3 November 2025

ASA System response to the Private (non-NHS) prescribing call for evidence

1. Background and introduction

1.1. This submission is provided by the Advertising Standards Authority (ASA), the Committee 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 Department for Health and Social Care's call for evidence on private (non-NHS) prescribing. Our response should be considered as further evidence for DHSC, particularly in relation to the area of advertising regulation.

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. As the UK's frontline advertising regulator, the ASA brings together different statutory, co-regulatory and self-regulatory enforcement mechanisms so they appear seamless to people and businesses. Our system involves the active participation of a range of legal backstops in the consumer protection landscape. We work closely with a network of partners including the Gambling Commission, Competition and Markets Authority, Information Commissioner's Office, Ofcom, Trading Standards, the Medicines and Healthcare products Regulatory Agency (MHRA), the General Pharmaceutical Council (GPhC) and the Financial Conduct Authority.

1.6. We call our model of partnering with businesses and other regulators 'collective ad regulation.' The ASA's independence and the buy-in and support we receive through collective ad regulation delivers faster, more flexible, more joined-up and proportionate regulation.

1.7. 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.

2. The ASA's role and remit on the advertising of medicines

2.1. Advertising can play a part in a patient's access to medicines, particularly if they choose to seek such treatments through private prescriptions. In regulating medicines advertising, the ASA system recognises that patient safety is paramount and the importance of protecting consumers and patients from inappropriate advertising of medicines and health related products and services, whilst balancing the need for them to receive accurate and responsible information.

2.2. It should be noted that patients and consumers can now access privately prescribed medicines through a variety of means and in different settings, including, for example, online pharmacies and treatment providers, and aesthetic clinics. Our role and regulatory remit relate only to the advertising of medicinal products; this means that we do not regulate medicinal products (which remains the responsibility of the MHRA), nor the practices of prescribers and providers themselves.

3. The UK Advertising Codes

3.1. The UK Advertising Codes (the 'Codes') contain overarching principles that prohibit ads across media[1], 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.

3.2. Our Codes contain dedicated sections[2] on the advertising of medicines, medical devices, health-related products, treatments and beauty products. The rules in these sections are designed to ensure that ads for these products and services receive a necessary high level of scrutiny, including, for example, 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.

3.3. In particular, these sections in the Codes also contain specific rules concerning medicines advertising, which are underpinned by the provisions set out in Part 14 of the Human Medicines Regulations 2012 (HMRs). These rules set out the relevant advertising restrictions and requirements as related to the different categories of medicine classifications. In administering these rules, the ASA system must have regard to the provisions set out in the HMRs and the relevant MHRA guidance, Blue Guide: Advertising and Promotion of Medicines in the UK.

3.4. The rules require that medicines must hold marketing authorisations granted by the MHRA before they can be marketed; unlicensed medicines (including 'Specials') that have not been authorised by the MHRA cannot be advertised to the public.

3.5. For classes of medicines that can be advertised legally, such ads must conform with the summary of product characteristics in the marketing authorisations. Where these ads include a product claim for the medicinal product, it must also include the required statutory particulars: the name of the product, an indication of use, text such as "Always read the label" and the common name of the sole active ingredient, if it contains only one.

3.6. Additionally, these ads must not:

- Use, in improper, alarming or misleading terms, images of changes in the human body caused by disease, injury or a medicinal product;
- Refer, in improper, alarming or misleading terms, to claims of recovery;
- Suggest that using or avoiding a product can affect normal health;
- Present a description or detailed representation of a case history that might lead to erroneous self-diagnosis;
- Be addressed to children (under-16s);

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[1] Further information about our remit: Remit: General - ASA | CAP.

[2] CAP Code: Section 12 Medicines, medical devices, health-related products and beauty products - ASA | CAP; BCAP Code: Section 11 Medicines, medical devices, treatments and health - ASA | CAP

- Claim that its effects are guaranteed, that it is absolutely safe or without side-effects or as good as or better than those of another identifiable product;
- Suggest that a medicinal product is either a food or a cosmetic;
- Use health professionals or celebrities, including influencers, to endorse medicines.

3.7. Our Advertising Codes also prohibit the advertising of prescription-only medicines (POMs) to the public. The inclusion of explicit references to named POMs (such as text, images, hashtags) in ads are almost always a clear breach of the Codes. Additionally, some implicit references (such as descriptors or description of the POM) in ad could also be considered as having the effect of promoting POMs, for example, 'hay fever injections' in the case of Kenalog or 'weight loss pens'. The use of before and after photographs is also likely to be considered by the ASA as a product claim, which is not permitted for POMs.

