



Wise in 5: Cosmetic Procedures – Regulations and Restrictions

Wise in 5 is a snapshot comparative guide to a public policy issue across the nations of the UK and Ireland. It helps you be PolicyWISE (Wales, Ireland, Scotland, England) in 5 (it takes just five minutes to read).

It includes a summary of the latest policy developments across the nations, as well as related research from PolicyWISE, The Open University and PolicyWISE's university partners.

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Age Restrictions across the nations				
	Tattoo	Intimate Piercing	Botox/Fillers	Sunbeds
England	18	No specific legislation	18	18
Northern Ireland	18	No specific legislation	16	18
Republic of Ireland	No set age	No specific legislation	No specific legislation	18
Scotland	18	Need consent if under 16	16	18
Wales	18	18	16	18

Wise in 5: Cosmetic Procedures

Overview

Botox, belly button rings and sunbeds – the beauty and cosmetic interventions business is thriving. Recent [research](#) estimates that the Botox and filler market is “growing at a compound annual growth rate of 12.4% globally from 2022 to 2030.”

People across **Britain** and **Ireland** are having more and more procedures to change their appearance. Whether it’s getting a sleeve tattoo, topping up the tan before a holiday or injections into faces or lips, there are [concerns](#) about the influence of social media and online advertising on young people’s self-image, and whether regulation is keeping pace with the increasing popularity of these procedures.

When we look at the approaches taken in the different nations, governments have responded differently to the trends for tattooing, piercing and Botox when considering how and when to licence and limit provision and the use of these services.

Governments have taken different positions on age restrictions, guidance and licensing for piercings, tattoos, sunbed use and other cosmetic procedures. In this Wise in 5, we are taking a look at these differences, what the research is saying, and what it means for citizens.

In particular, the approach to setting age restrictions for procedures varies across administrations. Policymakers will set age restrictions for a variety of reasons. These include health considerations, the ability or maturity to consent to important decisions, and the ethical concerns around peer and social pressures.

Action is being proposed in **England**, with the Westminster Government likely to bring into force a new licensing scheme for non-surgical cosmetic procedures, following a recent [consultation](#).

For non-surgical cosmetic procedures there is a wider public protection imperative following a significant rise in [complaints](#), as well as the influence of advertising and social media.

Botox and fillers

The most recent government intervention was the [law](#) introduced in **England** to make it illegal for anyone under 18 to be injected with botulinum toxin (‘Botox’) for a cosmetic purpose. This came into effect in 2021.

It has led to [claims](#) that English teenagers are crossing the border into **Wales** and **Scotland** to have lip filler procedures, and Botox. In those nations, and **Northern Ireland**, you can be 16 and receive Botox or fillers.

In the **Republic of Ireland** there is no specific regulations or legislation on age restrictions or licensing for such cosmetic procedures.

The recent **English** consultation will reform licensing rules for practitioners so that they are banned from performing cosmetic procedures to under 18-year-olds, ensuring a consistent approach with the age restrictions on Botox, fillers, tattoos, teeth whitening, and sunbed use in England.

The 2013 [Review](#) of the Regulation of Cosmetic Interventions (the ‘Keogh Review’) – commissioned by the Government in **England** – was important in setting a context for increased regulations, public safety, registration of providers and health information.

Tattoos

Whilst we have seen an increase in the provision, promotion and take-up of Botox and fillers in recent years, other procedures such as tattooing and piercing have a much longer tradition.

In **England, Wales** and **Scotland**, it has been an offence to tattoo anyone under the age of 18 since 1969. Similar legislation was passed for **Northern Ireland** in 1979. There is no specific age restriction legislation or regulation in the **Republic of Ireland** relating to tattooing. However, there is a general industry-wide approach to seek parental consent for under 18s.



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Whilst some European nations such as [Germany](#) and France have rules on Nazi or Fascist public displays, which include tattoos, no such law exists for tattoos in the nations of **Britain** and **Ireland**. Most US states have a minimum age of 18, but those who set it at 16 or have no legal minimum age, require parental presence and/or consent.

Whilst tattoos have a [long tradition](#), often with cultural or religious significance, their popularity has increased in recent years.

A recent Pew Research Center [survey](#) revealed that 38% of women and 27% of men in the **United States** have at least one tattoo. A majority of women under 50 years old have at least one tattoo.

In **Great Britain**, according to [YouGov](#), 26% of the population has at least one tattoo, but perhaps surprisingly this number drops to 19% for under 25-year-olds. There is a relatively even split on feelings towards tattoos, with 30% positive, 33% neutral and 36% feeling negative, although the negative feeling is stronger amongst the older population.

Piercing

Much like tattoos, body piercing was traditionally [associated](#) with cultural traditions or as a sign of rebellion. In recent years there has been an increasing debate on protecting young people from the potential harms which could be caused by intimate piercing.

In **Wales**, since 2018 it has been [illegal](#) to preform “intimate piercing” on anyone under the age of 18 years. The same legislation makes it an offence to “make arrangements” for piercing an underage person. This is “when a person has indicated that they are prepared to undertake a piercing on a particular person... it does not matter whether... for payment and could include making an appointment without checking the client’s age.”

