

# Consultation on the placement and scheduling of cosmetic interventions advertising: CAP and BCAP's evaluation of responses



## 1. Introduction

**Following public consultation, the Committee of Advertising Practice (CAP) and Broadcast Committee of Advertising Practice (BCAP) have decided to introduce new rules to prohibit cosmetic interventions advertising from being targeted at those under the age of 18.**

CAP and BCAP have published a separate [regulatory statement](#) setting out the rationale for their decision. This document provides detailed responses to specific comments received during the consultation. This document should be read alongside the [consultation document](#).

## 2. List of respondents [and their abbreviations used in this document]

	Organisation	Abbreviation
1	Allergan Aesthetics	AGN
2	British Association of Cosmetic Nurses	BACN
3	British Association of Plastic Reconstructive and Aesthetics Surgeons	BAPRAS
4	Changing Faces	CF
5	Cosmetic Practice Standards Authority	CPSA
6	General Medical Council	GMC
7	Girlguiding	GG
8	Haswell Aesthetics	HA
9	Joint Council for Cosmetic Practitioners	JCCP
10	Mental Health Foundation	MHF
11	MYA Clinics Ltd	MYA
12	National Hair & Beauty Federation	NHBF
13	Nuffield Council on Bioethics	NCB
14	Royal College of Physicians and Surgeons of Glasgow	RCPSG
15	Royal College of Psychiatrists	RCP
16	Save Face	SF
17	Transform Hospital Group Limited	THG

	Individual	Abbreviation
1	Private individual 1	PI1

### 3. Evaluation of consultation responses

**1. Whether the introduction of an age-specific placement restriction on non-broadcast advertising for cosmetic interventions in the CAP Code is necessary and proportionate? Please provide your rationale and any relevant evidence in support of your answer.**

	Respondents	Comments	CAP's evaluation:
1.1	HA, NHBF, PI1	The respondents listed on the left supports the introduction of an age-specific placement restriction and do not offer additional commentary.	CAP agrees.
1.2	AGN	<p>Agrees that the introduction of an age-specific placement restriction is both necessary and proportionate.</p> <p>Notes that whilst companies to which AGN supply its products may advertise the procedures that they offer, AGN's Standard Operating Procedures ensure that it advertises in accordance with relevant regulation, including existing ASA guidance. AGN does not participate in any form of promotion or influencer partnership that may result in cosmetic procedures being principally directed to children or consumers under the age of 18. Many of its products are prescription-only and cannot be advertised. Whilst there is a need to consider restrictions to the advertising of cosmetic interventions, AGN considers it is important to note that there are clear and well-defined medicinal use for its products and it is essential that patients are still able to access these treatments.</p>	<p>CAP agrees.</p> <p>As noted in the consultation, the proposed placement restriction is intended to limit under-18s exposure to cosmetic interventions advertising. The proposal would not prevent advertisers from marketing their services on media, such as their own websites (provided those are not aimed at children and young people or children and young people do not comprise more than 25% of the audience of those websites), which can be accessed only if consumers actively seek those out. It also does not prevent advertisers from placing ads in media where under-18s do not constitute a significant proportion (25% or less) of the audience profile (see CAP guidance on <a href="#">media placement restrictions: protecting children and young people</a> and recently updated guidance on <a href="#">age-restricted ads online</a>).</p> <p>CAP also considers consumers would be able to sought information and advice about those procedures, including those administered for a medical reason, through the NHS and/or other medical support services.</p>

1.3	BACN	<p>Agrees that the introduction of an age-specific placement restriction is necessary and proportionate.</p> <p>Morally and ethically opposed to treating under-18s. Regardless of which insurer indemnifies a practice, the practitioner would not have cover to treat those aged under 18 for cosmetic or aesthetic reasons.</p> <p>Notes that dermal fillers are not approved for use in those under the age of 21, as there is no efficacy or safety data available. Reputable pharmaceutical companies that manufacture and distribute fillers state that approval for injectable fillers for adults aged 22 years over (Teoxane) and 21 years of age for some of the most commonly used fillers, such as Restylane and Juvederm. Restylane states that safety in patients under 18 years is not established and that safety and efficacy for lip augmentation in patients under 21 years is not established. Juvederm states that their hyaluronic acids that target lip augmentation and the perioral area are for adults over the age of 21.</p> <p>Notes that major pharmaceutical companies do not endorse treatments using their products for under-18s, which raises the question of who is administering these treatments and with what products. The conclusion must be that non-medically trained practitioners are buying unlicensed products off the internet with no checks or balances and providing this service to the under-18s. This raises again the core issue surrounding regulation of the sector, practitioners and the use of safe products.</p> <p>Performing aesthetic non-surgical procedures on younger people has potential physical and psychological risks. Their facial structure is still developing and fillers might impact this negatively or cause damage to underlying anatomy. Adolescence or young adulthood can be a time of emotional instability, with vulnerabilities over self-esteem and body image developing, as well as the potential for appearance-related concerns coupled with bullying and idealised imagery from television, magazines and social media platforms compounding these psychological factors. Regardless of their ability to consent, and regardless of their parent's readiness to consent on their behalf, these treatments for aesthetic motivations should not be available to anyone aged under 18 years, and until there is legislation in place, this responsibility falls on the shoulders of the practitioner (<a href="#">Nuffield Council on Bioethics, 2017</a>).</p> <p>Medical aesthetics functions within the aesthetics industry, and therefore, as a sector, is dependent on a marketing approach. BACN feel uncomfortable with the idea that its members are part of an industry that includes commercial enterprise, pharmaceutical manufacturing, research, development, supply and business acumen, which generates massive revenue. However, the need to be business savvy and profitable versus the need to be medically motivated does not have to be conflicting. Being committed to patient wellbeing highlights the need to consider the ethics and goes back to the argument of 'clients' or 'patients'. Notes that patients are consumers; sometimes they shop around and</p>	<p>CAP agrees and notes the additional comments.</p> <p>CAP considers that the body of evidence forms a clear picture that children and young people are particularly vulnerable to body image pressures and negative body image perceptions are prevalent amongst those groups. The period of adolescence, in particular, has been highlighted as a life stage in which children and young people's body image positivity may rapidly decline.</p> <p>The evidence indicates that the children and young people's negative body image perceptions and their susceptibility to pressures to change their appearance are likely to be multi-factorial and shaped by a number of social and cultural factors, including media, social media, celebrity culture and advertising. It also suggests that section of children and young children attach importance to body image and consider there to be an existence of an 'ideal' body type, and some would consider undergoing cosmetic interventions as a means to alter their appearance to address their body image concerns.</p> <p>Children and young people's body image concerns and their reasons for considering cosmetic interventions as a means to address those concerns are influenced by multiple factors. Nevertheless, the evidence base shows, in addition to children and young people's susceptibility to body image related pressures and negative perceptions, there was potential that</p>
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1.4	BAPRAS	<p>Broadly supports the introduction of an age-specific placement restriction and the rationale for the proposal, which BAPRAS considers a positive move and overdue.</p> <p>Would welcome further detail and clarification on how the proposed restrictions would be implemented on social media, e.g. Instagram, to ensure that patient safety is supported without inhibiting innovation.</p>	<p>CAP agrees.</p> <p>Recently updated CAP Guidance on <a href="#">age-restricted ads online</a> sets out the principles which support advertisers in demonstrating they have taken reasonable steps to target age-restricted</p>

			ads appropriately to minimise children and young people's exposure to those ads online, such as social media. This includes the use of demographic data, behavioural data, interest-based targeting and the choice of media.
1.5	CF	<p>Supports the introduction of an age-specific placement restriction and believes it is both necessary and proportionate.</p> <p>Believes that people with visible differences should have choice and control over their condition and any physical treatment or mental health support they may choose to access, which may include the use of invasive and non-invasive cosmetic interventions. A child, young person or adult should be appropriately supported and empowered with the right, clear information when needed.</p> <p>Believes ads for cosmetic interventions can have a harmful impact on children and young people who are already dealing with comments, stares and bullying due to their appearance in a society that rarely celebrates or acknowledges difference as a positive. Ads promoting a stereotypical perception of beauty and offering to 'fix' perceived 'imperfections' can be damaging to a child or young person, particularly those with a visible difference.</p> <p>Cites its #MyVisibleDifference Report, which found one in five people in the UK today lives with a "visible difference"<sup>1</sup>. Report found that that they are more vulnerable to loneliness, social anxiety and low self-esteem, and experience lowered expectations in school, problems getting work and stereotyping in the media. This has a devastating, and lasting, impact on their mental health - one in three people with a visible difference today feel depressed, sad or anxious because of how they look<sup>2</sup>.</p> <p>Notes that every day individuals are bombarded with messages telling them that they need to look a certain way. Ads can portray a very narrow view of beauty and make those watching or reading feel under constant pressure to conform. This pressure can be difficult to deal with, whoever the individual, but this is intensified for individuals with a mark, scar or condition that means they look different.</p> <p>Notes people with visible differences are still largely absent from mainstream advertising and brand campaigns. Two-thirds of people do not think visible differences are</p>	See CAP's evaluation in 1.3.

