House of Commons

Science and Technology Committee

The science and regulation of hair and beauty products and treatments

Fifth Report of Session 2026–27

HC 59

Science and Technology Committee

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Publication

This Report, together with formal minutes relating to the Report, was Ordered by the House of Commons, on 14 October 2026, to be printed. It was published on 4 November 2026 by authority of the House of Commons.
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Summary

Hair and beauty products result from years of science and research with many designed to have a significant impact on the appearance and working of human tissue, but the UK's regulatory framework treats them as inert consumer goods, indeed, our committee heard that ball point pens are more regulated.

We received multiple personal accounts of specific harms:

> "My hair should NOT have melted and burnt my head."

> "At one point the boils were the size of a £2 coin and the base was filled with blood and pus."

It should be emphasised that the vast majority of hair and beauty products supplied in this country as part of the £5.7 billion industry cause no harm and indeed are beneficial on many levels leaving users happy with their experience. However, the harms described by these two people are echoed by many victims of unregulated or badly regulated products and procedures. Hair and beauty products have traditionally been the domain of women, and so the science of hair and beauty products has not been taken seriously and as a consequence, people, mainly women, are being severely harmed.

Existing regulation is a confusing mess for consumers as well as practitioners and enforcement officers. This is a fast evolving, high-tech sector yet regulation has absolutely failed to keep pace with either scientific developments in products and treatments, or in the way in which they are supplied and marketed to consumers. Regulated products which nevertheless contain powerful chemicals are increasingly being promoted to and used by children whose developing skin is vulnerable to damage. Due to lack of awareness of the risk, parents are buying products for their children which could cause long-term harm.

The complacency over the lack of effective regulation has roots in sexism and racism as does the challenges in enforcement. The majority of those in the sector as consumers, as practitioners and as scientists, are women. There is no other sector of this size which has such a high proportion of female-owned businesses (85%). While approximately 34% of those working in the sector and 30% in board-level roles are from a minority ethnic background. Almost half (45%) of personal care jobs are in local authorities

with the highest levels of unemployment. Regulation must not reduce the already limited access to business of women in general and women of colour particularly. The challenge for Government is to regulate dangerous services and products which are nonetheless economically important and highly popular and where the impact of regulation will likely target the economically disadvantaged. The challenge is surmountable as it has been achieved for other product and service types including toys, PPE, and medical products, procedures and devices.

Government has been far too slow to act, and people are suffering as a result. A new licensing framework has been promised for 14 years, most recently in 2023. It must be brought forward as a matter of urgency and include effective monitoring and scientific research built in, with gaps in scientific knowledge identified and addressed. It should be adaptable to new types of products and procedures as well as emerging science on ingredients and products. It should also be clear where responsibility sits within government for monitoring and updating the licensing rules and categorisation decisions in response to novel products, and the science and evidence on harms.

1 Introduction

The cosmetics industry

1. Cosmetic and aesthetic products and procedures are big business globally and in the United Kingdom. Cosmetics generally aim to make surface changes to appearance while aesthetics focus on wider issues such as skin health and wellbeing. The UK personal care industry, including hairdressing, beauty, wellness, aesthetics, manufacturing, retail and marketing, generated £28.3 billion and supported more than 595,000 jobs in 2025, with hair and beauty contributing £5.7 billion and around 243,000 jobs to these figures.[1] Approximately 34% of those working in the beauty sector and 30% in board-level roles are from a minority ethnic background,[2] while almost half (45%) of personal care jobs are in local authorities with the highest levels of unemployment.[3] Meanwhile, non-surgical cosmetic procedures are among the fastest-growing consumer services in the UK, with treatments such as dermal fillers, botulinum toxin (Botox) injections, chemical peels and laser therapies now widely available on high streets and through mobile practitioners.

Our inquiry

2. We launched our inquiry into the science and regulation of hair and beauty products and treatments in response to concerns about the current scientific evidence base and regulation for these products, as well as the required training and qualifications of specialists performing treatments. We also investigated concerns that cosmetic products used primarily by marginalised groups, for example, synthetic hair and hair relaxers predominantly used by Black women and girls, might contain harmful chemicals.

3. We held two evidence sessions, with a member of the public with lived experience of harm, ministers, officials, consumer and campaign groups, regulators and industry representatives. We received 14 pieces of written

1 British Beauty Council, The value of beauty, May 2026
2 British Beauty Council, A beauty industry that looks like you, October 2024
3 British Beauty Council, The value of beauty, May 2023

evidence from our witnesses, academics, business, and advocacy groups. We are grateful to everyone who contributed to our inquiry and particularly to Victoria Lee for sharing her personal experience with us.

4. We published a short survey in December 2025 to seek views from people in the UK who had experienced harms from hair and beauty products and treatments. We received over 300 responses and though they should not be read as representative of the wider public or the cosmetic sector as a whole, they illustrate a range of concerns including about regulation, product safety, lack of evidence on long-term effects, practitioner competence, marketing and consumer information. Thank you to all who completed the survey. The results are referenced throughout this Report and summarised in an annex.

5. This report will examine:

- safety issues stemming from gaps in regulation of specific types of products and procedures (Chapter 2)
- the role of online marketplaces in relation to potentially harmful fake and unlicensed products coming into the UK (Chapter 3)
- the availability of data on the scale of harms and of good quality scientific research including that relating to substances and products used primarily by Black women and girls (Chapter 4);
- available mechanisms for reporting harm and lack of routes for redress for consumers (Chapter 5); and
- the proposed new licensing framework for cosmetic procedures (Chapter 6).