In the legislation, intimate piercing (for all genders) is defined as piercing on areas including the anus, breast, penis, tongue, and vulva.

The (then) **Scottish** Government [consulted](#) on the regulation of non-surgical cosmetic procedures in early 2020, which generated some feedback on enforcing a minimum age limit of 18 on procedures. The government has yet to take forward a policy response to this consultation but has committed to “work with the other UK nations as we develop our proposals.”

As it stands the licensing requirements ([from 2006](#)) state that “skin piercing” cannot be carried on persons under 16 years “unless accompanied by a person who has parental rights and responsibilities in respect of that child and who has also given their consent in writing to the piercing.”

In both **England** and **Northern Ireland**, there is no statutory age of consent for body piercing. However, “intimate piercings” performed on anyone under the age of 17 could be considered indecent assault under sexual offences legislation.

Despite [reviews](#), consultations and proposed [backbench legislation](#) (by Mary Butler TD, now a junior Health Minister), there is no legislation regulating body piercing or setting a minimum age in the **Republic of Ireland**.

Sunbeds

According to the [World Health Organisation](#), the first sunbeds and artificial tanning devices were developed in the 1960s. However, it was not until the 1990s that there was a significant expansion of the tanning industry in Northern Europe and North America.

Since that time, it has increasingly been seen as a public health issue, with proven links to the risk of developing skin cancer, particularly to those using sunbeds at a young age. Research shows that people use sunbeds for a [range](#) of psychological and physical reasons.

Policymakers introduced age restrictions in recognition of [research](#) showing that young people are at greater risk of developing skin cancer from frequent exposure to UV rays.

Scotland was the first UK nation to [legislate](#), in 2008, requiring operators to provide and display a prescribed health information notice that is readily visible to anyone proposing to use a sunbed. Similar provisions are in place in other UK nations.

Since 2010, it is an [offence](#) in both **England** and **Wales** to allow anyone aged 17 years and under to use sunbeds “in commercial premises including beauty salons, leisure centres, gyms and hotels.” The same age restrictions apply in **Scotland** and **Northern Ireland** through separate legislation. **Welsh regulations** and restrictions now extend to include “businesses that operate from domestic premises.”

Legislation was introduced in **Ireland** in 2014 which bans anyone under 18 years using a sunbed on a commercial premises, enforces the displaying of warning information, and that users must read and sign health warning forms each time they plan to use a sunbed.

Recent [research](#) from Manchester University suggests that policymakers should go even further and ban sunbeds completely. They have proposed trialling a public health campaign together with a ban on sunbeds (aimed at reducing melanoma and other skin cancers) focusing on younger age groups. They claim that this would lead to public health and NHS savings.

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Looking to international examples, **Australia** banned commercial sunbeds in 2016 in all states (although private ownership is still legal).

Media and Advertising

The role of social media, online advertising, and celebrities in promoting procedures and practitioners is being looked at by many agencies and researchers.

The [Nuffield Council for Bioethics](#) has researched the ethical issues in cosmetic procedures, advocating for greater public awareness of properly licensed and accredited practitioners, further age restrictions, and the role of social media and advertising.

The [Advertising Standards Authority](#) recently issued updated UK broadcast and non-broadcast guidance on “cosmetic interventions.” It says that “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.”

In late 2023, ASA also issued advice on the “[social responsibility](#)” of marketing procedures, time-limited offers and targeting young people and vulnerable groups. It references ASA investigations into adverts that were “irresponsible by targeting young people or vulnerable groups, or generally exploiting consumer’s insecurities.”

There are, however, ongoing concerns about social media and the role of influencers on platforms such as Tik-Tok. Concerns have been raised recently in the [United States](#) and research in [Australia](#), and by [University College London](#) and Illinois University, have looked at social media’s influence on the desire for cosmetic surgery among young women.

Both projects found that spending a significant time on social media and viewing images of females who’d undergone enhancements negatively influenced self-image and satisfaction with appearance.

Wise up – 5 policy points to takeaway

Five key points from what we’ve learnt above, which could be considered as part of further policy development and delivery in any or all of the nations.

1. Where governments are considering banning a particular procedure – as has been done in Australia with commercial sunbeds – policymakers must consider both the health and economic issues and benefits of such a policy.
2. When setting age restrictions for procedures or activities, the coherence of these limits and restrictions should be considered and evaluated. This is particularly important in aiding public understanding when the age for (e.g.) voting might be set lower than the age of consent for cosmetic procedures.
3. Policymakers should continue to monitor the evolving nature and influence of social media and online advertising. These platforms often change and move quicker than regulations and industry advice.
4. As policymakers consider these issues, and identify different actions and priorities, there is a benefit in governments learning from each other and from research in understanding the impact of policies such as age restrictions and licensing regulations.
5. As described by the WHO in this briefing (on sunbeds, but applicable to wider public health regulations), policymakers should consider the balance of options between a) banning an activity or procedure, or to b) restrict and manage the activity and increase information for citizens and consumers.



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Wise in 5

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