<sup>1</sup> Changing Faces #MyVisibleDifference Report (<https://www.changingfaces.org.uk/wp-content/uploads/2019/05/CHANGING-FACES-Report-My-Visible-Difference.pdf>) ComRes interviewed 1,037 people with a mark, scar or condition that makes them look different online between 7th and 16th March 2019. Data were weighted to be representative of those with a mark, scar or condition that makes them look different by age, gender and region. This weighting scheme was sourced from a nationally representative public omnibus survey run between the 22nd and 24th March 2019. ComRes is a member of the British Polling Council and abides by its rules.

<sup>2</sup> Changing Faces #MyVisibleDifference Report

		<p>represented well in adverts, whilst over half say that people with visible differences are regularly ignored by brands<sup>3</sup>.</p> <p>Notes that navigating adolescence is generally acknowledged as a challenging time, but for young people with a visible difference, feelings of anxiety and concerns around appearance, can start even earlier. With most mental health problems starting at a young age, early intervention work with young people with a visible difference and their families is more important than ever.</p> <p>Cites CF research<sup>4</sup> in 2018 with children and young people which found that concerns about appearance begin to trouble children from just 7 years old.</p> <p>Recent CF research<sup>5</sup> found that three-quarters (76%) of children aged 9-16 with a visible difference have felt worried or anxious, compared to 65% of those without a visible difference. Over half of children aged 9-16 with a visible difference say they feel they need to be perfect (56%), and almost 6 in 10 admit to feelings of not looking good enough.</p> <p>Notes that the lives of young people are both on and offline and considers that as a result of COVID-19 pandemic, it is increasingly likely for a young person to view their digital time as simply 'their life' - with education, leisure activities and connecting with friends and family increasingly navigated online. Earlier CF research in 2018 already found that the majority of children and young people say that the world they inhabit influences how they feel about their appearance. Family and friends are the most significant influencers (74%), followed by celebrities (64%) and social media (61%)<sup>6</sup>.</p> <p>Considers that ensuring this online space is as safe as possible, without additional messaging through advertising about ways to change their appearance, or cosmetic interventions that could impact their condition, before they have finished growing or developed ways to manage their feelings around living life with a visible difference, is one proactive way to support children and young people to live the life they want.</p>	
1.6	CPSA	<p>Supports the introduction of an age-specific placement restriction, which CPSA considers to be necessary and proportionate.</p> <p>Expresses the following concerns: access to treatments in children and younger people have the potential result to cause physical harm to the skin and underlying anatomy with unpredictable changes into adulthood; the risks of harm to psychological health and wellbeing if lasting, irreversible damage is caused by the treatments.</p>	<p>CAP agrees.</p> <p>CAP notes that the provision of procedures to children and young people is beyond the scope of the ASA and CAP's regulation of advertising.</p>

<sup>3</sup> Changing Faces #MyVisibleDifference Report

<sup>4</sup> Changing Faces Looking Different Report, 2018. [https://www.changingfaces.org.uk/wp-content/uploads/2018/05/2266\\_Changing\\_Faces\\_FaceEqualityDay\\_report\\_AW\\_single\\_page.pdf](https://www.changingfaces.org.uk/wp-content/uploads/2018/05/2266_Changing_Faces_FaceEqualityDay_report_AW_single_page.pdf)

<sup>5</sup> Childwise 2019

<sup>6</sup> Changing Faces Looking Different Report, 2018

		<p>Expresses concerns that cosmetic procedure risks have been diluted and likened to non-invasive beauty procedures. Advises that procedures such as fillers, botulinum toxin, LASER treatment, skin rejuvenation (micro-needling and chemical peels) are invasive and do carry risks. Severity of complication can range from minor skin reactions, burns, loss of tissue and deformity, blindness and transmission blood borne viruses (Hepatitis B and C and HIV).</p> <p>There is a vast market of untested products with little or no evidence base. Expresses concerns with risks that the seductive marketing techniques with which those products are advertised may pose on children and young people and the costs incurred.</p>	<p>CAP notes the ASA has established positions on the regulation of the content in cosmetic interventions advertising, such as misleading claims, irresponsible ad content and promotions. These are reflected in the <a href="#">CAP guidance on cosmetic interventions</a>.</p>
1.7	GMC	No specific comments offered.	
1.8	GG	<p>Believes an introduction of an age-specific restriction on non-broadcast advertising for cosmetic interventions is necessary and welcomes the proposals. Believes that ads in general shown in publications that children could reasonably be expected to have access to should only include content appropriate for children and would like ads for surgical and non-surgical cosmetic procedures to be not visible to children (online or outdoors). Believes the industry must be robustly regulated and a minimum age restriction of 18 implemented where procedures are unconnected to medical reasons.</p> <p>Believes that children should not be exposed to ads intended for adults on social media, including ads for cosmetic procedures, due to the nature of targeted and personalised ads online. Considers that, given the use of data such as age and gender, those ads can make assumptions about an individual's interests, which may rely on stereotypes, and influence the content that girls and young women see. Once an individual interacts with a particular topic or ad, similar ads will start to appear for that person across different online platforms. Considers that to be a particular problem for girls and young women who may be targeted with ads that show a narrow beauty ideal, particular body types, or cosmetic interventions and weight-loss products for example. It must be accepted that children will access websites and social media channels and believes advertisers have responsibility to bear this in mind when advertising.</p> <p>Considers the importance in understanding the impact that cosmetic interventions ads have on girls and young women, and how they contribute to the existing appearance pressures they already face. Girls aged 7-10 are happier with their looks and more positive in general, but continue to get unhappier with their appearance as they get older. This can have a huge impact on girls' wellbeing, relationships and ability to enjoy themselves, whether it's disliking sports or feeling anxious in a job interview.</p>	<p>See CAP's evaluation in 1.3.</p>

		<p>Cites evidence from its <a href="#">2020 Girls' Attitudes Survey</a> – which provides a snapshot of view of over 2,000 girls and young women from across UK aged 7 to 21, within and outside Girlguiding – in which 92% of girls and women aged 11-21 agree that girls shouldn't feel pressured to change the way they look. Two out of five (39%) aged 11-21 are unhappy that they can't look the way they do online and 90% have considered changing their appearance. Over half (54%) aged 11-21 say they have seen ads online that made them feel pressured to look different, and this is higher for girls who identify as lesbian, gay, bisexual and questioning (67%).</p> <p>The <a href="#">2018 Girls' Attitudes Survey</a> found a third (30%) aged 11-21 said they would consider cosmetic procedures such as lip fillers and Botox, and a similar number (29%) said they would consider cosmetic surgery.</p> <p>Notes that the survey shows that girls believe the media reinforces the message that women and girls' value is correlated to their appearance and that it often relies on sexist and stereotypical images of women which reinforce the idea that women's bodies exist only to be looked at, to sell products and to entertain through sexualisation and objectification. And that they must look 'attractive' using stereotypical ideas of beauty.</p> <ul style="list-style-type: none"> <li>• 86% aged 11-21 agree that the media focuses too much on what women look like, instead of what they achieve (2018 survey)</li> <li>• 66% aged 11-21 compare themselves to celebrities (<a href="#">2016 survey</a>)</li> <li>• 62% aged 11-21 believe boys think girls should look like the images they see in the media (2018 survey)</li> <li>• 53% aged 11-21 think bloggers and YouTubers create the idea of being perfect that is unrealistic and unachievable (2018 survey)</li> <li>• 52% aged 11-21 have seen images in the media in the past week that made them feel pressured to look different (<a href="#">2017 survey</a>)</li> <li>• 52% aged 11-21 said they sometimes feel ashamed of the way they look because they don't look like girls and women in the media (2018 survey)</li> <li>• 51% aged 11-21 said they'd like to look more like the pictures of girls and women they see in the media (2018 survey)</li> <li>• 47% aged 11-21 have seen stereotypical images of men and women in the media in the past week that made them feel less confident (2017 survey)</li> <li>• 44% aged 11-21 think that one of the main causes of stress among girls is the pressure to look like a celebrity (2018 survey)</li> </ul> <p>Notes that the fear of being criticised for how they look leads girls and young women aged 11-21 to change their own behaviour, including changing what they wear (46%), refusing to have their picture taken (44%) and not speaking up in class (31%). Girls from Black, Asian and minority ethnic backgrounds are more likely than their White peers to not use</p>	
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1.9	JCCP	<p>Supports the introduction of an age-specific placement restriction. Many appearance-altering procedures on juveniles' still-developing skin and fat frequently have lasting effects that, when continued into adulthood, can be regretted later when they cannot be reversed. Particularly in the juvenile beauty market the use of imported unlicensed or untried substances is becoming common, bringing inappropriate risk to young people.</p>	<p>CAP agrees and notes the additional comments.</p>
1.10	MHF	<p>Agrees that the introduction of an age-specific placement restriction is both necessary and proportionate.</p> <p>Cites MHF's own <a href="#">research report</a> on body image and policy recommendations focussing on the relationship between body image and mental health. Literature and polling from the report found significant concerns surrounding body image across society, but particularly among young people. Their survey of UK teenagers found that 37% felt upset and 31% felt ashamed in relation to their body image. In young people, body dissatisfaction has been linked to risk-taking behaviours and mental health problems. One survey of UK adolescents by <a href="#">Be Real</a> found that 36% agreed they would do 'whatever it took' to look good, with 57% saying they had considered going on a diet, and 10% saying they had considered cosmetic surgery. Among secondary school boys, 10% said they would consider taking steroids to achieve their goals.</p> <p>Body image concerns put children in a vulnerable place and cosmetic procedures advertising could prey on those vulnerabilities. This represents a social harm which could drive children and young people to attempt to have cosmetic procedures before they are equipped with the skills and experience to consider the full range of risks and future implications of these procedures. Refers to SF's investigation which found that 90% of practitioners in London and Essex are not asking children for their age before booking them in for lip fillers, and none required a child's ID for a consultation. The risk of harm is not limited to these ads pushing children and young people towards cosmetic procedures before they are ready; these ads also perpetuate an idealised body image that is not achievable without cosmetic intervention, which contributes to poor body image and mental health problems. 31% of respondents to MHF's survey of UK adults reported that adverts for cosmetic surgery had caused them to worry about their body image, demonstrating that advertising has the potential to fuel the negative body image which causes people to want to alter their image.</p>	<p>See CAP's evaluation in 1.3.</p>