2 Gaps in safety

Regulation of cosmetic products and procedures

6. This report refers to several categories of cosmetic product and procedure which are:

- 'Cosmetic products' as defined by the UK Cosmetics Regulations
- 'Cosmetic-like products' that fall outside the UK Cosmetics Regulations
- 'Cosmetic (or aesthetic) procedures', which are either:
  - 'Surgical cosmetic procedures'; or
  - 'Non-Surgical cosmetic procedures'
- Medicines and medical products, devices and procedures.

7. Cosmetic products are defined within Article 2 of the UK Cosmetics Regulation (UKCR)[4] based on where they are applied to the body, their intended function and composition. The legal definition incorporates any substance or mixture intended to be placed in contact with the external body or mouth exclusively or mainly to protect, clean, perfume, or change appearance.[5] Often these are referred to as topical cosmetics as they are applied externally. Regulations exclude certain types of beauty products from the definition of cosmetic product: those intended "to be ingested, inhaled, injected or implanted."[6]

8. In relation to cosmetic procedures, surgical procedures are subject to statutory regulation by the General Medical Council and Care Quality Commission. Non-surgical procedures are not. There is no one legal

4 Regulation (EC) No 1223/2009 of the European Parliament and of the Council, as retained into UK law following Brexit by the Product Safety and Metrology Regulations (Schedule 34) 2020. Cosmetic products are also subject to the Cosmetic Products Enforcement Regulations 2013.

5 The Cosmetic, Toiletry and Perfumery Association (CTPA) (HBT0006) p2; GOV.UK, Regulation 1223/2009 and the Cosmetic Products Enforcement Regulations 2013: Great Britain (accessed 24 August 2026)

6 Office for Product Safety & Standards, Regulation 1223/2009 and the Cosmetic Products Enforcement Regulations 2013: Great Britain, May 2023 (updated 29 June 2026)

definition of non-surgical cosmetic procedures, but they are commonly described as procedures that do not require cuts to the skin and are minimally invasive so require little recovery time.[7] Examples include dermal fillers, Botox injections, chemical peels and laser therapies.

9. The regulatory protection available to consumers, whether using a product themselves or as part of a treatment or non-surgical cosmetic procedure, depends on how the product or procedure is classified according to the definitions in the regulations. That matters because several high-risk cosmetic-like products and procedures do not fit comfortably within any existing classification and are therefore under or unregulated.

10. Products defined as 'cosmetics', as defined in para 7, under the UKCR[8] must comply with strict safety standards enforced by the Office for Products Safety and Standards (OPSS), the UK's national consumer product regulator that sits within the Department for Business, Innovation, Science and Trade (BIST). Under the legislation, products defined as 'cosmetics' must be assessed to demonstrate that they are safe, carry labelling, and be registered before they can be used or sold.[9] UK Cosmetics Regulation is, along with the EU regulation it is based on, "seen as the gold standard," and as some of the "most robust" around the world."[10]

11. Products defined as medicines or medical devices rather than cosmetics are overseen by the Medicines and Healthcare products Regulatory Agency (MHRA), an executive agency of the Department of Health and Social Care (DHSC).

12. Cosmetic-like products that do not fall into either category should, in principle, be caught by the General Product Safety Regulations 2005 (GPSR),[11] the "catch-all" regime intended to act as a safety net.[12] Businesses making products available on the UK market are responsible for ensuring the safety of the product pre-sale and monitoring for emerging safety risks thereafter, which they must mitigate or reduce.[13] Enforcement of GPSR falls to local trading standards authorities and the Secretary of State for Business, Innovation, Science and Trade. There is no power under GPSR to prohibit a category of product outright; enforcement action must be taken

7 Save Face, What Are Non-Surgical Cosmetic Procedures? (accessed 30 July 2026)
8 Enshrined in Schedule 34 of the Product Safety and Metrology Regulations 2020
9 A UK based Responsible Person must submit a product and ingredient notification to the Secretary of State through the Cosmetic Product Notification system (SCPN).
10 Q37 [Dr Emma Meredith] and Q39 [Victoria Brownlie]
11 As amended by the Product Safety and Metrology etc. (Amendment etc.) (EU Exit) Regulations 2019
12 Letter from Chartered Trading Standards Institute (CTSI) regarding follow-ups to the oral evidence session on 3 June 2026, 15 June 2026
13 Letter from Office for Product Safety and Standards (OPSS) regarding follow-ups to the oral evidence session on 3 June 2026, 17 June 2026

against individual products and the businesses supplying them.[14] Trading standards must prove to the criminal standard that each product is unsafe, rather than the producer having to prove it is safe before putting it on the market.[15]

13. No national licensing scheme exists for non-surgical cosmetic procedures (including hair and beauty treatments) or premises where they take place. However, a small number of individual councils in England have used available legislation[16] and powers to make local byelaws to license a variable list of cosmetic treatments[17] and mandate hygiene and safety of premises and equipment.[18] These schemes tend to focus on general hygiene and cleanliness standards and not on practitioner competence.[19] Where treatments are not covered under local licensing arrangements, regulation and enforcement of standards is not possible, and officers have to step in retrospectively after people have suffered injury to take action using health and safety powers which we were told was "not really fit for purpose."[20]

Who can perform non-surgical cosmetic procedures

14. Anyone can perform non-surgical cosmetic procedures. Though required to be registered and qualified for medical practice, when operating privately, healthcare professionals do not need to hold any additional licence or training specific to a non-surgical cosmetic procedure they are conducting.[21]

15. Non-healthcare professionals carrying out non-surgical cosmetic procedures can opt to join one of a number of a voluntary registers which have professional codes of conduct. The Professional Standards Authority's (PSA) assesses organisations offering such registers and has granted accreditation to two cosmetic practitioner registers—the Joint Council for Cosmetic Practitioners (JCCP) and Save Face.