3.8. Whilst references to POMs and POM treatments are prohibited in ads, a reference to a consultation on the area of treatment is likely to be acceptable provided that reference is representative of the summary of product characteristics for that POM (for example, 'a consultation for the treatment of erectile dysfunction') and the POM is not directly or indirectly referred to in the ad.

3.9. In respect of websites, an advertiser may include a price list (not on the homepage) with a range of treatments available, but the price list should not include claims about the POM products or actively encourage consumers to choose a product based on the price (such as a discount price offer). Social media ads that are seemingly for non-POM products or refer to general treatments cannot direct consumers to other ads that promote POMs. For example, paid-for ads on social media or sponsored searches should not contain links to a landing webpage that promotes a named POM.

4. Rulings and guidance

4.1. In practice, the majority of the medicines advertising that we assess and investigate relate to unauthorised medicines[3] and POMs[4]. In relation to the latter, we have seen rising numbers of complaints concerning POM ads over the last five years, from 117 complaints in 2020 to 1,418 complaints in 2024. This increase, particularly the last two years, is likely due to a significant number of paid-for social media ads placed for weight loss POMs injections and resulting increased public awareness from exposure to these ads and widespread media reporting , and separately active reporting by trade bodies who are concerned by particular issues in specific sectors.

4.2. Given the importance of patient safety, medicines advertising is a high-priority area of our regulation. We have and will continue to work closely with the MHRA and take robust action to tackle non-compliant medicines advertising in response to complaints and through proactive ASA investigations and compliance enforcement actions (further details set out below).

4.3. Additionally, given that the regulatory framework for medicines advertising (including our rules) can appear complex for advertisers in some sectors, we also provide extensive guidance[5], advice and training to help ensure that they understand our rules and that their ads are compliant.

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[3] A list of recent ASA rulings concerning ads for unauthorised medicinal products can be found here.
[4] A list of recent ASA rulings concerning ads for POMs can be found here.
[5] General guidance on medicines advertising: Healthcare: Medicines - ASA | CAP; Healthcare: Medicinal claims - ASA | CAP; Healthcare: Prescription-only medicine - ASA | CAP; Healthcare:

5. Proactive monitoring and enforcement

5.1. Since 2021, we have been investing in our data science capabilities to expand our visibility of online advertising and to help us deliver more effective online regulation. Our Active Ad Monitoring system[6], which uses AI and machine learning, allows us to proactively search at pace and scale for online ads that potentially breach the UK Advertising Codes.

5.2. In 2024, the ASA system secured the amendment or withdrawal of 33,903 ads; 94% originated from our proactive work using our Active Ad Monitoring System and 6% from our reactive work responding to complaints. Those ads that were amended or withdrawn predominantly concerned POMs.

5.3. Our Active Ad Monitoring system has been fundamental in advancing our proactive regulation, particularly in relation to tackling non-compliant medicines advertising online.

Sector compliance

5.4. Where the outcome of ASA rulings impacts on the advertising for a whole sector, our Compliance team will initiate sector compliance action by issuing an Enforcement Notice to advertisers in that sector. These Enforcement Notices provide guidance to advertisers on how to comply with the UK Advertising Codes and outline the timelines by which advertisers must make changes to their ads. This is usually then followed by a period of monitoring in which our Compliance team identifies any remaining non-compliant ads and takes further action where appropriate. When conducting sector compliance, our Compliance team will often work closely with media owners, clearance centres, other regulatory partners and trade bodies to ensure sector wide compliance.

5.5. Over the years, we have launched a number of sector compliance actions that integrated the use of our Active Ad Monitoring system to tackle non-compliant advertising of prescription-only medicines at scale:

Botox

5.6. 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. In 2023 our 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.

Kenalog

5.7. In 2022, we published a joint Enforcement Notice with the MHRA related to the advertising of Kenalog injections on social media. It makes clear that when promoting services for the treatment of hay fever on social media, advertisers must

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Prescription-only Medicines (websites). - ASA | CAP; Health: Celebrities and health professionals - ASA | CAP; Medicines, remedies and therapies - ASA | CAP; Children: Targeting - ASA | CAP. Further guidance on specific medicines, medical treatments and medical conditions is also published on our website.

