

**ASA system response to Women and Equalities Committee call for evidence on the health impacts of breast implants and other cosmetic procedures**

**1. Background and Introduction**

- 1.1. This submission is provided by the Advertising Standards Authority (ASA), and the Committees of Advertising Practice (CAP) and the Broadcast Committee of Advertising Practice (BCAP) – the ‘ASA system.’
- 1.2. The ASA system is providing this written submission in response to the WEC’s call for evidence on the health impacts of breast implants and other cosmetic procedures.
- 1.3. The ASA is the UK’s independent advertising regulator. We have been administering the non-broadcast Advertising Code (written and maintained by CAP) for over 60 years and the broadcast Advertising Code (written and maintained by BCAP) for 20, with our remit further extended in 2011 to include companies’ advertising claims on their own websites and in social media spaces under their control.
- 1.4. We are the UK’s independent frontline regulator of ads by legitimate businesses and other organisations in all media, including online. Our work includes undertaking proactive projects and acting on complaints to tackle misleading, harmful or offensive advertisements. We are committed to evidence-based regulation, and we continually review new evidence to ensure the rules and our application of them remain fit-for-purpose.
- 1.5. We work closely with a network of statutory and self-regulatory partner regulators including the Medicines and Healthcare products Regulatory Agency, the General Pharmaceutical Council and the Joint Council for Cosmetic Practitioners; as well as Ofcom, the Financial Conduct Authority and the Competition and Markets Authority. Our frontline ad regulation often complements their activities, or even frees them up entirely to concentrate on their other duties. Through the sharing of information, joined-up enforcement action and referral processes, our partners bolster our regulation and assist us, where necessary, to bring non-compliant advertisers into line.
- 1.6. We also bring together the ad industry and media owners to set, maintain and police high standards. The UK Advertising Codes are drafted and maintained by the industry committees of CAP and BCAP, supported by experts in our Regulatory Policy team. This means businesses have a direct stake and an enlightened self-interest in adhering to the standards they set and creating a level-playing field amongst them. There are multiple checks and balances in place to ensure the committees’ development of rules and guidance is transparent, open to scrutiny and adheres to the principles of good regulation. These include calls for evidence and public consultations; mandatory regard to the advice of an expert independent consumer panel; Ofcom signing off on BCAP rule changes; the ASA System’s processes being open to judicial review and more besides. All to ensure the system is wholly accountable to everyone with a stake in advertising.

- 1.7. We call our model of partnering with businesses and other regulators ‘collective ad regulation.’ Our independence and the buy-in and support we receive through collective ad regulation delivers faster, more flexible, more joined-up and proportionate regulation.
- 1.8. The UK Advertising Codes include rules reflecting specific legal provisions and rules developed through separate regulatory process, which in combination ensure ads don’t mislead, harm, or seriously offend their audience. The inclusion of the rules in the UK Advertising Codes has enormous benefits for responsible businesses and for consumers, who benefit from the protection the rules afford.
- 1.9. We are not commenting on the specific questions in the call for evidence as they don’t directly concern advertising and/or issues that fall under our remit. Nevertheless, we have strict rules in place surrounding the advertising of surgical and non-surgical cosmetic procedures as well as a raft of monitoring and enforcement work in this area that we would like to highlight. We believe this is relevant to the inquiry’s call for evidence on the regulation of how risks of cosmetic procedures are communicated.

## **2. Our remit**

- 2.1. We recognise that advertising can play a part in a patient’s journey to pursue a cosmetic procedure. However, that must be seen in the much broader context of the many different ways that patients receive information about procedures and their risks, including editorial (non-advertising) sources in a variety of media and information provided to them by their surgeons and other healthcare providers in different formats and in person.
- 2.2. We are aware of the broader concerns and challenges that are caused by gaps in the regulation of the non-surgical cosmetics interventions sector. The ASA system has taken a proactive role in addressing illegal, harmful and/or misleading advertising in a number of high priority areas relating to non-surgical procedures (see further details below). However, our role and remit relates to advertising of products and services, which means we are not the body constituted to regulate procedures and practitioners themselves. We would welcome closer partnership working with other regulatory and enforcement bodies to protect patient safety at every stage.