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14 GOV.UK, General Product Safety Regulations 2005: Great Britain (accessed 10 September)

15 Letter from Chartered Trading Standards Institute (CTSI) regarding follow-ups to the oral evidence session on 3 June 2026, 15 June 2026

16 Relevant legislation includes: Local Government (Miscellaneous Provisions) Act 1982 which allows (but does not require) local authorities to put in place arrangements for the registration of certain cosmetic treatments, the Health and Safety at Work etc Act 1974, and Health Protection Regulations 2010.

17 Treatments can include massage, manicure, pedicure, piercing, light treatments, electrolysis, tattooing and semi-permanent make up, and acupuncture.

18 Q87 [Victor Ktorakis]

19 Written evidence taken by the Women and Equalities Committee, BIP0143 [Department of Health and Social Care]

20 Q87 [Victor Ktorakis]

21 Medical doctors for example must be registered with the General Medical Council (GMC) and nurses with the Nursing and Midwifery Council (NMC), and all must be licensed to practice.

Unregulated products and procedures

16. Some products used in cosmetic procedures available in the UK fall outside all three sets of national regulations—medicinal, cosmetic and general product regulation. The table below shows types of cosmetic and cosmetic-like procedures and products and whether they are regulated under the UKCR.

Table 1: UK Cosmetic Regulation as it currently applies to products and procedures

Regulated as a cosmetic product or procedure	Not subject to regulation as a cosmetic product or procedure
General high-street cosmetics applied by the consumer (topically) to the skin or hair by consumers (soap, creams, shampoos, nail gels etc)	Cosmetic and cosmetic-like products self-imported via online channels for own use
Skin lighteners (bought over the counter for topical use)	Injectables, including: Fat dissolvers Skin-brighteners/lighteners Botox Dermal fillers (for face, penis enlargement etc)
Chemical peels (bought over the counter)	High-volume injectables, including: BBLs LBJs
	Chemical peels (as part of a treatment, depending on product type and intended purpose)
	Nasal sprays, including: tanning sprays
	Laser therapies

Source: (1) Department of Health and Social Care, consultation response on licensing non-surgical cosmetic procedures in England (accessed 11 September 2026); (2) Health and Care Act 2022, Section 108; (3) House of Commons Library, The regulation of non-surgical cosmetic procedures in England, 10331, 10 September 2005.

Injectables

17. Some products are injected beneath the skin to produce a cosmetic effect: dermal fillers sold in vials, which plump or reshape the face and body; fat-dissolving injectables, marketed as breaking down fat deposits; glutathione drips, administered intravenously to lighten the skin; and mesotherapy skin brighteners, injected to even skin tone. None of these types of dermal filler procedures—wherever they are injected into the body—are defined as a cosmetic product because UKCR only applies to substances placed on the skin. As they do not have a medical purpose they fall outside medical regulations. The GPSR safety net does not, in Great Britain, apply to dermal fillers because they do not come within its definition of 'product'.[22] GPSR applies only where a consumer has some control over how a product is used. A sunbed is covered, because the user switches it on and adjusts it. A client receiving an injection is not, because the product's use is controlled by the practitioner.[23] As a result, from a legal perspective, nothing can be done about most injectables.[24]

18. The 2013 Keogh Review highlighted the lack of regulation of dermal fillers among other non-surgical cosmetic treatments more than a decade ago, stating that most were subject to "no more controls than a bottle of floor cleaner." He concluded that "a person having a non-surgical cosmetic intervention has no more protection and redress than someone buying a ballpoint pen or a toothbrush" and that "dermal fillers are a crisis waiting to happen."[25] Fourteen years on, regulations on injectables remain unchanged in Great Britain[26] and Victoria Brownlie MBE of the British Beauty Council described the current position as "still kicking the can down the road" despite urgent need for regulation.[27]

Dermal fillers

19. To take one example of an injectable; dermal fillers are soft, gel-like substances that are injected under the skin, sometimes in large volumes, usually to enhance features such as breasts or genitals or smooth out wrinkles. Of particular concern from a safety perspective are their use for genital, gluteal and breast augmentation procedures. In the current market, products originally approved for facial use can be used for non-surgical

22 Letter from Chartered Trading Standards Institute (CTSI) regarding follow-ups to the oral evidence session on 3 June 2026, 15 June 2026

23 Letter from Chartered Trading Standards Institute (CTSI) regarding follow-ups to the oral evidence session on 3 June 2026, 15 June 2026

24 Q82 [Richard Knight]

25 Department of Health, Review of the Regulation of Cosmetic Interventions, April 2013, p 5

26 See section on regulatory gaps below for discussion of the position for Northern Ireland.

27 Q39 [Victoria Brownlie]

penis enlargement procedures. Media reports suggest the procedure is becoming more popular and significant harms are resulting from it.[28] When asked if she thought it was acceptable that it is legal for anyone to inject a man's penis with filler, Minister of State at the Department of Health and Social Care, Karin Smyth, told us, "No, I do not."[29]

'Liquid Brazilian Butt Lifts' (BBLs) and 'Liquid Boob Jobs' (LBJs)