		<p>These concerns, and wider evidence gathered by the Scottish Government Advisory Group on <a href="#">body image</a>, which MHF co-chaired, led to the group's recommendations for stricter regulation, including age restrictions, of advertising for all cosmetic surgery, dieting and slimming aids.</p> <p>Sitting alongside any new restrictions should be clear enforcement. This includes the development and dissemination of clear and accessible public information on any new restrictions, which must provide clarity on the process for how breaches of restrictions should be reported.</p>	
1.11	MYA	<p>Considers the introduction of age-based targeting restrictions to be a necessary step to protect children and young people.</p> <p>Developed own independent Advertising Code of Practice in 2019 specifically related to cosmetic surgery which compliments the CAP and BCAP Codes, and deals with both content and placement restrictions to ensure responsible advertising.</p> <p>Understands that cosmetic surgery is, to some, a controversial subject and a misunderstood sector. Notes there is often judgment associated with cosmetic surgery that it is for vanity or perhaps to please other people but in most cases, those procedures are to remove a source of distress. Aware that ads with a false or unattainable picture of perfection can leave young adults feeling worried about their bodies and for that reason, MYA focusses on projecting a fair representation of their average consumer base with positive body shape role models whose self-worth is not determined by their looks. But notes that for those with genuine needs who are of the right physical and mental health status, with realistic expectations, cosmetic surgery can be a positive and life-changing experience; 90% of patients who enquire with MYA do not proceed onto surgery.</p> <p>Notes the importance in distinguishing the quality of service through advertising as there are low-quality UK providers offering discounted prices and overseas providers offering dangerous and unregulated surgery. Considers that if providers focussed on positive patient experience, careful patient selection, genuine fully verified medical reviews and realistic expectation setting, many of the patient reported issues would be negated.</p> <p>Considers a challenge lies with how the guidance for online media placement should be structured so as not to limit potential advertising reach for those wanting to advertise their services responsibly.</p>	<p>CAP agrees and notes the additional comments.</p> <p>See CAP's evaluation in 1.2.</p>
1.12	NCB	<p>Considers that the introduction of age-specific placement restriction is both necessary and proportionate.</p> <p>Cites NCB's own 2017 report <a href="#">Cosmetic procedures: ethical issues</a>. Considers that the concerns raised surrounding the insecurities and body image pressures that children and young people may experience and the potential detrimental impact of cosmetic interventions advertising might also include susceptibility of adolescents to peer and</p>	<p>CAP agrees. See CAP's evaluation in 1.3.</p>

		<p>social pressures, and that they are at a stage of their lives when their sense of identity might be tentative and malleable. Considers that CAP has an important protective role to play in ensuring that those potential vulnerabilities are not exacerbated by cosmetic interventions ads and made accessible to under-18s.</p> <p>The <a href="#">Botulinum Toxin and Cosmetic Fillers (Children) Bill</a> restricts under-18s' access to specific non-surgical procedures (i.e., those involving Botox and dermal fillers) for cosmetic purposes. CAP's proposed new rule complements the aims of this Bill. If both changes are realised, they could lead to much stronger regulatory protection for under-18s in both the practice and promotion of cosmetic procedures.</p> <p>Considers the importance to also recognise that concerns about body image do not stop when a person turns 18. Suggests that CAP explores further ways to take a more proactive approach to responsible advertising of cosmetic procedures to audiences of any age.</p>	<p>CAP notes the additional comments.</p> <p>CAP's upcoming work on assessing potential harm relating to body image from advertising will likely explore the potential impact of those ads, as well as ads for other sectors, on different groups of audiences.</p>
1.13	RCPSG	<p>Supports the introduction of an age-specific placement restriction. Whilst much of cosmetic surgery regulation is voluntary, except when directly applied to medical practitioners, RCPSG considers the proposed restriction would be a clear signal that unethical advertising practices are wrong and, in particular, may do harm to children and young people.</p> <p>Recognises that body image issues are common in children and young people; advertising in general and particularly that related to social media and TV/online streaming should be limited. For young patients with a need to consider corrective cosmetic surgery for clear medical indications, such as genetic or traumatic causes, there is impartial advice from relevant specialists via general practitioners and child and adolescent mental health services.</p>	<p>CAP agrees and notes the additional comments.</p>
1.14	RCP	<p>Supports the introduction of an age-specific placement restriction.</p> <p>Notes numerous studies and reviews that assess children's and young people's body image perceptions and pressures, including the impact of social media usage which has increased rapidly in recent years, particularly amongst the adolescent population. Half of ten-year-olds now own their own smartphone and between the ages of nine and ten, smartphone ownership doubles. 5- to 15-year-olds are more likely to pick YouTube as their platform of choice over on-demand services such as Netflix, or TV channels including the BBC and ITV (<a href="#">Ofcom report</a>, 2019). Considers that advertising on social media platforms may influence adolescents' views on the perfect body and interventions that can help them achieve this. Research suggests that several factors contribute to body image attitudes and behaviours that may be harmful, but exposure to and desire to resemble media ideals are significant factors that must be considered.</p>	<p>See CAP's evaluation in 1.3.</p>

		<p>Notes the already growing level of concern related to cosmetic advertisements across all media, as it is felt that content and placement of some adverts (for example placement alongside programmes aimed at adolescents or using role models / influencers that appeal to an adolescent population) are 'deemed inappropriate and irresponsible, trivialising what is a serious and life-changing process.' <a href="#">Concerns</a> were highlighted by the BAPRAS in 2008. Specific concern has been expressed with regards to adolescents, a "young impressionable audience...already self-conscious about their body image" (ASPS, 2004), who "are being targeted heavily" (BBC News, 19 September, 2008).</p> <p>Risks of undergoing cosmetic interventions (as defined in the consultation document), are substantial. The two most popular cosmetic procedures for adolescent girls in recent years have been breast augmentation and liposuction (<a href="#">Zuckerman &amp; Abraham, 2008</a>). Risks associated with these procedures include the general risks of surgery, higher short- and long-term complication rates in adolescents whose bodies are still developing, and financial risks.</p> <p>A Department of Health <a href="#">research document</a> prepared for discussion around the regulation of cosmetic interventions (DoH, 2013) indicated that adolescent girls report pressure regarding their appearance that they feel day to day (perceiving the judgement of peers). They compare themselves (and others) with the ideal images presented in the media by celebrities and influencers. The pressure to compete with peers as well as an envy of celebrities' appearance and the accompanying lifestyle, combines with increasing awareness of the potential to change the way you look, and the solutions available to do so, such as teeth whitening and breast augmentation. Advertising where adolescents are likely to view it is therefore likely to increase this knowledge. Notes many social media influencers / reality TV stars discuss cosmetic interventions explicitly on social media in addition to directly advertising them in some cases.</p> <p>Several recent well regarded literature reviews have focussed on the relationship between body image and media use among adolescents. For example, <a href="#">Borzekowski and Bayer (2005)</a> argue that the media has a direct influence on the public by altering the perception of what is considered 'normal' in terms of body shape and appearance. <a href="#">Tiggemann and Slater (2013)</a> conducted a study to examine the relationship between internet exposure and concerns regarding body image in a large group of adolescent girls, aged between 13 and 15 years. The results showed that internet exposure was significantly correlated with internalisation of the thin ideal, body surveillance and drive for thinness. The study suggests that there is a role for responsible social media education aimed at helping adolescents become 'more critically aware of the idealised images that are presented to them online, as well as the potential appearance and other pressures involved in participation in social networking sites.' Considers advertising within social media, with its inevitable emphasis on the positives of cosmetic interventions as presented by influencers etc, is unlikely to contribute to this aim; RCP questions whether it has the opposite effect.</p>	
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		<p><a href="#">Holland and Tiggemann (2016)</a> systematically reviewed 20 publications looking at the impact of social networking sites on body image and disordered eating; in total, 3025 young people were included within this age range. Overall, the studies provided evidence that use of social networking sites was associated with increased body dissatisfaction and disordered eating. The authors highlight the need to consider the potential consequences of social media use aimed at or consumed by adolescents, particularly in relation to ‘the pressures associated with the uploading and viewing of images.’</p> <p><a href="#">Lunde (2013)</a> examined adolescents’ attitudes towards cosmetic surgery, as well as the relationships between these attitudes, body appreciation, body ideal internalization, and fashion blog reading. The results indicated that younger adolescents (who may be deemed therefore more vulnerable to advertising) seem somewhat more accepting of cosmetic surgery. Girls’, and to a limited extent boys’, internalization of the thin ideal was related to more favourable cosmetic surgery attitudes. Finally, girls who frequently read fashion blogs reported higher thin ideal internalization, and also demonstrated a slight tendency towards more cosmetic surgery consideration.</p> <p>There is no difference between children’s belief in the truthfulness of TV and online advertising. In 2018, over three-quarters of 8-15s who have seen adverts both on TV and online felt that they mostly or sometimes tell the truth - displaying a relative ability to make critical judgements about whether the information they see in adverts is likely to be true (Ofcom report, 2019). Children in higher socioeconomic households (AB) are more likely to be able to make critical judgements about online advertising – 83% think that online ads mostly or sometimes tell the truth, compared to 74% of DE households. There were no differences between socio-economic groups with regards to TV advertising. A majority of children are unable to recognise advertising on search engines, however, meaning that some aspects of online media are more difficult for children to make sense of and apply judgements to. This may make them more vulnerable to either positive or negative images or messages.</p> <p>Concludes there is a body of evidence which supports the view that exposure to positive representations of cosmetic interventions on non-broadcast media is harmful to adolescent body image and body satisfaction, particularly in younger or more vulnerable young people. There also seems to be a dose / response effect i.e. increased exposure leading to more body dissatisfaction, harmful behaviours around eating, and higher acceptance of cosmetic procedures. As expert clinicians assessing and managing young people with mental health difficulties, including eating disorder, RCP knows that young people report susceptibility to the influence of social media on their body image and self-esteem.</p>	
1.15	SF	<p>Supports the introduction of an age-specific placement restriction.</p> <p>SF’s impression is that the majority of responsible services do not knowingly treat under-18s. They recognise the growing pressure from social media, peers and influencers to</p>	CAP agrees and notes the additional comments.