## **3. Our rules**

- 3.1. We recognise the potential physical harms and health impacts that can arise from various cosmetic procedures. As such, one area where we allocate a significant amount of resource, including through investigations, proactive monitoring and enforcement as well as the provision of guidance and training resources for advertisers, is around ads for surgical and non-surgical cosmetic interventions.
- 3.2. The UK Advertising Codes contain overarching principles that prohibit ads across media, including online and social media, from containing anything that is likely to be misleading, harmful or otherwise irresponsible. And the rules, and the

ASA's work, place a particular emphasis on protecting young and vulnerable people.

**3.3.** The Advertising Codes also contain dedicated content and targeting rules on medicines, medical devices, health-related products, treatments and beauty products. The rules in this section<sup>1</sup> are designed to ensure that ads for these products receive a necessary high level of scrutiny, including requiring that claims about the efficacy or safety of a treatment, or the qualifications of a healthcare practitioner are backed by suitably robust evidence, and that they're targeted away from under-18 audiences. Crucially, the rules apply to ads and not the products, which are regulated by health regulators such as the MHRA.

**3.4.** The ASA's rules on misleading advertising are derived from UK consumer protection legislation, under which it must have regard to certain legal tests. The key matter to consider is whether an ad would cause a consumer to take a transactional decision they would not otherwise have made - including, in this case, the decision to further pursue or enquire about a cosmetic procedure. That could include misleading by action - misrepresenting the nature of the service - or misleading by omission of information material to their decision.

**3.5.** For cosmetic interventions, our rules state:

*"Marketing communications for cosmetic interventions must not be directed at those aged below 18 years through the selection of media or context in which they appear."*

*Cosmetic interventions mean any intervention, procedure or treatment carried out with the primary objective of changing an aspect of a consumer's physical appearance. This includes surgical and non-surgical interventions, both invasive and non-invasive."*

**3.6.** In terms of targeting restrictions; for non-broadcast advertising (including press, print, posters, marketers' own websites, online media, social media, influencer marketing), ads 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-18s.

**3.7.** For broadcast advertising, cosmetic interventions must not be advertised in or adjacent to television and radio programmes commissioned for, principally directed at or likely to appeal to audiences below the age of 18.

**3.8.** Examples of "cosmetic interventions" that the targeting rules are intended to cover include, but are not limited to: breast augmentation or uplift procedures, breast reduction, abdominoplasty ('tummy tuck'), blepharoplasty (eyelid surgery), rhinoplasty (nose reshaping), rhytidectomy (face lift), labiaplasty, hair restoration surgery, dermal fillers, skin rejuvenation treatments such as injectable treatments, chemical peels, micro-needling, nonablative laser treatments, laser or light treatments, micropigmentation (for example, permanent makeup tattoo), teeth whitening treatments.

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<sup>1</sup> CAP Code: [12 Medicines, medical devices, health-related products and beauty products - ASA | CAP](#); BCAP Code: [11 Medicines, medical devices, treatments and health - ASA | CAP](#)

**3.9.** Our guidance on cosmetic interventions advertising<sup>2</sup> also covers the qualifications of those administering these procedures. For surgeons, it sets out that they should:

- Hold proof from a reputable, independent source of appropriate specialist qualifications (according to the procedure being advertised)
- Use terms such as ‘qualified’, ‘highly qualified’, ‘fully qualified’, ‘experienced’, ‘skilled’ only in line with strict criteria
- Not imply they are an NHS Consultant if they are not
- Not make claims such as ‘leading’, ‘best’, etc without holding proof of achievements and experience that put them near the top of the profession in their surgical speciality nationally or internationally, depending on the context

**3.10.** For non-surgical practitioners, it sets out that they should:

- Hold proof of their qualifications from a reputable, independent source before making claims that relate to those qualifications
- Not make claims which misleadingly exaggerate the skills, qualifications or experience of the practitioner of the intervention

Not misleadingly claim or imply that a practitioner is a medical professional or regulated by a professional body if that is not the case. They should take care not to claim or imply that such practitioners have professional systems of complaint or redress if they do not