20. High-risk non-surgical procedures are increasingly common and widely advertised. These include high-volume injectable gluteal augmentation, known colloquially as "Liquid Brazilian butt lifts (BBLs)", and cosmetic non-surgical gel breast augmentation, known as "Liquid Boob Jobs (LBJs)"; injectable breast implants involve using a filler to change the size and volume of breasts. These procedures are not subject to strict medical regulations as there are no cuts to the skin and dermal fillers are only regulated by the MHRA if used in some surgical procedures.[30] The MHRA has said that lack of regulation of non-medical injectables administered by third parties "poses a risk to consumers as these products will have no standards ensuring their safety, quality and efficacy."[31]

21. The accredited register for professional standards for aesthetic practitioners, Save Face, has argued since 2023 for the restriction of procedures including BBLs and LBJs, though not for a total ban.[32] The available survey data suggests many procedures are carried out by unlicensed practitioners and in unlicensed premises. Save Face's 2025 report shows a significant increase in complaints since 2023 about complications arising from these procedures carried out by non-medical practitioners.[33] The Chartered Trading Standards Institute (CTSI) has previously described a "wild west" of fillers, Botox, fat-dissolving injections and non-surgical BBLs administered by unlicensed practitioners in homes, hotel rooms and other informal settings.[34] Many of those responsible are effectively untraceable, and practitioners can "operate like ghosts."[35] The

28 For example, see BBC, What's driving men to get penis fillers, despite the risks?, 16 August 2026

29 Q130

30 The MHRA monitors data on reported adverse reactions to compliant medical devices and where non-compliant medical fillers are found on the market or during border checks, the MHRA will seize them.

31 Written evidence received for the Women and Equalities Committee's inquiry into Cosmetic Procedures, Medicines and Healthcare products Regulatory Agency (MHRA) (BIP0129), July 2025

32 Save Face (HBT0004)

33 Save Face, Non-surgical BBL & breast augmentation complaints and complications report (accessed 23 July 2026)

34 Chartered Trading Standards Institute, Urgent regulation of fat injections, fillers and botox needed (accessed 25 August 2026)

35 Q18

consequence of this lack of traceability is that patient complaints can be easily ignored by the practitioner as was the case in 89% of the complaints recorded by Save Face.[36]

22. When conducted in unregulated settings with unqualified practitioners using unknown substances, liquid BBLs have caused infection, abscesses, sepsis, necrosis (tissue death), and organ failure.[37] Save Face's report on complaints and complications from non-surgical BBL and LBJs and a similar "hip dip" procedure from 2023 to May 2025 found that "Over 50% of reported cases have resulted in severe and life-threatening complications [...] that have required hospitalisation and often surgical intervention."[38]

23. A clinical practitioner with experience of injectable cosmetic treatments, Dr Roshan Ravindran, and Professor of Public Health, Lee Smith, argue that high-volume injectable gluteal augmentation can be performed safely and is used in the treatment of certain conditions. However, they argue that, due to the risks involved, only qualified practitioners in clinical settings subject to statutory licensing should carry out the procedure.[39] In evidence to the Women and Equalities Committee, Victoria Brownlie, of the British Beauty Council, when asked about the highest risk cosmetic procedures such as BBLs, said that "the opinion across the board for more respected practitioners" is that they would not carry out procedures such as liquid BBLs "under any circumstances because of the risk."[40] Save Face's survey of its database of healthcare professionals who practice cosmetic medicine found that of over two thousand respondents, 99% did not offer non-surgical BBLs or hip dips or LBJs using hyaluronic acid dermal fillers due to the high risks.[41] Save Face concluded that "in 100% of cases, the practitioners have no healthcare qualifications but are performing procedures that most experienced surgeons would not offer due to the risks involved."[42]

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36 Save Face, Non-surgical BBL & breast augmentation complaints and complications report (accessed 23 July 2026) p5

37 Save Face, Non-surgical BBL & breast augmentation complaints and complications report (accessed 23 July 2026) p4; Dr Roshan Ravindran and Professor Lee Smith (HBT0011) p3, March 2026; BBC News, Celebrity butt-lift injector who left women with sepsis exposed by BBC, 4 February 2025

38 Save Face, Non-surgical BBL & breast augmentation complaints and complications report (accessed 23 July 2026) p3

39 Dr Roshan Ravindran and Professor Lee Smith (HBT0011), March 2026

40 Oral evidence taken by the Women and Equalities Committee on 22 October 2025, Q195 [Victoria Brownlie]

41 Save Face, Non-surgical BBL & breast augmentation complaints and complications report (accessed 23 July 2026) p6

42 Save Face, Non-surgical BBL & breast augmentation complaints and complications report (accessed 23 July 2026) p8

24. When it comes to hyaluronic acid gel ('HA') LBJs, Dr Ravindran and Professor Smith argue that regulation could not make the procedure safe, and prohibition is the proportionate response. This was because the HA gel inevitably interferes with mammographic breast screening by obscuring cancerous tissue, complicates physical examinations, and risks delayed cancer diagnosis.[43] Following the discovery of this interaction with screening, the MHRA issued advisory guidance in 2012 and 2014 against the use of a specific HA gel for LBJs.[44] Dr Ravindran and Professor Smith argue that the advisory guidance has proved ineffective.[45] LBLs using HA are widely available and referred to as a "safe and effective alternative to traditional implants."[46] There is no legal requirement for women receiving the treatment to be told of the risk of delayed cancer diagnosis.[47]

25. The Government announced in August 2025 that it would publish a consultation "early next year" on restricting unsafe cosmetic procedures including the proposal that "Only suitably qualified healthcare professionals will be able to deliver high-risk procedures such as Brazilian butt lifts."[48] At time of writing, this additional consultation has not been published.