		<p>look a certain way, and it plays on the common insecurities of young people about the way they look. Alongside any legislative changes which would prevent treatments from being carried out on children which SF has been campaigning for since 2014 and worked alongside Laura Trott MP on the Botulinum Toxin and Cosmetic Fillers (Children) Bill, SF also recognises the need to restrict the ways in which those under the age of 18 are able to access adverts and social media posts which promote such procedures.</p> <p>Although the majority of complaints and concerns raised directly to SF concern adults, they have received over 50 complaints relating to treatments carried out on under-18s, whose lives have been seriously impacted, mentally and physically, due to a cosmetic procedure gone wrong.</p> <p>97% of those under the age of 18 who contacted SF found their practitioner on social media and cited that the following posts were the key reasons for making an appointment:</p> <ul style="list-style-type: none"> <li>• Posts advertising cheap deals &amp; time limited offers</li> <li>• Posts promoting treatment packages using celebrity images and hashtags</li> <li>• Posts promoting before &amp; after pictures</li> <li>• Posts using celebrity Images and reality TV programmes used to promote treatments using hashtags such as #loveislandlips #loveislandlips</li> </ul> <p>Considers the figures illustrate the real risk that young an impressionable teenagers are exposed to via social media platforms. They are more at risk from cheap and unscrupulous providers, who do not carry out age checks and are often untrained and uninsured. Young people are also less likely to report, and therefore envisages that there are many more who have fallen victim to bad practice. SF has been contacted by schools who are concerned that a growing number of girls are having dermal fillers to enhance their lips for prom and end of school events, and SF does not doubt there will be providers exploiting this trend.</p>	
1.16	THG	<p>Agrees with the underlying principle that advertising for cosmetic surgery procedures should not be directed towards or targeted at young people and therefore welcomes CAP's proposal. Considers that measures introduced to this effect would ensure more effective compliance with responsible marketing guidelines than the present system, which too often relies on operators acting in good faith and according to voluntary codes of conduct. Aware that young people are often disproportionately influenced by societal and cultural norms relating to body image, and that increasing prominence of cosmetic interventions within consumer culture at large may result in some under-18s perceiving such procedures are necessary to achieve a form of beauty ideal, with resulting impact on self-esteem and mental health. THG has also supported the Botulinum Toxin and Cosmetic Fillers (Children) Bill which seeks to ban the provision of botulinum toxin and cosmetic fillers for people under the age of 18.</p>	CAP agrees.

		<p>Acknowledges that audiences under the age of 18 could be exposed to advertising by cosmetic interventions providers indirectly in non-broadcast advertising, particularly through digital and social media platforms, notwithstanding that THG's own marketing is focussed solely on engaging adult audiences. Believes that search engine platforms, social media platforms and cosmetic interventions providers carry collective responsibility to review age restriction regulations to ensure effective levels of safeguarding are in place for under-18s. Considers that onus is not solely on cosmetic interventions providers in that regard and would welcome an ASA-convened forum that promotes collaboration between relevant stakeholders to achieve this objective.</p> <p>Similar to other sectors subject to age-restricted advertising regulations, there will be practical limits to providers' ability to guarantee categorially that any non-broadcast advertising does not reach children and young people, including but not limited to the fact that some under-18s may have inaccurately reported their birth date on digital platforms to access adult content. Believes that industry operates should seek to ensure, where possible, that they support their choice of demographic data with behavioural data that similarly biases the target audience.</p> <p>Considers that an area of sensitivity applies to influencer marketing on social media, where the highly dynamic nature of an influencer's follower base is such as any content partnerships with an influencer may indirectly reach under-18 audiences, despite the advertiser's best efforts and intentions. Suggests that CAP should consider additional measure to protect children and young people from undue exposure to cosmetic interventions advertising through introducing clear age-restriction messages that are visibly evidence in influencer marketing posts.</p>	<p>CAP considers that the primary responsibility to comply with the CAP Code rests with the advertisers. Other involved in publishing and preparing the ads, such as publishers, also have an obligation to abide by the CAP Code. The ASA is likely to expect advertisers to take all reasonable steps and use all tools available to them to ensure cosmetic interventions advertising is appropriately targeted under the proposed restriction. CAP commits to a 12-month review of the rule to consider whether it is meeting its policy objective.</p> <p>The intention of the proposed restriction is to appropriately limit under-18s' exposure to cosmetic interventions advertising, rather than completely prohibit all exposure, as children and young people inevitably comprise a minority of audience in some cases. Recently updated CAP Guidance on <a href="#">age-restricted ads online</a> sets out the principles which support advertisers in demonstrating they have taken reasonable steps to target age-restricted ads appropriately, to minimise children and young people's exposure to those ads online, such as social media. This includes the use of demographic data, behavioural data, interest-based targeting and the choice of media.</p> <p>CAP notes that the issues of ad content requirements and restrictions are not within the scope of this consultation. As, stated in the consultation, CAP will likely further explore whether specific content restrictions, including in relation to cosmetic interventions advertising, should be introduced to mitigate any harms that are not already and</p>
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		<p>Considers that it would be excessively punitive if advertisers are prevented from making use of influencer marketing outright on the basis that the influencer’s audience included even a small proportion of under-18s, as this lies beyond control of the advertising, may be subject to frequent change and relies on technology put in place by social media platforms to effectively filter content. Would be supportive of measures, for example, that would put in place reasonable policies to guide interaction between an advertiser and an influencer, such as providers are not restricted from working with influencers whilst checks and balances are in place. This ensures the nature of content is appropriate to the influencer’s follower base, and guidelines are put in place to require advertisers to take reasonable steps to determine whether an influencer’s audience is likely to include a disproportionate number of under-18s. This would require the collaboration of social media platforms to make user data openly available to advertisers, without which the proposed restrictions would be unworkable in practice and subject to unhelpful broad interpretation.</p>	<p>adequately addressed by the current rules.</p> <p>The proposed restriction would not prevent advertisers from using influencer marketing for their services. Where influencer marketing is used, the ASA is likely to assess whether the nature of an influencer’s social media content is likely to appeal to under-18s and where demographic data is available, expects advertisers to demonstrate that under-18s do not comprise over 25% of the influencer’s follower base (see the following examples of ASA’s assessment of appropriate targeting where influencer marketing is involved: <a href="#">A16-336874</a> and <a href="#">G19-1018369</a>).</p>
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**2. If your answer to Question 1 is ‘Yes’, do you agree with CAP’s proposed wording for a new rule in Section 12 Medicines, medical devices, health-related products and beauty products of the CAP Code? Please explain your reasons in your response.**

	Respondents	Comments	CAP’s evaluation:
2.1	CPSA, MHF, RCP	The respondents listed on the left agree with CAP’s proposed wording. No additional commentary offered.	CAP agrees.
2.2	RCPSG, SF, PI1	No commentary offered.	
2.3	AGN	<p>Disagrees with the proposed wording. AGN considers it is essential that any new regulation is clear and unambiguous for consumers and businesses alike. Introducing two separate rules for the CAP and BCAP Codes with a variance in wording would risk creating confusion and uncertainty, and leads to undue administrative and compliance burden.</p> <p>Recommends that the amendment updating the proposed wording of the CAP Code rule should align with the proposed wording of the BCAP Code rule (recommended changes are underlined):</p> <p><i>“Marketing communications for cosmetic interventions must not be <u>principally</u> directed at those or <u>likely to appeal particularly to audiences below the age of 18 years through the selection of media or context in which they appear.</u>”</i></p>	<p>CAP disagrees. The proposed wording is consistent with other age-based targeting restrictions in other sections of the CAP Code, which are intended to prohibit age-restricted marketing communication from appearing in media: 1) that are obviously directed at children and young people and 2) where children and young people make up a significant proportion of the audience. CAP considers a divergence in the proposed wording from other age-based targeting restrictions in the CAP Code is</p>