- Ensure that they do not misleadingly imply that they operate in a regulated clinical environment, if that is not the case

**3.11.** Claims about the efficacy of interventions must be supported by robust evidence. Our guidance sets out further that:

- Ads must not mislead as to what an advertised intervention is likely to achieve for the average consumer
- References to a “consultation” should not mislead as to the purpose of that appointment. Advertisers should take care not to give the impression that such an appointment will be with a medical professional if that is not the case
- Advertisers should not imply unrealistic results, for example that tattoos can be removed without trace or that surgically replaced hair will last permanently or with minimal risk of untoward complications
- Claims such as “a new you” or “feel fantastic” are likely to be acceptable as puffery.
- However, the ASA is likely to regard claims that a procedure is “revolutionary” or “turns back time” as objective and in need of substantiation.

**3.12.** And importantly, at the heart of our rules, ads must be prepared with a sense of responsibility to consumers and to society. Where this concerns cosmetic interventions:

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<sup>2</sup>[Guidance on the marketing of surgical and non-surgical cosmetic procedures - ASA | CAP](#); [Cosmetic surgery - ASA | CAP](#); [Cosmetic Interventions: Social Responsibility - ASA | CAP](#)

- Ads should not trivialise cosmetic interventions or suggest that they be undertaken lightly. Creative treatments in ads should not detract from the seriousness of the interventions offered
- Marketers should not play on consumers' insecurities. They should not irresponsibly imply that a cosmetic intervention will be able to solve a consumer's personal or emotional problems or improve their situation after a difficult life event
- Marketers should avoid irresponsibly describing cosmetic interventions as "safe" or "easy", because it is likely that all such interventions will carry some level of risk to the patient

**3.13.** We also stipulate that practitioners take care not to exaggerate or mislead about the qualities of the service they provide, for example their track record, facilities, nursing and other staff. And clinics must be registered with the Care Quality Commission (CQC); the ASA or CAP may require proof of registration.

**3.14.** And ads for non-surgical cosmetic procedures must not put undue pressure on people or trivialise the decision to undergo a treatment; for example, sales promotions related to cosmetic interventions should be undertaken with caution and countdown clocks and claims such as "Hurry, offer must end Friday" should not be used. And advertisers should ensure that promotions do not encourage consumers to undergo unnecessary or unwanted interventions. Particular care should be taken when offering discounts for packages for procedures or promotional mechanics such as loyalty schemes or incentives such as referring a friend.

## **4. Monitoring, enforcement and project work**

**4.1.** We have carried out and continue to carry out proactive monitoring and enforcement work to identify and tackle non-compliant ads for surgical and non-surgical cosmetic procedures.

### **4.2. Liquid Brazilian butt lift (BBL)**

In April 2025, the ASA published six key rulings<sup>3</sup> on ads for liquid Brazilian Butt Lift (BBL) procedures, following intelligence gathering by our Active Ad Monitoring system, which uses AI to proactively search for online ads that might break the rules. The ads used time-limited offers, downplayed risks or exploited consumers' body image insecurities.

**4.3.** For example, a ruling on [EME Aesthetics & Beauty Academy Ltd](#) found that the ad focused too heavily on the money savings and aesthetic benefits of the liquid BBL procedure. Claims in the ad such as "0% INFECTION RATE", "STERILE CLINIC" and "MINIMAL PAIN" also created the impression that there were minimal medical risks or pain involved in the procedures and breached Code rules on social responsibility. Follow-up compliance monitoring is taking place following the rulings.

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<sup>3</sup> Relevant ASA rulings: [Beautyjenics Ltd A25-1274802](#); [Bomb Doll Aesthetics A25-1274784](#); [CCskinlondondubai A25-1274786](#); [EME Aesthetics & Beauty Academy Ltd A25-1274782](#); [NKD Medical Ltd A25-1274785](#); [Rejuvenate Academy Ltd A25-1274788](#).