26. The Women and Equalities Committee published its report into Cosmetic procedures earlier this year, concluding that "lack of timely action" to regulate BBLs "is fostering complacency in self-regulation within the industry and is compromising patient safety."[49] The Committee recommended that high-risk procedures such as liquid BBLs and LBJs should be restricted to appropriately qualified medical professionals immediately.[50]

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43 Dr Roshan Ravindran and Professor Lee Smith (HBT0011) p2, March 2026

44 MHRA, Medical Device Alert, Medical Device Alert/2012/022, 25 April 2012; GOV.UK, Macrolane™ Volume Restoration Factor (VRF) dermal filler for breast augmentation - diagnosis of breast cancer difficult in some cases, 17 December 2014

45 Dr Roshan Ravindran and Professor Lee Smith (HBT0011) March 2026

46 See for example, Harley Cosmetics London, Dermal Breast Filler: The Future of Natural, Non-Surgical Breast Enhancement in London (accessed 23 July 2026)

47 Dr Roshan Ravindran and Professor Lee Smith (HBT0011) p4, March 2026

48 GOV.UK, Crackdown on unsafe cosmetic procedures to protect the public, 6 August 2025

49 Women and Equalities Committee, Eleventh Report of Session 2024–26, Cosmetic procedures, HC 869, para 69

50 Women and Equalities Committee, Eleventh Report of Session 2024–26, Cosmetic procedures, HC 869, para 70

27. **CONCLUSION**

Cosmetics is a high-tech, constantly evolving sector using complex chemical techniques which can have significant adverse effects. However, its regulation is a mess. It is entirely reasonable for the public to assume that the products and procedures available are subject to safety requirements and testing but many, shockingly, are not. In particular, the ongoing risks to the public from the 13-year Government delay on regulating high-risk high-volume filler including liquid BBLs and LBJs and genital fillers are unacceptable. It is appalling that anyone can inject filler into a man's penis or a woman's vulva without any regard to safety. The lengthy delay in responding to the Women and Equalities Committee report suggests that the immediate action required on this critical issue of public safety is not being prioritised by the Department for Health and Social Care.

28. **RECOMMENDATION**

The Government should immediately restrict genital fillers, liquid BBLs and LBJs to appropriately qualified medical professionals and licensed premises. As part of this:

a. Supply of products and devices used in procedures should be restricted to Care Quality Commission (CQC) regulated prescribers and suppliers;

b. There should be a requirement for adverse event reporting to the CQC, including publication of notifications; and

c. The responsible regulator should monitor trends in the sector and review after one year of the new rules coming into place whether the procedure should be further restricted only for specific purposes such as where a prospective patient is suffering physical pain or discomfort which the procedure could alleviate.

29. **CONCLUSION**

Nudging practitioners towards safe practices by issuing advisory guidance has not worked. The Medicines and Healthcare products Regulatory Agency has identified and warned of the risk to women of delayed cancer diagnosis from LBJs, but this has not led to a reduction in use of the procedure or increased public awareness of the risk over 13 years. Neither healthcare professionals nor unlicensed practitioners are required to alert customers to the risks of dermal fillers in procedures such as LBJs.

30. **RECOMMENDATION**
The MHRA should urgently conduct a short review of the available evidence on the safety of LBJs in relation to the safety of the procedure itself, and to the seriousness of the harm caused to women who go on to develop breast cancer and require accurate and quick diagnosis. Where it is determined, based on the best available independent medical evidence, that a product carries significant risks to safety that no licensing regime could make safe, it should be prohibited.

Regulatory gaps

31. Current departmental boundaries create gaps in accountability for products that do not fall within an existing regulatory category. CTSI said that there is a "a lack of agility and willingness within the UK Government to accept responsibility for new product types that don't already fall within their department's existing borderlines." They told us that, if a fat-dissolving injectable is neither a cosmetic nor a general product, OPSS will not take the gap forward in Whitehall; if it is neither a medicine nor a medical device, the MHRA will not raise it either.[51] Witnesses described the result of inaction as a "governance vacuum", contrasting it with the "gold standard" framework for those cosmetics which are covered by the definition in the UKCR.[52]

32. Great Britain now sits behind comparable jurisdictions on consumer protection for cosmetic procedures and bringing these types of injectables within GPSR in Great Britain would require changing its definition of 'product' to include use by the consumer,[53] as is the case in Northern Ireland since December 2024. The then Department for Business and Trade[54] ran a consultation in Spring 2026 on proposals for a new product safety framework for the UK.[55] The consultation response was due in September.

33. There are other mechanisms for regulating dermal fillers and other injectables. The European Union regulates dermal fillers as Class III medical devices under its Medical Devices Regulation, Annex XVI and this applies in Northern Ireland.[56] Richard Knight said the incorporation of the EU's Annex XVI into the UK Medical Devices Regulations was a "ready-made partial solution" that would bring "pretty much all" dermal fillers and "a lot of

51 Letter from Chartered Trading Standards Institute (CTSI) regarding follow-ups to the oral evidence session on 3 June 2026, 15 June 2026
52 British Beauty Council (HBT0007)
53 Q84 [Richard Knight]
54 now the Department for Business, Innovation, Science and Trade.
55 Department for Business and Trade, The UK's new product safety framework (accessed 22 July 2026)
56 Letter from Chartered Trading Standards Institute (CTSI) regarding follow-ups to the oral evidence session on 3 June 2026, 15 June 2026

injectables" under medical devices regulations.[57] However, the Government would need to go further than the EU regulations to capture fat dissolvers and skin brighteners.[58]