		Considers that the recommended inclusion of 'principally directed' will ensure greater consistency between the CAP and BCAP rules. The recommended changes will closer align the rule with its intended purpose and that of the explanatory notes within the consultation and the CAP Guidance on Children and age-restricted ads online, which states that 'cosmetic interventions advertising cannot be placed in media that are aimed at under-18s, and in media in which 25% or more of the audience profile is under 18'. It would also allow for future updates to the CAP Guidance on Children and age restricted ads online in isolation, without the need to consult on further updates to the proposed CAP Code rule.	likely to cause confusion for advertisers in how the ASA may enforce those rules for non-broadcast age-restricted advertising.
2.4	BACN	<p>Agrees with CAP's proposed wording.</p> <p>Advises that there may be a need to include a statement that reflects the ability to treat under-18s for a 'specific medical condition' linked to appearance should be determined by a 'multi-disciplinary medical team'.</p>	<p>CAP agrees.</p> <p>CAP considers that the suggestion relates to the practice and provision of a cosmetic intervention procedure, specifically assessing the suitability of a procedure, rather than to advertising and therefore not within the scope of the consultation.</p> <p>CAP also considers consumers would be able to seek information and advice about those procedures, including those administered for a medical reason, through the NHS and/or other medical support services.</p>
2.5	BAPRAS	Certain cosmetic procedures for under-18s that are not funded by the NHS but are beneficial to patients (e.g. corrective surgery for prominent ears, breast asymmetry or gynecomastia) might be encompassed in the proposed restriction; BAPRAS suggests this be considered further.	<p>As noted in the consultation, the proposed placement restriction is intended to limit under-18s exposure to cosmetic interventions advertising. The proposal would not prevent advertisers from marketing their services on media, such as their own websites, which can be accessed only if consumers actively seek those out.</p> <p>CAP also considers consumers would be able to seek information and advice about those procedures, including those administered for a medical reason, through the NHS and/or other medical support services.</p>
2.6	CF	Agrees with CAP's proposed wording. Independent research, referred to in CF's response in 1.5, shows the challenges children and young people with visible differences can face,	CAP agrees.

		<p>and the impact that poor body image associated with looking different can have on the mental health and wellbeing of these young people.</p> <p>Supports the inclusion of both surgical and non-surgical, and invasive and non-invasive procedures and treatments in the wording, and agrees that the emphasis should be placed on ensuring that marketing communications for treatments or procedures with the primary objective of changing an aspect of an individual's physical appearance are not directed at those under 18.</p> <p>Considers that the wording 'patient' may potentially be misleading and could lead to inference that there is a medical need for those treatments or procedures; suggests the term is not used in this context, preferring 'individual' or 'client'.</p>	<p>CAP acknowledges that cosmetic interventions may be administered for both medical and non-medical reasons. CAP considers this to be a helpful suggestion and has replaced 'patient' in the proposed wording with 'consumer'.</p>
2.7	GMC	<p>Considers that the proposed wording aligns with GMC's guidance for <a href="#">doctors who offer cosmetic interventions</a>. <a href="#">Paragraph 35</a> of the guidance states that a doctor's marketing activities must not target children or young people, through either content or placement. <a href="#">Paragraph 33</a> of the guidance does permit doctors to perform cosmetic procedures on patients aged under-18 only where the intervention is considered to be in the patient's best interests.</p> <p>More broadly, the <a href="#">Good Medical Practice</a>, which sets out the core professional standards expected of all doctors, highlights the need for doctors to be honest, trustworthy and act in a way that maintains patient trust and public confidence in the profession. <a href="#">Paragraph 70</a> states when advertising services, doctors must make sure the information they publish is factual and can be checked, and does not exploit patients' vulnerability or lack of medical knowledge.</p>	<p>CAP notes the additional comments.</p>
2.8	GG	<p>Mostly agree with CAP's proposed wording but considers that it is unclear how the rule would be effective in not advertising to children and those under the age of 18. Would like further information on how advertisers will be supported to comply with the proposed rule and avoid advertising to children, and prevent the harm those ads cause. Would welcome clarification on how the rule would be applied and work in practice when in many cases it is difficult to ensure those under the age of 18 are not directly advertised to (eg through social media, influencers, billboards on school routes and public transport).</p>	<p>CAP guidance on <a href="#">media placement restrictions: protecting children and young people</a> sets out the requirements for appropriate targeting of age-restricted advertising in non-broadcast media generally, including in media that is obviously directed at the protected age group and media that is of general appeal.</p> <p>Additionally, recently updated CAP Guidance on <a href="#">age-restricted ads online</a> sets out the principles which support advertisers in demonstrating they have taken reasonable steps to target age-</p>

			restricted ads appropriately to minimise children and young people's exposure to those ads online, such as social media. This includes the use of demographic data, behavioural data, interest-based targeting and the choice of media.
2.9	HA	Considers the age restriction should be raised to under-21s, rather than under-18s.	CAP disagrees. CAP notes that the provision of surgical cosmetic interventions is subject to legal requirements relating to an individual's capacity to consent, rather than a blanket prohibition based on age. Many non-surgical cosmetic interventions are not legally restricted for under-18s, with some exceptions. CAP's proposed restriction seeks to complement existing GMC guidance on cosmetic interventions advertising to children and young people (under-18s), which CAP understands is underpinned by the wider principles in GMC guidance for doctors which treats children and young people as a specific set of patients requiring special considerations in the provision of medical treatments.
2.10	JCCP	<p>Agrees with CAP's proposed wording.</p> <p>Suggests the insertion of 'deliberate' (underlined) in the proposed wording:</p> <p><i>'Marketing communications for cosmetic interventions must not be directed at those aged below 18 years through the <u>deliberate</u> selection of media or context in which they appear.</i></p> <p><i>Cosmetic interventions mean any intervention, procedure or treatment carried out with the primary objective of changing an aspect of a patient's physical appearance. This includes surgical and non-surgical interventions, both invasive and non-invasive. This does not include cosmetic products as defined in Regulation (EC) No 1223/2009. See Advertising Guidance: Cosmetic Interventions.'</i></p>	<p>CAP agrees.</p> <p>CAP disagrees with the suggestion. CAP notes that the ASA assesses compliance with the CAP Code according to the marketing communications' probable impact when taken as a whole and in context. CAP considers the suggested insertion of 'deliberate' would, in effect, limit the scope of the proposed restriction to advertisers with the intention to target its advertising to under-18s. CAP considers that restrictions based on the advertiser's intention to place ads in certain media would be difficult to enforce.</p>

