ASA system submission to the Beauty, Aesthetics and Wellbeing APPG inquiry on nonsurgical cosmetic procedures

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 is the UK's independent advertising regulator. We have been administering the nonbroadcast Advertising Code (written and maintained by CAP) for 57 years and the broadcast Advertising Code (written and maintained by BCAP) for 15, with our remit further extended in 2011 to include companies' advertising claims on their own websites and in social media spaces under their control.
- 1.3. We are responsible for ensuring that advertising is legal, decent, honest and truthful and 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 remain fit-for-purpose.
- 1.4. In addition to investigating ads, we also provide a wealth of training and advice services (most of which are free) for advertisers, agencies and media to help them understand their responsibilities under the Codes and to ensure that fewer problem ads appear in the first place. CAP and BCAP provided over 550,000 pieces of advice and training in 2019.
- 1.5. The ASA system is providing this written submission in response to the to the Beauty, Aesthetics and Wellbeing APPG inquiry on non-surgical cosmetic procedures.

2. Question: Should there be greater advertising restrictions for fillers and specified noncosmetic cosmetic procedures?

- 2.1. As the UK's advertising regulator, we take seriously the need for all cosmetic procedure advertising to be responsible. The UK Advertising Codes contain an overarching principle that ads should be prepared with a sense of responsibility to consumers and to society. The 'social responsibility' clause sits alongside theme-based and product specific rules and enables the ASA to take action where an ad breaks the spirit in which the rules are intended, for instance by being inappropriate or harmful.
- 2.2. The rules place a particular emphasis on protecting children as well as young and vulnerable people. They state that ads, where addressed to, targeted directly at or featuring children must contain nothing that is likely to result in their physical, mental or moral harm. Ads must not condone or encourage an unsafe practice, portray or represent anyone who is, or seems to be, under 18 in a sexual way and must not include gender stereotypes that are likely to cause harm, or serious or widespread offence.
- 2.3. Our rules require that the content of ads are appropriate for the audience that is likely to see, hear or interact with them. We also require that ads are targeted responsibly, for example, age-restricted products such as alcohol must not be targeted at an under-18 audience. The ASA takes action, in response to complaints or through our own proactive monitoring and enforcement work, to have ads that break the rules removed and prohibit them from appearing again.

- 2.4. We take the issue of body image and advertising very seriously. The content of some ads is likely to play a part, alongside many other factors, in affecting people's feelings about how they look and behave. We set and enforce standards to ensure that advertisements are not likely to cause physical, mental or moral harm to their audience within our wider role of ensuring ads are socially responsible. Advertisers should not imply people can only be happy if they look a certain way, exploit insecurities, create pressure to conform or present an unhealthy body image as aspirational.
- 2.5. The ASA has the tools to make important interventions in advertising to guard against negative impact on body image and we have used those tools when we've judged ads as likely to have that effect. For example, we banned a TV ad for breast enlargement surgery on the grounds it exploited young women's insecurities about their bodies, trivialised breast enhancement surgery and portrayed it as aspirational (MYA Cosmetic Surgery Ltd).
- 2.6. 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. 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.
- 2.7. CAP and BCAP have <u>specific guidance</u> relating to the marketing of both surgical and nonsurgical 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 issues of responsibility, including the trivialisation of such treatments and the targeting of ads for cosmetic procedures.
- 2.8. It also outlines the circumstances under which it is acceptable for doctors to refer to themselves as "surgeons" and "cosmetic surgeons", as well as the use of other terms, including "qualified", "skilled", consultant", "specialist" and comparative claims such as "leading" and "highest calibre".
- 2.9. We also take enforcement action through our Compliance team. In January, we issued an <u>Enforcement Notice</u> to the beauty and cosmetic services industry on advertising Botox and other botulinum toxin injections on social media platforms. The Enforcement Notice compelled businesses to make immediate changes to non-compliant ads. This includes paid-for ads, including influencer marketing, and non-paid for posts. Working with over 25 trade bodies, regulators and pharmaceutical companies the Enforcement Notice was sent to over 130,000 practitioners across the cosmetics services industry, with over 12,000 irresponsible Instagram posts removed in quarter one this year.
- 2.10. We work closely with various partners such as the Medicines and Healthcare Products Regulatory Agency to tackle irresponsible beauty ads. And we are using our new monitoring technology to discover problem ads on social media and flagging those posts for removal as part of ongoing work with the major digital advertising and social media platforms.
- 2.11. We are not complacent and are open to the potential for more to be done. As part of our commitment to reviewing the evidence, and so that our rules continue to be effective and provide appropriate protection from harm, we are preparing a consultation on scheduling and

placement restrictions for cosmetic interventions advertising. CAP and BCAP are also planning to issue a wider call for evidence on body image in cosmetic interventions and weight loss advertising. We will engage with the Beauty, Aesthetics and Wellbeing APPG to assess whether relevant submissions to its call for evidence, to which our submission responds, might be shared with CAP and BCAP to understand the need for or scope of any call for evidence that they might conduct in this area. We are happy to report back to the APPG on how this informs any next steps in our regulation of body image in advertising.

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