Nasal tanning sprays

34. The regulatory gap in cosmetic and beauty treatments extends beyond injectables. Though Melanotan II exists in injectable forms, it is also available as a nasal tanning spray. These are inhaled and work systemically darkening skin pigmentation to produce an artificial tan. We asked witnesses who had significant experience in industry regulation if there were any products on the market in the UK that they would take away from their own families. Melanotan-based nasal tanning products were highlighted as particularly dangerous.[59] However, despite the known health risks and media reports of extremely severe allergic reactions, with reported symptoms including nausea, vomiting, high blood pressure, such inhaled products are subject in practice to very limited controls.[60] The MHRA regulates Melanotan II in its injectable form as an unlicensed medicine which means its sale, supply and importation into the UK is illegal.[61] However, the MHRA does not class it as a medicine in nasal spray form. Likewise, the UK Cosmetics Regulation excludes inhaled products. These sprays therefore default to the General Product Safety Regulations 2005 (GPSR).

57 Q125
58 Letter from Chartered Trading Standards Institute (CTSI) regarding follow-ups to the oral evidence session on 3 June 2026, 15 June 2026
59 Q111 [Andrew Rankin] and Qq112–113 [Victor Ktorakis]
60 See for example, BBC, Warning over 'unlicensed' nasal tanning sprays, 16 May 2025
61 under the Human Medicines Regulations 2012.

35. **CONCLUSION**

The failure of governments to grasp the scale and speed of innovation in the cosmetics market and to take responsibility for protecting the public from products that fall outside the existing regulations has led to Great Britain falling behind other countries' safety standards. The failure over many years to adapt the definitions in Cosmetics Regulation to reflect new products on the market, including nasal tanning sprays and injectables, has led to gaps in safety regulations and harm to consumers. The similar failure to adapt the 'safety net' General Product Safety Regulations (GPSR) to include products such as injectable dermal fillers, fat dissolvers and skin brighteners, has left consumers without the most basic level of protection. The limited cover GPSR does provide for products such as nasal sprays relies on trading standards officers to prove in each case that products are unsafe once they are already on the market to unsuspecting consumers. Consumers rightly expect better protection from known potential harms than this.

36. **RECOMMENDATION**

The Department for Health and Social Care and the Office for Product Safety and Standards should bring forward the legislation required to introduce a new product safety framework for the UK in the Autumn. This should include:

a. updating the definition of 'product' in the GPSR to bring all products used as part of a procedure or treatment within scope; and

b. updating the UK Cosmetics Regulation to bring into scope cosmetic products used for non-medical purposes in injectable or inhalable form.

37. **RECOMMENDATION**

The Government should:

a. establish a mechanism for bringing new and emerging products within the new risk-based licensing regime as they reach the market in accordance with the precautionary principle until their risk-profile is established through safety testing, and;

b. make clear its response to this report where responsibility will sit for identifying emerging cosmetic and beauty products and treatments and bringing them within the scope of the UK Cosmetics Regulation and any other relevant regulatory frameworks.

Unlicensed practitioners

38. Some of the most serious harms described during this inquiry came from regulated products and procedures where limited restrictions on who can perform a procedure allowed customers to encounter unlicensed practitioners and products without being aware of the risks. This leaves consumers extremely vulnerable to illegal practices.

Unlicensed Botox

39. We heard powerful evidence from Victoria Lee who described her experience of receiving a Botox treatment which caused her serious harm. Botox is regulated as a prescription only medicine by the MHRA.[62] It is illegal to sell or administer it without a prescription from an appropriate prescriber and that prescription must only be given following a face-to-face consultation. However, the injection itself can be performed by anyone. There is no legal requirement for the person who performs the injection to have completed any training or hold any qualification whatsoever—that judgment is left entirely to the prescriber.

40. Government estimated in 2023 that 900,000 Botox injections are carried out in the UK annually.[63] National patient-reported data shows that 28% of Botox treatments are provided by non-prescribers and 42% of these did not have a prescriber present at consultation.[64] Victoria Lee told us she was injected by a non-prescriber with a product presented as Botox, resulting in severe infection, repeated surgical intervention and long-term scarring. Her treatment took place in a private home, arranged through personal networks.[65]

41. What Victoria Lee experienced was illegal under current regulations and should not have been possible, but it is not an isolated experience. Save Face said the sale and use of unlicensed Botox was "widespread" with "thousands of cases involving practitioners importing, supplying, or injecting unlicensed or counterfeit medicines and medical devices" in the UK.[66] Currently Botox is categorised as a medium-risk 'amber' treatment by the MHRA. However, policing and enforcement of the current regulations is lacking.[67] Trading standards officers see unauthorised and unapproved botulinum and clostridium "at Stansted airport" imported "direct from China

62 under the Human Medicines Regulations 2012.
63 Department of Health and Social Care, Consultation launched into unregulated cosmetic procedures, 2 September 2023
64 Dr Roshan Ravindrar and Professor Lee Smith (HBT0005) p3
65 Q1
66 Save Face (HBT0004) p2
67 Save Face (HBT0004)

and Korea."[68] Restrictions on importation of unlicenced and counterfeit medicines for use on humans and the requirement for a face-to-face consultation with a prescriber are both "widely flouted in the UK."[69]

42. Victoria Brownlie argued that any prescription-only treatments, including Botox, should be in the red/high-risk category under the proposed new licensing scheme and subject to tighter regulation on who can provide them.[70] Dr Roshan Ravindran and Professor Lee Smith also argued that a new licensing framework should limit Botox to supervised prescribing nurses, doctors and dentists with appropriate qualifications within a defined scope of practice.[71]

Training and qualifications

43. Unlike many sectors of our economy, the hair and beauty industry is dominated by women. Over 80% of the workforce is female and 85% of beauty sector businesses are female-owned.[72] Training and qualifications are key to enabling women to continue in and enter this sector.