2.11	MYA	<p>Suggests further consideration is given to the definition and differentiation of ‘cosmetic interventions’ when discussing surgical and non-surgical cosmetic interventions. Much of the growth in the UK cosmetic interventions market is driven by procedures relating to Botox, dermal fillers and other non-surgical treatments, which can be administered by more junior medical staff and sometimes non-medical clinicians. Notes that some of those products and services are regulated, but many are not. This is in comparison to cosmetic surgery which must be carried out in a CQC registered hospital setting and those providers have the same responsibilities as any NHS or large private healthcare provider. Believes that whilst advertising for both surgical and non-surgical treatments should be restricted to over-18s, suggests that CAP should consider whether the surgical and non-surgical interventions sectors would warrant separate regulatory pathways as non-surgical treatments can be administered as if they are advanced beauty products due to inconsistent regulation, resulting in a stark contrast between the two sectors.</p> <p>Considers that it is important to differentiate cosmetic surgery from other age-restricted product sectors, such as gambling, alcohol or tobacco products. Notes it is an unfair comparison given there are not positive benefits to those products, whilst the procedures MYA carries have materially enhanced Quality Adjusted Life Years scores. Requests that no comparisons to be made between the industry to those sectors when communicating the outcome of the consultation as it could otherwise further reinforce the negative perceptions associated with cosmetic interventions.</p> <p>Considers that there are fewer rules for digital marketing activity with minimal enforcement, in comparison to scheduling restrictions for linear broadcast activity, and this provides an opportunity for tighter regulations to better protect under-18 audiences. For ad placement on YouTube, MYA’s approach is to target age 18+ audience when known and to include the ‘Unknown’ category – audiences whose ages have not been identified as they are not signed into a Google account – only with selected whitelist of YouTube channels. Those channels have been carefully chosen following their TV advertising experience and the BARB 120 index to avoid any interest-based cross-appeal that may occur between the target audience and under-18s. The combination of platform-led audience age data alongside a curated interest-based approach allows MYA to target an over-18 audience to the best of their ability.</p> <p>For organic social media ad placement, notes that whilst many platforms have a minimum age requirement to sign up but, most have a minimum age requirement of 13 to sign up. States MYA’s organic social media page and non-paid for content is aimed at age 18+</p>	<p>CAP acknowledges the difference in the nature of the procedures, associated risks, relevant regulations, professional requirements between surgical and non-surgical cosmetic interventions. However, CAP considers the proposed wording within the context of the CAP Code seeks to establish a clear and wide definition of cosmetic interventions, the primary objective of which is to change an individual’s appearance. It complements and reflects existing GMC guidance on cosmetic interventions advertising to children and young people and similar restrictions in other voluntary industry codes of practice, and ensures the same standard of restriction applies across the sector.</p> <p>CAP acknowledges of the nature of age-restricted products are different. CAP’s policy objective includes setting standards to prevent harms arising from advertising and protecting children and young people.</p> <p>CAP notes that, as well as taking audience composition-based steps to prevent users who are registered as under 18 years of age from viewing age-restricted ads, the ASA is likely to expect advertisers to make full use of any tools available to them, such as interest-based targeting and any linked external data, to ensure that ads are targeted at age-appropriate users, particularly given that it is possible for younger users to misreport their age.</p> <p>CAP guidance on <a href="#">media placement restrictions: protecting children and young people</a> sets out the requirements</p>
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		<p>users, and their social media home page specifies age 18+ only to further reinforce this. Audience demographic data from MYA's Instagram account indicate that only 0.9% of their followers are aged 13 to 17, with the rest falling into older age categories. They have not been able to identify and remove those specific under-18 followers; states they would take advantage of a mechanism, should it be available, to remove those users. Notes a feature on Instagram was only made available in December 2019 which allows the account holder to set the default minimum page of their page to 18 to prevent new users from access their account, including profile, posts and stories.</p> <p>For influencer marketing, MYA requires view of age range of the influencer's Instagram followers before working with them; their approach would be to follow the principals of the BARB 120 index.</p> <p>Notes that organic search result listings are dictated by a user's search behaviour and they cannot control to whom their organic search listings are shown. Would be keen for confirmation whether more could be done to be compliant.</p>	<p>for appropriate targeting of age-restricted advertising in non-broadcast media generally, including 1) in media that is obviously directed at the protected age group and 2) media that is of general appeal (advertisers are expected to demonstrate audience in the protected age category do not comprise more than 25% of the audience demographic).</p> <p>Additionally, recently updated CAP Guidance on <a href="#">age-restricted ads online</a> sets out the principles which support advertisers in demonstrating they have taken reasonable steps to target age-restricted ads appropriately to minimise children and young people's exposure to those ads online, such as social media. This includes the use of demographic data, behavioural data, interest-based targeting and the choice of media.</p> <p>Where influencer marketing is used, the ASA is likely to assess whether the nature of an influencer's social media content is likely to appeal to under-18s and where demographic data is available, expects advertisers to demonstrate that under-18s do not comprise over 25% of the influencer's follower base (see the following examples of ASA's assessment of appropriate targeting where influencer marketing is involved: <a href="#">A16-336874</a> and <a href="#">G19-1018369</a>).</p> <p>'Pay-per-click' and other paid-for search result listings are covered by the CAP Code; 'natural' or organic search results are not considered ads for the purposes of the CAP Code.</p>
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2.12	NHBF	<p>Agrees with CAP's proposed wording. NHBF has maintained the position that certain aesthetic (non-surgical cosmetic interventions) treatments should not be delivered or provided to under-18s: botulinum toxins or similar anti-wrinkle treatments, dermal fillers, UV tanning, Intimate waxing, IPL (intense pulsed light) treatment, micro-pigmentation, microblading, body piercings.</p> <p>NHBF provides specific guidance for both practitioners and consumers relating to age restrictions on the promotion and provision of services and treatments. States own codes of practice require members to comply with age-restrictions on the administering and provision of specific treatments: <a href="#">salon owners</a>, <a href="#">self-employed</a>, <a href="#">salons and barbershops</a>, <a href="#">independent contractors</a>.</p>	CAP agrees and notes the additional comments.
2.13	NCB	<p>Urges caution over the use of the term 'non-invasive' to describe cosmetic procedures. All the cosmetic procedures listed on page 19 of the consultation document are invasive. Suggests that describing procedures as 'surgical and non-surgical' defines them accurately. 'Non-invasive' may suggest triviality and downplay physical risks that may be involved and considers such perceptions must be avoided.</p>	CAP disagrees. CAP considers the term 'non-invasive' in the proposed wording within the context of the CAP Code seeks to establish a clear and wide definition of cosmetic interventions. It complements and reflects existing GMC guidance on cosmetic interventions advertising to children and young people and similar restrictions in other voluntary industry codes of practice, and ensures the same standard of restriction applies across the sector.
2.14	THG	<p>Agrees with CAP's proposed wording. Considers that proposed rule would bring advertising regulations for cosmetic interventions into line with operational industry regulations – some of which are likely to be imminently implemented – meaning that no children or young people should be exposed to cosmetic interventions advertising for both surgical and non-surgical procedures.</p> <p>Of note in the proposed wording is the emphasis on the imperative for providers to ensure that their advertising is not "<i>directed</i>" at under-18s via the "<i>selection</i> of media or contexts in which they appear". Considers that this phrasing rightly emphasises that the intentionality of marketing activity should not be focused (strategically or tactically) at an under-18 audience, such that this guides media buying activity, for example.</p>	CAP agrees.

**3. Whether the introduction of an age-specific scheduling restriction broadcast advertising for cosmetic interventions in the BCAP Code is necessary and proportionate? Please provide your rationale and any relevant evidence in support of your answer.**

	Respondents	Comments	BCAP's evaluation:
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3.1	AGN, BAPRAS, HA, JCCP, NHBF, THG, PI1	The respondents listed on the left support the introduction of an age-specific scheduling restriction. No additional commentary offered.	BCAP agrees.
3.2	BACN	Agrees that the introduction of an age-specific scheduling restriction is necessary and proportionate. Rationale provided is the same as that in 1.3.	<p>BCAP agrees. BCAP considers that the body of evidence forms a clear picture that children and young people are particularly vulnerable to body image pressures and negative body image perceptions are prevalent amongst those groups. The period of adolescence, in particular, has been highlighted as a life stage in which children and young people's body image positivity may rapidly decline.</p> <p>The evidence indicates that the children and young people's negative body image perceptions and their susceptibility to pressures to change their appearance are likely to be multi-factorial and shaped by a number of social and cultural factors, including media, social media, celebrity culture and advertising. It also suggests that section of children and young children attach importance to body image and consider there to be an existence of an 'ideal' body type, and some would consider undergoing cosmetic interventions as a means to alter their appearance to address their body image concerns.</p> <p>Children and young people's body image concerns and their reasons for considering cosmetic interventions as a means to address those concerns are influenced by multiple factors. Nevertheless, the evidence base shows, in addition to children and young people's susceptibility to body image related pressures and negative</p>

			<p>perceptions, there was potential that exposure to different forms of media, particularly those that focus on body image ‘improvements’ including cosmetic intervention procedures, is likely to exacerbate body image dissatisfaction and negativity during vulnerable stages of their lives.</p> <p>For those reasons, and taking into account the inherent risks of cosmetic interventions and potential post-procedural complications, BCAP considers that the proposals would help appropriately limit children and young people’s exposure to cosmetic interventions and play a part in mitigating the potential wider body image related harms experienced by those age groups.</p>
3.3	CF	<p>Believes that the introduction of an age-specific scheduling restriction both is necessary and proportionate.</p> <p>Rationale provided is the same as in 1.5 but notes additional challenges surrounding cosmetic intervention advertisements, with reference to television.</p> <p>Notes the lack of positive representation of people with visible differences in film and on television. Films use scars and looking different as a short-hand for villainy or vulnerability far too often. On television, there is a lack of characters who have visible differences, with disfigurement largely ignored. Considers this could be damaging to people with visible differences because they become associated with the negative stereotype. Cites CF’s own report which found around one in five children and young people say that people with a visible difference are regularly shown as ‘baddies’ in films and books (18%), they rarely feature in adverts (18%) and aren’t shown as positive role models (17%)<sup>7</sup>.</p> <p>Notes that young people with visible differences are already living a life with a distinct lack of positive role models in the popular culture that surrounds them. In addition, if they are</p>	<p>See BCAP’s evaluation in 3.2</p>

