel	Quantitative study	descriptive, cross-sectional	Breast cancer patients	Artificial light
Keshet-Stitton, 2016 / (113)	Israel	Quantitative study	Case-control		Artificial light
Kim, 2016 / (90)	South Korea (South-west, Jeollanam-do province and the adjacent Gwangju metropolitan city.)	Quantitative study	Retrospective cohort		Artificial light
Kozaki, 2015 / (114)	Japan	Quantitative study	Experimental / Times series		Artificial light
Kumar, 2019 / (10)	Worldwide	Non-empirical report (i.e., review, commentary)			Artificial light
Lahiri, 2020 / (37)	India (West Bengal)	Quantitative study	Cross-sectional		Artificial light
Lai, 2021 / (29)	Worldwide	Non-empirical report (i.e., review, commentary)		people with breast cancer	Artificial light
Lamphar, 2022 / (44)	Slovakia	Quantitative study	Statistical analysis	Women	Artificial light
Lau, 2021 / (70)	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Le Tallec, 2019 / (115)	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Leger, 2020 / (116)	Worldwide	Non-empirical report (i.e., review, commentary)			Artificial light
Let's talk science, 2020 / (69)	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Lin, 2022 / (117)	China (Liaoning Province, Northeast China)	Quantitative study	Cross-sectional survey	Children and adolescents	Artificial light

Lok, 2018 / (118)	The Netherlands (Groningen)	Quantitative study	experimental (unclear if randomised)		Artificial light
Lunn, 2017 / (119)	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Maggio, 2019 / (120)	Worldwide	Non-empirical report (i.e., review, commentary)			Both natural and artificial light
Melendez-Fernandez, 2023 / (54)	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Mihyang, 2016 / (121)	USA and India	Quantitative study	descriptive, cross-sectional		Natural light
Min, 2018 / (21)	South Korea	Quantitative study	Cross-sectional survey		Artificial light
Ming Ng, 2022 / (122)	Not specified	Non-empirical report (i.e., review, commentary)			Both natural and artificial light
Moralia, 2022 / (57)	Worldwide	Non-empirical report (i.e., review, commentary)		shift workers	Artificial light
Munzel, 2021 / (55)	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Muscogiuri, 2022 / (32)	Worldwide	Non-empirical report (i.e., review, commentary)			Artificial light
National Geographic, 2022 / (27)	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Ngarambe, 2018 / (123)	South Korea (Gyeonggi province)	Quantitative study	Ecological study		Both natural and artificial light
Nguyen, 2019 / (34)	Thailand (Surin Province)	Quantitative study	cross-sectional	Vendors and non-vendors attending night markets	Artificial light
Obayashi, 2019 / (56)	Japan	Quantitative study	Prospective cohort	Elderly	Artificial light
Oldham, 2015 / (124)	Not specified	Non-empirical report (i.e., review, commentary)		Critically ill people	Both natural and artificial light
Paksarian, 2020 / (43)	USA	Mixed methods	Statistical analysis and interviews	Adolescents	Artificial light
Pandey, 2013 / (11)	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light

Patel, 2019 / (91)	USA	Quantitative study	Correlational analysis	Adults with sleep problems	Artificial light
Peña, 2019 / (125)	Not specified	Quantitative study	Non-randomized trial	Rural roads and protected areas	Artificial light
Pérez Vega, 2021 / (126)	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Pothukuchi, 2021 / (127)	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Rajkhowa, 2014 / (12)	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Rajput, 2021 / (128)	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Randjelović, 2023 / (129)	Serbia (University of Nis)	Quantitative study	prospective cohort	Medical students	Artificial light
Robb-Dover, 2020 / (40)	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Rybnikova, 2015 / (130)	Worldwide	Quantitative study	cross-sectional	Women with breast cancer	Artificial light
Rybnikova, 2016 / (16)	Worldwide	Quantitative study	retrospective cohort	Adults classified as overweight and obese	Artificial light
Rybnikova, 2018 / (15)	Israel (Haifa Bay Area)	Quantitative study	Ecological study	Women	Artificial light
Samson, 2016 / (131)	Madagascar (Mandena)	Quantitative study	Non-randomised crossover trial		Artificial light
Sánchez de Miguel, 2022 / (61)	Europe	Quantitative study	Data analysis and estimations		Artificial light
Smolensky, 2015 / (132)	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Stebelova, 2017 / (133)	Slovakia (Bratislava)	Quantitative study	Case study		Artificial light
Stebelova, 2020 / (87)	Slovakia (Bratislava)	Quantitative study	Single-arm experimental study		Artificial light
Stevens, 2015 / (51)	Worldwide	Non-empirical report (i.e., review, commentary)			Artificial light
Stevens, 2016 / (67)	Worldwide	Non-empirical report (i.e., review, commentary)			Artificial light