44. Witnesses raised concern about people without medical qualifications carrying out high-risk procedures.[73] Existing training and qualifications are voluntary and—outside of a few voluntary registration schemes—unregulated, meaning that they are of variable quality. Outside of cosmetic dentistry, practitioners are subject only to generic health and safety law, and there is no mandatory national framework governing qualifications, scope of practice or ongoing competency assessment.

45. The two existing voluntary accredited registers for cosmetic practitioners—Save Face or the Joint Council for Cosmetic Practitioners—already set certain minimum qualifications and competency requirements for their members. The Professional Standards Authority (PSA) recommended that, ahead of licensing, eligible practitioners be encouraged to join an accredited register and the public encouraged to choose a practitioner from the register.[74]

46. We also heard concerns about the lack of training and qualifications required of hairdressers and barbers. In the UK, these professions operate under a voluntary register of practitioners trained to NVQ Level 2 run by The Hairdressing Council.[75] It points to risks from those without proper training

68 Q123
69 Q11
70 Q58 [Victoria Brownlie]
71 Dr Roshan Ravindran and Professor Lee Smith (HBT0011) p7, March 2026
72 NHBF Industry Statistics 2024 (accessed 17 September 2026)
73 See for example Q11 [Ashton Collins]
74 Professional Standards Authority for Health and Social Care (PSA) (HBT0012)
75 Set out in the Hairdressers Registration Act 1964.

using dyes and relaxers including burns, allergic reactions and lasting scalp damage. It argues for creation of a mandatory national register, licensing and validated credentials only for those suitably trained to work as hair professionals, requirements for insurance, and a publicly accessible register, as well as continuing professional development requirements.[76]

47. Minister of State at the Department of Health and Social Care, Karin Smyth, told us that, when setting licensing requirements, the Government wished to balance safety with support for what she said was a "large and important industry that is run mainly by women, for women."[77]

Public awareness

48. Public awareness of the lack of regulation of injectables and other non-regulated product types is limited. The CTSI told us that "Anecdotal evidence supports the assertion that consumers assume that these injectables must be regulated by someone (including their administration), so there is always some sort of presumed safety net to protect them, when in fact presently there is none."[78] The CTSI argued that use of the word "cosmetic" for products and treatments which are not regulated as such misleads the public into assuming these products and procedures are regulated.[79]

49. When it came to practitioner qualifications we were told that people "assume that [...] if you are injecting people with dermal fillers, for example, you must have to be a medical professional. The fact is that you do not."[80] Respondents to our survey of those who reported being harmed by cosmetic products or treatments described the current system of regulation as difficult for consumers to understand. Evidence showed that unclear professional titles caused confusion among consumers about how qualified someone was in relation to the specific treatment they were offering, particularly where treatments involve injections.[81] One respondent said:

> "It beggars belief that anyone without a medical qualification can buy and inject all sorts of products in the U.K. with absolutely no repercussions."[82]

76 Hairdressing Council (HBT0003)
77 Q129 [Karin Smyth]
78 Letter from Chartered Trading Standards Institute (CTSI) regarding follow-ups to the oral evidence session on 3 June 2026, 15 June 2026
79 Letter from Chartered Trading Standards Institute (CTSI) regarding follow-ups to the oral evidence session on 3 June 2026, 15 June 2026
80 Q82
81 See annex for a summary of headline survey results
82 See annex for a summary of headline survey results

50. Diane Hey of The Hair and Beauty Industry Authority (HABIA), the government-recognised Standard Setting Organisation for the UK hair and beauty sector,[83] warned that practitioners can acquire certificates that are "not a regulated qualification" without knowing the difference,[84] showing awareness among practitioners themselves is also likely to be limited.

51. As a result, consumers are not able to reliably assess the competence of a practitioner to carry out a particular treatment.[85] Our survey found that of those who tried to verify a practitioner's qualifications before treatment, 26 found the practitioner qualified but could not confirm that they could perform the specific treatment offered. Some 26 could not find the information, and 12 discovered the practitioner was not qualified at all.[86]

52. **CONCLUSION**
The lack of any legal requirement for a person administering botulinum toxin to have any training or hold a specific qualification, even though the product itself is prescription-only, presents a significant risk to the public who are largely unaware of the potential for them to be harmed. Mandatory national standards to ensure that all those who carry out this procedure are properly trained and qualified to do so safely and to respond to any medical complications are necessary and overdue.

53. **CONCLUSION**
A high proportion of the workforce in this sector is female and the approach to regulatory changes must not reduce economic opportunities. Requirements on practitioners should be proportionate and reasonably obtainable for the sole traders who make up most of the cosmetic sector. This is necessary both to avoid pushing small largely female-led businesses out of the market and to avoid creation of a black or grey market of illegal, unlicensed operators. However, the need for regulation to be proportionate should not be an excuse for delaying the introduction of what should be straightforward product and procedure safety rules.

83 House of Commons Library, Regulation of hairdressers, Research Briefing 8592, 13 June 2025, p6
84 Q51
85 British Beauty Council (HBT0007) p1
86 See annex for a summary of headline survey results

54. **RECOMMENDATION**
As an interim public-protection measure ahead of the licensing scheme coming into force, the Government should signpost consumers to practitioners on the Professional Standards Authority's Accredited Registers and encourage eligible practitioners to join one.