[6] ASA System briefing note on our Active Ad Monitoring system - ASA | CAP

remove direct references to Kenalog in the text of a post, as well as in images and hashtags. Indirect references such as “hay fever injection” and “hay fever jab” will be considered by the ASA to have the same effect as promoting Kenalog and should be avoided. This applies to the use of emojis (i.e. syringe emojis), company or social media account names, testimonials and memes.

Vitamin shots

5.8. In 2020, we issued a joint Enforcement Notice with the MHRA about the advertising of injectable Vitamin D and/or Vitamin B12 “Vitamin Shots”. Some of these ads have stated or implied that the shots could help to prevent or treat Coronavirus/COVID-19.

Weight-loss POMs

5.9. In December 2024, we issued a warning to weight-loss prescription-only medicine advertisers[7]. And following that, we have initiated proactive work – pooling intelligence from a range of sources including via our Active Ad Monitoring system – that has helped inform our understanding and prioritisation of the issues in this area and how we tackle them. This has included:

- Conducting an online sweep between December 2024 and January 2025, which found around 1,800 unique paid-for weight-loss ads identified as potentially advertising a POM. Around a quarter featured a named medication, with some included a named POM which was a clear breach of our rules. As a result, we initiated the first phase of our compliance enforcement action in which 20 advertisers were contacted to withdraw or amend their ads[8].
- Monitoring weight-loss POM ads from 35 high priority pharmacies (those who had been the subject of a complaint to the ASA since December 2024 or been identified as potentially problematic by our Active Ad Monitoring system industry sweeps).
- Capturing over 20,000 ads from these pharmacies between February to June 2025, which found 10,000 of these ads were for weight-loss treatments and of those, 80 ads were found to directly use or mention a named weight-loss drug name. This points to over a 99% compliance rate for this strict element of the rule since the first phase of our compliance enforcement action.
- Carrying out further analysis which identified that most of those ads did not reference a named weight-loss POM but instead used imagery of weight-loss pens, or strongly implied the use of weight-loss POMs without naming the medicine. These were then referred to the ASA for further investigation in order to establish whether they were in breach of our Codes and to date, we have published 9 related rulings[9].

5.10. This remains a high priority project, including close working and information sharing with MHRA and GPhC, and our rolling programme of monitoring and enforcement action (including an updated Enforcement Notice published in September 2025) is still ongoing.

Routine enforcement actions

[7] ASA issues warning to weight-loss drug advertisers - ASA | CAP
[8] ASA partners with MHRA and GPhC to reinforce rules on the advertising of weight-loss drugs online - ASA | CAP
[9] How we’re trimming down problem ads for weight-loss prescription-only medicines - ASA | CAP

5.11. Since late 2022, we have been routinely using our Active Ad Monitoring system to identify, on a daily basis, ads for Botox, injectable Vitamin D and/or B12 or Kenalog on Meta platforms that are likely to be in breach of the Codes. Ads that are determined to be clearcut breaches are directly reported to Meta and are usually removed within around 24 hours; this routine enforcement action results in the removal of around 600 social media ads per week.

5.12. Whilst this enforcement approach yields a high number of POM ads being withdrawn, in order to improve overall compliance and reduce repeat offending in the long term, we have recently adopted a new approach that employs our resources in a more impactful and effective way, and which targets advertisers with the largest followings and/or engagement on social media. This involves engaging directly with these major advertisers to educate them on the requirements of the UK Advertising Codes and to drive changes in their advertising practice. For smaller advertisers who have less social media following and engagement and are often unaware of the relevant advertising restrictions, we will also be taking an 'education first' approach by issuing advice and guidance in the first instance. Where repeat offenders are observed, their accounts will be escalated to social media platforms for further action.

5.13. We will work with other regulators, enforcement bodies and trade bodies to support this new enforcement strategy. We will also continue to monitor the impact and resulting compliance rate of this new routine enforcement approach.

6. Partnership regulation

6.1. As stated above, patients and consumers are now able to access medicines through private prescriptions via different means, and from prescribers and providers in several sectors. Whilst our regulation addresses one part of the patient's journey in accessing medicines, namely advertising, we are acutely aware of the concerns and potential challenges in the broader context in terms of prescribing and business practices. We would therefore welcome closer partnership working with other regulatory and enforcement bodies to collectively ensure effective protection of patient safety at every stage of the patient's journey.

For more information, please contact:

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