#### **4.4. Cosmetic surgery abroad**

In addition, the ASA launched a series of proactive investigations resulting in nine rulings<sup>4</sup> concerning advertising for cosmetic interventions abroad in 2023, following intelligence gathered by our Active Ad Monitoring System. These ads were found to be in breach of the Code, amongst other issues, because they trivialised the decision to undergo cosmetic interventions by linking procedures to a holiday and failed to make clear the need for a pre-consultation to any potential contraindications and general suitability for patients.

**4.5.** This led to CAP issuing, in 2024, an [Enforcement Notice](#) that sets out the strict advertising rules in place that are designed to protect people, in particular young and other vulnerable audiences, from the potentially harmful, irresponsible and misleading advertising of these procedures. CAP continues to engage in enhanced proactive AI-assisted monitoring of ads for these services, working with online platform partners to have non-compliant advertising taken down. The Enforcement Notice was also circulated by the Turkish Government amongst its health sector.

#### **4.6. Botox**

In 2019, working with over 25 trade bodies, regulators and pharmaceutical companies CAP issued an [Enforcement Notice](#) on social media Botox advertising that was sent to over 130,000 practitioners across the cosmetics services industry (with over 12,000 irresponsible Instagram posts removed in one quarter). An online ad to promote compliance with the Botox Enforcement Notice reached 1.39m people. work in this area is ongoing. In 2023 our AI-based Active Ad Monitoring system checked 580k social media posts to look for illegal ads for prescription-only medications and we work closely with platforms to get problem ads promptly removed.

#### **4.7. Weight loss prescription-only medicines**

In December 2024, we issued a warning to weight-loss prescription-only medicine advertisers. And following that, we have got proactive work well underway – pooling intelligence from a range of sources including via our AI-based Active Ad Monitoring system – that is helping inform our understanding of and prioritisation of the issues in this area and how we tackle them. This is a high priority project, including close working and information sharing with MHRA and GPhC. We've also got a rolling programme of monitoring and [enforcement action](#) underway.

### **5. Help and guidance for advertisers**

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<sup>4</sup> Relevant ASA Rulings: [Aestheal Clinic A23-1199874](#); [Aspro Atlantic Medikal Turizm Ticaret Limited Sirketi, trading as: AsproMED A23-1199868](#); [Dakik Saglik Medikal Turizm A.S. A23- 1199876](#); [Egemed Hastaneleri A22-1178817](#); [Erdem Clinic A23-1199873](#); [Ersoy Health Services Tourism Ltd, trading as: Clinic Haus A23-1199872](#); [Etheday A23-1182453](#); [GET DHI Hair Clinic A23-1199875](#); [UAB Forma Perfecta A23-1199866](#)

**5.1.** We are also focussed on providing advertisers with the help, advice and training to get their ads right. CAP and BCAP has produced a raft of guidance for advertisers in this area<sup>5</sup>. We have issued guidance, which, in part, mitigates the possibility of ads having a negative impact on audience members' body image and cautioned that particular care should be taken if an ad is likely to appeal to young people. In addition, we have produced further guidance around interventions, with a specific focus on social responsibility, as well as general guidance on sexualisation and objectification.

**5.2.** CAP and BCAP have specific [guidance](#) relating to the marketing of both surgical and non-surgical cosmetic interventions. The guidance covers misleading issues such as the use of exaggerated or unrealistic claims, including through the use of before and after images and the presentation of risk, and issues of responsibility, including the trivialisation of such treatments and the targeting of ads for cosmetic procedures, i.e. prohibiting cosmetic interventions advertising from being directed at under-18s.

## **6. Supporting WEC**

**6.1.** The ASA system will monitor the outcome of this call for evidence with interest. It stands ready to ensure its regulation of advertising for cosmetic procedures supports a proportionate, robust and future-proofed framework to ensure people understand the risks and long-term implications of cosmetic procedures.

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<sup>5</sup> Relevant online advice: [Cosmetic interventions: non-surgical procedures](#); [Procedures using lasers](#); [Botulinum toxin products](#); [Cosmetic surgery](#); [Cosmetic interventions: social responsibility](#); [Treatments using fillers](#); [Weight control: medical procedures](#); [Bitesize video series on rules for non-surgical cosmetic interventions](#)