Suni, 2023 / (19)	Not specified	Non-empirical report (i.e., review, commentary)			Both natural and artificial light
Tancredi, 2022 / (134)	Worldwide	Non-empirical report (i.e., review, commentary)		Humans with mental disorders	Artificial light
Tavares, 2021 / (135)	Not specified	Non-empirical report (i.e., review, commentary)			Both natural and artificial light
Tonon, 2022 / (41)	Brazil (Porto Alegre)	Quantitative study	Cohort study	Adolescents aged 14-16	Artificial light
Touitou, 2017 / (136)	Worldwide	Non-empirical report (i.e., review, commentary)			Artificial light
Touitou, 2020 / (63)	Worldwide	Non-empirical report (i.e., review, commentary)		Young people between the ages of 10 and 19 years	Artificial light
Vivid maps, 2023 / (68)	USA	Non-empirical report (i.e., review, commentary)			Artificial light
Wahl, 2019 / (66)	Worldwide	Non-empirical report (i.e., review, commentary)			Artificial light
Walker II, 2020 / (137)	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Walker, 2020 / (47)	Not specified	Non-empirical report (i.e., review, commentary)			Artificial light
Wang, 2022 / (36)	China (Guangdong province in southern China, Liaoning province in north-eastern China, and Xinjiang Uygur Autonomous Region in north-western China)	Quantitative study	Cross-sectional	Children with sleep disorders in China	Artificial light
Wang, 2023 / (35)	Japan	Non-empirical report (i.e., review, commentary)			Artificial light
Weule, 2020 / (26)	Australia	Non-empirical report (i.e., review, commentary)			Artificial light
Wieduwilt, 2020 / (138)	Germany (Bonn)	Quantitative study	Observational study	Pregnant individuals	Artificial light

Xiao, 2020 / (25)	United States (Six states (California, Florida, Louisiana, New Jersey, North Carolina, and Pennsylvania) and two metropolitan areas (Atlanta, Georgia, and Detroit, Michigan))	Quantitative study	Questionnaires		Artificial light
Xiao, 2021 / (24)	USA (six U.S. states (CA, FL, LA, NJ, NC, and PA) and two metropolitan areas (Atlanta, GA and Detroit, MI).)	Quantitative study	retrospective cohort	People who developed Pancreatic ductal adenocarcinoma (PDAC) over the course of the study	Artificial light
Xu, 2022 / (33)	China (Hefei (Anhui Province))	Quantitative study	Cohort study	Young adults (age range, 16-22 years)	Artificial light
Xu, 2023 / (17)	Worldwide	Non-empirical report (i.e., review, commentary)	Systematic review		Artificial light
Yang, 2014 / (139)	Worldwide	Non-empirical report (i.e., review, commentary)			Artificial light
Yasukouchi, 2019 / (85)	Japan (Fukuoka)	Quantitative study	Not clear-cohort		Artificial light
Young Kim, 2016 / (140)	South Korea (Gwangju City and South Jeolla Province)	Quantitative study	Ecological study	Men with prostate cancer	Artificial light
Zhang, 2020 / (31)	USA (six US states (California, Florida, Louisiana, New Jersey, North Carolina, and Pennsylvania) and two metropolitan areas (Atlanta in Georgia and Detroit in Michigan))	Quantitative study	retrospective cohort	Adults from the NIH-AARP Diet and Health Study who were not obese at baseline	Artificial light
Zhang, 2021 / (30)	USA (6 US states (California, Florida, Louisiana, New Jersey, North Carolina, and Pennsylvania) and 2 metropolitan areas (Atlanta, Georgia, and Detroit, Michigan))	Quantitative study	Cross-sectional	People with Thyroid cancer	Artificial light
Zhong, 2020 / (52)	USA (California)	Quantitative study	Prospective cohort		Artificial light
Zhong, 2023 / (53)	USA (California)	Quantitative study	Case-Control	Children	Artificial light
Zielinska-Dabkowska, 2022 / (141)	Worldwide	Non-empirical report (i.e., review, commentary)			Artificial light