Q17: Does depletion of the ozone layer increase ground-level ultraviolet radiation?

Yes, ultraviolet radiation at Earth’s surface increases as the amount of overhead total ozone decreases, because ozone absorbs ultraviolet radiation from the Sun. Measurements by ground-based instruments and estimates made using satellite data have confirmed that surface ultraviolet radiation has increased in regions where ozone depletion is observed.

The depletion of stratospheric ozone leads to an increase in surface ultraviolet radiation. The increase occurs primarily in the ultraviolet-B (UV-B) component of the Sun’s radiation. UV-B is defined as radiation in the wavelength range of 280 to 315 nanometers. Changes in UV-B at the surface have been observed directly and can be estimated from ozone changes.

Surface UV-B radiation. The amount of ultraviolet radiation reaching Earth’s surface depends in large part on the amount of ozone in the atmosphere. Ozone molecules in the stratosphere absorb UV-B radiation, thereby significantly reducing the amount of this radiation that reaches Earth’s surface (see Q3). If total ozone amounts are reduced in the stratosphere, then the amount of UV radiation reaching Earth’s surface generally increases. This relationship between total ozone and surface UV radiation has been studied at a variety of locations with direct measurements of both ozone and UV. The actual amount of UV reaching a location depends on a large number of additional factors, including the position of the Sun in the sky, cloudiness, and air pollution. In general, surface UV at a particular location on Earth changes throughout the day and with season as the Sun’s position in the sky changes.

Long-term surface UV changes. Satellite observations of long-term global ozone changes can be used to estimate changes in global surface UV that have occurred over the past two decades. These changes are of interest because UV radiation can cause harm to humans, other life forms, and materials (see Q3). The amount of UV that produces an “erythemal” or sunburning response in humans is often separated. Long-term changes in sunburning UV at a particular location have been estimated from the changes in total ozone at that location. The results show that average erythemal UV has increased due to ozone reduction by up to a few percent per decade between 1979 and 1998 over a wide range of latitudes (see Figure Q17-1). The largest increases are found at high polar latitudes in both hemispheres. As expected, the increases occur where decreases in total ozone are observed to be the largest (see Figure Q13-1). The smallest changes in erythemal UV are in the tropics, where long-term total ozone changes are smallest.

UV Index changes. The “UV Index” is a measure of daily surface UV levels that is relevant to the effects of UV on human skin. The UV Index is used internationally to increase public awareness about the detrimental effects of UV on human health and to guide the need for protective measures. The UV Index is essentially the amount of erythemal irradiance as measured on a horizontal surface. The daily maximum UV Index varies with location and season, as shown for three locations in
Figure Q17-2. The highest daily values generally occur at the lowest latitudes (tropics) and in summer when the midday Sun is closest to overhead. Values in San Diego, California, for example, normally are larger year round than those found in Barrow, Alaska, which is at higher latitude. At a given latitude, UV Index values increase in mountainous regions. The UV Index becomes zero in periods of continuous darkness found during winter at high-latitude locations.

An illustrative example of how polar ozone depletion increases the maximum daily UV Index is shown in Figure Q17-2. Normal UV Index values for Palmer, Antarctica, in spring were estimated from satellite measurements made during the period 1978-1983, before the appearance of the “ozone hole” over Antarctica (see red dotted line). In the last decade (1991-2001), severe and persistent ozone depletion in spring has increased the UV Index well above normal values for several months (see thick red line). Now, spring UV Index values in Palmer, Antarctica (64°S), sometimes equal or exceed even the peak summer values measured in San Diego, California (32°N).

Other causes of long-term UV changes. The surface UV values may also change as a result of other human activities or climate change. Long-term changes in cloudiness, aerosols, pollution, and snow or ice cover will cause long-term changes in surface UV. At some ground sites, measurements indicate that long-term changes in UV have resulted from changes in one or more of these factors. The impact of some of the changes can be complex. For example, an increase in cloud cover usually results in a reduction of UV radiation below the clouds, but can increase radiation above the clouds (in mountainous regions).

UV changes and skin cancer. Skin cancer cases in humans are expected to increase with the amount of UV reaching Earth’s surface. Atmospheric scientists working together with health professionals can estimate how skin cancer cases will change in the future. The estimates are based on knowing how UV increases as total ozone is depleted and how total ozone depletion changes with effective stratospheric chlorine (see Q16). Estimates of future excess skin cancer cases are shown in Figure Q15-1 using future estimates of effective stratospheric chlo-
rine based on the 1992 and earlier Montreal Protocol provisions and assuming that other factors (besides ozone) affecting surface UV are unchanged in the future. The cases are those that would occur in a population with the UV sensitivity and age distribution such as that of the United States. The cases counted are those in excess of the number that occurred in 1980 before ozone deple-
tion was observed (about 2000 per million population), with the assumption that the population’s sun exposure remains unchanged. The case estimates include the fact that skin cancer in humans occurs long after the exposure to sunburning UV. The results illustrate that, with current Protocol provisions, excess skin cancer cases are predicted to increase in the early to middle decades of the 21st century. By century’s end, with the expected decreases in halogen source gas emissions, the number of excess cases is predicted to return close to 1980 values. Without the provisions of the Protocol, excess skin cancer cases would have been expected to increase substantially throughout the century.