<sup>7</sup> Changing Faces Looking Different Report, 2018. [https://www.changingfaces.org.uk/wp-content/uploads/2018/05/2266\\_Changing\\_Faces\\_FaceEqualityDay\\_report\\_AW\\_single\\_page.pdf](https://www.changingfaces.org.uk/wp-content/uploads/2018/05/2266_Changing_Faces_FaceEqualityDay_report_AW_single_page.pdf)

		also subject to advertisements promoting cosmetic interventions that reinforce the stereotypical portrayals of beauty and offering methods to 'fix' differences or 'imperfections', the negative thoughts around difference pervade.	
3.4	CPSA	Supports the introduction of an age-specific scheduling restrictions, which CPSA considers to be necessary and proportionate. Rationale provided is the same as that in 1.6.	BCAP agrees. BCAP's evaluation is the same as that in 1.6.
3.5	GMC	No specific comments offered.	
3.6	GG	Believes an introduction of an age-specific restriction on broadcast advertising for cosmetic interventions is necessary and welcomes the proposals. Believes that ads in general shown before the watershed children could reasonably be expected to have access to should only include content appropriate for children and would like to see ads for surgical and non-surgical cosmetic procedures be not visible to children. Believes the industry must be robustly regulated and a minimum age restriction of 18 implemented where procedures are unconnected to medical reasons. Rationale provided is the same as in 1.8.	See BCAP's evaluation in 3.2. BCAP's proposal is not intended to impose a time restriction on when cosmetic interventions advertising can be shown.
3.7	MHF	Agrees that the introduction of an age-specific scheduling restriction is necessary and proportionate. In addition to the rationale provided in 1.10, MHF notes that in 2018, the ASA upheld MHF's complaint about the broadcast of cosmetic surgery ads during Love Island, which demonstrates the scale of audience that broadcast advertising can reach.  Considers that it also shows cosmetic surgery ads on television can be broadcast alongside programming which venerates unrealistic body images and therefore attract an audience that is potentially vulnerable to the mental health harms of cosmetic surgery advertising.	See BCAP's evaluation in 3.2.
3.8	MYA	Considers the introduction of age-based targeting restrictions to be a necessary step to protect children and young people. Rationale provided is the same as that in 1.11.	BCAP agrees. BCAP's evaluation is the same as that in 1.11.
3.9	NCB	Similar to response in 1.12, body image concerns do not stop as soon as a person reaches the age of 18. Watching a programme which discusses or portrays people who have had cosmetic procedures might have an influence on someone who is over 18 in ways similar to its influence of those under 18. Referred to own <a href="#">blog post</a> which raised some of these issues on how advertisements had been placed during the broadcast of Love Island.	See BCAP's evaluation in 3.2.
3.10	RCPSG	Supports the introduction of an age-specific scheduling restriction. Rationale provided is the same as that in 1.13.	BCAP agrees. BCAP's evaluation is the same as that in 1.13.
3.11	RCP	Considers the introduction of an age-specific scheduling restriction to be reasonable.  <a href="#">Pearl and Weston (2003)</a> USA survey of adolescents found that 'the most common source of information about plastic surgery among the students was teen magazines and television.' One third of the students who took part said they would have cosmetic surgery, particularly liposuction, rhinoplasty and breast augmentation. <a href="#">Dohnt and Tiggemann (2006)</a> conducted a study to examine the contribution of media and peer influences to the development of body dissatisfaction and self-esteem in girls aged between 5 and 8 years, over a one-year period. Alarming, 40% of girls reported a desire for thinness at time 1 and 43% at time 2. The study found that girls who watched television shows with an 'appearance emphasis' were less satisfied with their appearance and exposure to such television shows predicted a decrease in appearance satisfaction over the one-year period.	See BCAP's evaluation in 3.2.

[Abraham and Zuckerman \(2011\)](#) argue that a surge in cosmetic-surgery based TV shows and unrealistic advertisements has changed the public's perception of a normal body. This has led to an increase in adolescents in Western countries opting for cosmetic interventions.

A recent study ([Ashikali et al 2014](#)) used an experimental design to investigate girls' responses to cosmetic surgery based reality shows. Girls (N 99) aged 15 to 18 (M 16.6) years were randomly allocated to one of three conditions: a cosmetic surgery TV show, which (1) mentioned risks associated with surgery, (2) did not mention risks, or (3) to the control condition, a home makeover show. Results showed that simple exposure to cosmetic surgery shows overall, resulted in girls reporting more dissatisfaction with their weight and appearance. Girls' responses to cosmetic surgery shows were mediated according to their own materialistic values and the extent that they derived self-worth from their appearance, suggesting that more vulnerable adolescents are more likely to respond favourably to the idea of plastic surgery. Results suggest that cosmetic surgery reality TV can be damaging to adolescent girls' body image. RCP considers one may indirectly argue that increased exposure to cosmetic advertising (through it being present at times or around shows which adolescent girls are likely to watch) particularly in the context of for example reality television focussing on appearance, is likely to be harmful.

[Faridoon and Iqbal \(2018\)](#) conducted a study to investigate the effect of advertisements on materialism and body image among adolescents using a sample of 400 participants, aged 14 to 20 years. Their findings were that exposure to advertisements led to an increase in body dissatisfaction and higher materialism. This in turn can lead to engaging in behaviours to achieve the desired body image. Interestingly, the findings were equal across both male and female participants.

Qualitative studies in addition, for example [Ashikali et al \(2016\)](#), suggest that media plays an important role by normalising surgery and under-representing the risks associated with it. Cosmetic surgery in their focus groups of adolescents was perceived as being widely available in all types of media, leading to its normalisation, as well as setting a 'benchmark' for an acceptable appearance. In terms of actual media coverage, girls thought cosmetic surgery was mostly presented in a glamorised way, with a strong emphasis on the psychological benefits of undergoing it, whereas the risks associated with it were almost entirely disregarded. Cosmetic surgery was therefore perceived to be marketed as a consumer product rather than a serious medical intervention.

A recent European study ([Barcaccia et al \(2018\)](#)) looking at the influence of television on adolescents body image suggested that the main factors contributing to females' eating-disordered behaviours were their own desires to be similar to role models (favoured TV characters), the amount of reality and entertainment TV they watched, and the discrepancy between their perceptions of their bodies and those of the models. Friends' desire to be

		similar to TV characters contributed most to depression, anxiety, body uneasiness, and eating disorders for both males and females. RCP considers there is evidence that there is a dose / response effect of these type of messages on groups of adolescents i.e. that increased exposure increases risks of harms, and indirect evidence that exposure to advertising which complements or exacerbates messages / content of these types of TV shows and which is aimed at adolescents would be likely to contribute to disturbances in body image and harmful behaviour around eating.	
3.12	SF	Supports the introduction of an age-specific scheduling restriction. Rationale provided is the same as that in 1.15.	BCAP agrees. BCAP's evaluation is the same as that in 1.15.

**4. If your answer to Question 3 is 'Yes', do you agree with BCAP's proposed wording for a new rule in Section 32 Scheduling of the BCAP Code. Please explain your reasons in your response?**

	Respondents	Comments	BCAP's evaluation:
4.1	BACN, CPSA, MHF, RCP	The respondents listed on the left agree with BCAP's proposed wording.	BCAP agrees.
4.2	RCPSG, SF, PI1	No additional commentary offered.	
4.3	AGN	Agrees with BCAP's proposed wording. Considers the BCAP's proposed wording is more precise and unambiguous, and provides clarity to businesses and consumers while preventing undue administrative or compliance burden.	BCAP agrees.
4.4	BAPRAS	Response is the same as that in Q2.	BCAP's evaluation is the same as in 2.3.
4.5	CF	<p>Agrees BCAP's proposed new wording. Independent research, referred to in CF's response to 1.5, shows the challenges children and young people with visible differences can face, and the impact that poor body image associated with looking different can have on the mental health and wellbeing of these young people.</p> <p>Supports the inclusion of both surgical and non-surgical, and invasive and non-invasive procedures and treatments in the wording, and agrees that the emphasis should be placed on ensuring that broadcast advertisements for treatments or procedures with the primary objective of changing an aspect of an individual's physical appearance are not directed at those under 18.</p> <p>Considers that the wording 'patient' may potentially be misleading and infer there is a medical need for a treatment or procedure; suggests the term is not used in this context preferring 'individual' or 'client'.</p>	<p>BCAP agrees.</p> <p>BCAP acknowledges that cosmetic interventions may be administered for both medical and non-medical reasons. BCAP considers this to be a helpful suggestion and has replaced 'patient' in the proposed wording with 'consumer'.</p>

		Supports further clarification to be made in the existing Advertising Guide on the marketing of surgical and non-surgical cosmetic procedures, on the types of treatments and procedures that are likely to fall within the scope of “cosmetic interventions” to which the proposed restrictions would apply, and “cosmetic products” which fall outside the scope of the proposed rules.	BCAP agrees.
4.6	GMC	Response is the same as that in Q2.	BCAP notes the additional comments.
4.7	GG	<p>Mostly agree with BCAP’s proposed wording. Pleased to see the proposed wording includes ‘likely to appeal particularly to audiences below the age of 18’, to show that those aged under 18 watch content even when it is not directed towards them.</p> <p>But believes the proposed rule could go further in restricting cosmetic interventions ads from being advertised in or adjacent to programmes commissioned for, directed at or likely to appeal young women. Cites GG’s 2019 Girls’ Attitudes Survey, which found 55% of girls and young women aged 11-21 considered that ads for cosmetic surgery should not be shown during programmes targeted at young women, which reflects that those ads can also have a negative impact on young women above the age of 18.</p> <p>Suggests accompanying guidance for the proposed rule could include examples of content likely to appeal to audiences below the age of 18 or young women to ensure clarity for advertisers.</p>	<p>BCAP agrees.</p> <p>BCAP disagrees. BCAP notes that the provision of surgical cosmetic interventions is subject to legal requirements relating to an individual’s capacity to consent, rather than a blanket prohibition based on age. Many non-surgical cosmetic interventions are not legally restricted for under-18s, with some exceptions. BCAP’s proposed restriction seeks to complement existing GMC guidance on cosmetic interventions advertising to children and young people (under-18s), which CAP understands is underpinned by the wider principles in GMC guidance for doctors which treats children and young people as a specific set of patients requiring special considerations in the provision of medical treatments.</p> <p>BCAP notes that consideration of further content restrictions in relation to cosmetic interventions advertising is not subject to this consultation.</p>
4.8	HA	Response is the same as that in 2.9.	BCAP disagrees. BCAP’s evaluation is the same as that in 2.9.
4.9	JCCP	<p>Agrees with BCAP’s proposed wording. Suggests replacing ‘may not’ with ‘must not’:</p> <p><i>These <del>may</del> <u>must</u> not be advertised in or adjacent to programmes commissioned for, principally directed at or likely to appeal particularly to audiences below the age of 18:</i></p> <p>...</p>	BCAP disagrees with the suggestion. The wording of ‘may not’ in BCAP Code rule 32.2 is consistent with other scheduling rules in BCAP Code Section 32.

		<i>Cosmetic interventions, procedures or treatments carried out with the primary objective of changing an aspect of a patient's physical appearance. This includes surgical and non-surgical interventions, both invasive and non-invasive. This does not include cosmetic products as defined in Regulation (EC) No 1223/2009. See Advertising Guidance: Cosmetic Interventions.</i>	BCAP also notes that the ASA's position in its enforcement of BCAP Code rule 32.2, as it is currently worded, as the same effect as the use of 'must not'.
4.10	MYA	<p>Suggests further consideration is given to the definition and differentiation of 'cosmetic interventions' when discussing surgical and non-surgical cosmetic interventions. Rationale provided is the same as that in 2.11.</p> <p>Considers that the BARB '120' index is already a robust tool that allows advertisers and media buyers to understand the likely audience age for TV programming. The children index is subject to change for short periods of time with seasonality (audience shift during school holidays) or long-term as general viewing habits evolve. Additional age-based restrictions based on this metric would be a welcomed addition to the BCAP Code.</p>	<p>BCAP disagrees with the suggestion. BCAP's evaluation is the same as that in 2.11.</p> <p>BCAP agrees. BCAP guidance on <a href="#">identifying TV programmes likely to appeal to children</a> sets out a variety of approaches to help broadcasters to comply with scheduling rules and identify TV programmes that are likely to appeal particularly to children.</p>
4.11	NHBF	Agrees with BCAP's proposed wording. Rationale provided is the same as in 2.12.	BCAP agrees. BCAP's evaluation is the same as that in 2.12.
4.12	NCB	Urges caution over the use of the term 'non-invasive'. Rationale provided is the same as in 2.13.	BCAP disagrees. BCAP's evaluation is the same as that in 2.13.
4.13	THG	<p>Agrees with BCAP's proposed wording in preventing industry operators from "advertising in" or "adjacent to" programmes "commissioned for and principally directed at" audiences below the age of 18. Welcomes guidance on measures that can be put in place to ensure clarity on whether a programme has been "commissioned for and principally directed at" this audience, to guide marketing activity accordingly.</p> <p>Holds concerns that "likely to appeal particularly" in the proposed wording is subjective that does not provide a substantive definition and is potentially open to wide interpretation from regulators, external observers and cosmetic interventions providers.</p> <p>Considers the question of whether or not a programme is "likely to appeal" to a specific age group, particularly under-18s, is subject to cultural forces beyond the control or even the predictability of regulators or marketers; whether a programme "appeals" to an under-18 audience may change series-to-series, for example, and is conditional on broader, unpredictable media consumption trends, to the extent that marketing activity may not be reasonably planned. THG would welcome further discussion on this point before providing support for the proposed wording in its entirety.</p>	<p>BCAP disagrees. BCAP notes the ASA's established position in assessing whether a TV programme during or around which an ad appears is likely to appeal particularly to a protected age group, is to assess the BARB audience index score against a threshold index score of 120 ('120 index').</p> <p>BCAP guidance on <a href="#">identifying TV programmes likely to appeal to children</a> sets out the ASA's approach to enforcing the scheduling rules and a variety of approaches to help broadcasters to comply with scheduling rules and identify TV programmes that are likely to appeal particularly to children.</p>

## 5. Other responses received that do not directly relate to the consultation questions above:

	Respondents	Comments	CAP and BCAP's evaluation:
5.1	BACN	Supportive of the proposal to look in more depth at the issue of 'appearance' and mental health issues across all age groups, not just under-18s.	CAP and BCAP agree.
5.2	CPSA	<p>With immediate and unfiltered access to online platforms, many ads take an approach that downplay risk and sensationalise the effects of treatment. The targeted ads and flooding of the market with a scatter-gun approach will inevitably result in the ads reaching vulnerable, young and those who are unable to weigh up the risks and benefits of treatment.</p> <p>Welcomes the requirements for influencers to declare that a post is promoted. Would further impress upon individuals and the wider industry to be socially responsible, balanced in their approach and fairly represent the benefits and risks that procedures carry.</p> <p>Notes that many adverts will claim medical professional access in clinics. Expresses concern that those practices and connections are in name only and patients will not be examined by medical professional to ensure a treatment is suitable, safe and the patient is able to consent.</p>	<p>As set out in CAP guidance on <a href="#">cosmetic interventions</a>, advertisers must ensure that ads do not trivialise cosmetic interventions or suggest that they be undertaken lightly. Creative treatments should not detract from the seriousness of the interventions offered. CAP and BCAP consider it is disproportion to regulate volume of cosmetic advertising as advertisers can legitimately market their services, provided that those ads are responsible, appropriately targeted and are not misleading.</p> <p>CAP and BCAP note the additional comments.</p> <p>As set out in CAP guidance on <a href="#">cosmetic interventions</a>, advertisers must not make misleading claims that they operate in a regulated medical environment or claims relating to the practitioners' qualifications, skills and experience. Actual medical supervision in the provision and administration of the procedures is beyond the scope of ASA, CAP and BCAP's regulation.</p>
5.3	GG	More should be done to hold online advertisements to account so that they follow the ASA standards around gender stereotypes. Welcomes ongoing work to review and develop these rules further.	CAP and BCAP recently conducted a <a href="#">12-month review</a> on the rule and guidance on harmful and offensive gender stereotypes in advertising. CAP and BCAP will continue to carry out additional monitoring.

		<p>Adverts for weight-loss clubs and diet products should not be advertised to those under 18. Believes that these ads are harmful to girls and young women and welcomes CAP and BCAP's upcoming work in this area.</p> <p>Online advertising should not include content inappropriate to children on sites accessible to those under the age of 18. Recommends that any developments within online advertising should reflect the ICO's age appropriate design code of practice, and ongoing online harms and media literacy work, to ensure that the internet is a safe and enjoyable place for all. Also recommends that online advertisers consider new technological tools and methods of age-verification, eg the British Board Film Classification are currently working on an age-rating tool for online video content which could also be applied to online advertisements. It must be considered that young people could pretend to be of an older age online than they really are. Therefore these young people could be exposed to advertising that is inappropriate for them to see. Believes it is the responsibility of government, online platforms and the advertising industry to protect children from harm, including addressing accessible and open sites that are meant for adults through age-verification.</p> <p>Recommends that there's a consistent way in which influencers advertise online, and for these advertisements to be labelled more explicitly, as at present they're not always distinguishable from other posts online.</p>	<p>On 21 October 2021, CAP and BCAP published a <a href="#">call for evidence</a> assist in their regulation of advertising which gives rise to potential harms relating to body image concerns. In launching the call for evidence, CAP and BCAP seek an up-to-date understanding of the current evidence base surrounding the potential body image related harms from advertising and the potential detrimental impact of those harms on consumers. This includes the potential impact of advertising content for product sectors such as weight-loss products. CAP and BCAP will publish its analysis, together with an outline of any related actions, in 2022.</p> <p>See CAP's response in 2.8.</p> <p>Joint CAP and CMA guidance on <a href="#">influencers' guide to making clear that ads are ads</a>, published in February 2020 following <a href="#">ASA research</a>, includes advice for influencers in ensuring that ads are clearly labelled and disclosed upfront.</p>
5.4	JCCP	<p>Additional concerns relation to the rise of social media influencers, and considers the increasing promotion/sale of products and procedures online is an example of negative impact on consumer safety.</p>	<p>As set out in CAP guidance on <a href="#">cosmetic interventions</a>, advertisers must ensure sales promotions for cosmetic interventions must be responsible and</p>

			do not encourage consumers to undergo unwanted or unnecessary procedures.
5.5	SF	Suggests some additional measure to require advertisers and influencers to declare when images have been altered or filtered using a simple hashtag such as #filteredimage. Considers the way images and selfies can be altered and filtered sets up unrealistic expectations, which are used as major tool to drive the market for cosmetic procedures. Believes suggestion would go some way to reset unrealistic expectations and aspirations.	On 21 October 2021, CAP and BCAP published a <a href="#">call for evidence</a> assist in their regulation of advertising which gives rise to potential harms relating to body image concerns. In launching the call for evidence, CAP and BCAP seek an up-to-date understanding of the current evidence base surrounding the potential body image related harms from advertising and the potential detrimental impact of those harms on consumers. This includes the potential impact of advertising content for product sectors such as cosmetic interventions. CAP and BCAP will publish its analysis, together with an outline of any related actions, in 2022.