55. **RECOMMENDATION**
The Department of Health and Social Care should accelerate development of the qualification requirements with the Department of Education, awarding bodies, the regulators, and accreditation bodies. It should:

a. conduct all necessary consultations as soon as possible and before end December 2026;

b. publish mandatory national training and qualification requirements under each tier of the licensing scheme well in advance of them coming into force, alongside a timetable for implementation and enforcement, to allow resource and financial planning by prospective trainers and practitioners. The requirements should clearly specify the competences for every licensed procedure and the arrangements for ongoing competency assessment;

c. include an impact assessment to identify and mitigate additional barriers to remaining in or entering the sector, especially for female practitioners; and

d. include non-academic and competence-based qualification routes through which existing practitioners can demonstrate or acquire the necessary qualifications for lower-risk procedures. These should be widely publicised through a range of channels that reach practitioners who are not currently members of trade bodies or professional registers.

Skin-lightening products

56. Some cosmetic-like products are illegal if placed on the market in the UK but gaps in enforcement capacity too often mean failure to deter a range of businesses from selling them. There are also significant gaps in public awareness of the legal status of some banned products and the dangers they pose.

57. Witnesses warned specifically about the continued availability of illegal skin-lightening products which contain substances such as hydroquinone, mercury, and corticosteroids on the high-street and online. These substances are all either banned entirely or from use in regulated cosmetics.[87]

58. Representatives of local authority enforcement bodies pointed to the time away from other enforcement activity, difficulty and "incredible" cost involved in local authorities bringing a prosecution under current legislation for selling illegal skin-lighteners, with one describing the process as a "constant battle."[88] Where prosecutions have taken place, they have not always proved an effective deterrent, as, for non-compliant businesses, being fined "is the cost of doing business."[89] Southwark Council, for example, has prosecuted 62 businesses and individuals since 2002, with fines and costs exceeding £500,000 in total and, in 2018, secured the first custodial sentence in the UK for selling illegal skin creams.[90] However, a BBC investigation in the same year found such products still on sale in 13 of 17 shops across four UK cities, including businesses previously prosecuted.[91] This year, the BBC reported on the continuing prevalence of illegal skin-lightening products sold on the high street and online.[92]

Public awareness

59. There continues to be a market in the UK among consumers for this type of product despite the risks they pose. Members of the public speaking to the BBC said that they had been unaware of the risks because the ingredients were not clear.[93] At the same time, former chair of the CTSI, Tendy Lindsay, told the BBC that some people supplying the products did not know they are illegal.[94]

60. Skin-lightening, brightening or whitening products which are designed to be used topically (on the skin) are defined as cosmetics under the UKCR and are legally available if they don't contain any banned ingredients and

87 The Cosmetic, Toiletry and Perfumery Association (CTPA) (HBT0006)
88 Qq116–118 [Victor Ktorakis, Richard Knight] and Q105 [Richard Knight]
89 Q119
90 The Guardian, Shopkeeper gets jail for selling illegal skin lightening products, 21 August 2018
91 BBC, Skin-whitening creams: The battle against illegal products, 6 August 2018
92 BBC, Illegal skin lightening cream being sold in UK butchers, watchdog warns, 18 February 2026
93 BBC, Illegal skin lightening cream being sold in UK butchers, watchdog warns, 18 February 2026
94 BBC, Illegal skin lightening cream being sold in UK butchers, watchdog warns, 18 February 2026

are intended only to treat small areas of hyperpigmentation.[95] Though it is possible for consumers to use this type of legal skin-lightener for general skin lightening this is not their advised or intended use.[96]

61. The CTPA pointed to its work to provide information to the public on proper use of cosmetics including legal topical skin-lighteners and the need to avoid illegal or unregulated products, offering to work with Government on public awareness of risks around buying products from unknown or unreputable outlets or websites.[97] Since 2024, the CTSI has run an "#Cost of Beauty" campaign funded by the OPSS to raise awareness of the dangers of using specific illegal and unsafe cosmetic-like products.[98] The CTSI argue that the OPSS should use its intelligence and research resources to do more itself to "communicate with consumers and salon professionals on latest risks and advice, in collaboration with the legitimate industry and CTSI."[99]

62. Societal pressure, especially on young girls, to alter their appearance is acute.[100] Concerns have been raised about the direct targeting at children of skincare products which are legal and regulated but contain powerful chemicals. This is because their skin is still developing, which increases absorption and vulnerability to damage.[101] The lack of good quality research on the effects of long-term product use from a young age means the risks to children of using products which are formulated for adult skin are not well understood. Lack of awareness among both parents and children is leading to young people using products that they do not need and may be harmful. Ashton Collins told us that "Children are now being targeted with potent skincare ingredients like retinols and acids. They are now seeing these things on TikTok and asking their parents to buy them, and some parents do not even realise that they are buying things that could potentially be harmful."[102] Some respondents to our survey called for clearer warnings for parents and young users where products or treatments were not proven to be safe for children.[103]

63. Cosmetic science academic, Dr Gabriela Daniels, said that additional regulatory restrictions alone would be less effective at enhancing consumer protection than strengthened public education and improved science

95 The Cosmetic, Toiletry and Perfumery Association (CTPA) (HBT0006)
96 The Cosmetic, Toiletry and Perfumery Association (CTPA) (HBT0006)
97 The Cosmetic, Toiletry and Perfumery Association (CTPA) (HBT0006)
98 Chartered Trading Standards Institute (CTSI), The Cost of Beauty - Phase One (accessed 30 July 2026)
99 Letter from Chartered Trading Standards Institute (CTSI) regarding follow-ups to the oral evidence session on 3 June 2026, 15 June 2026
100 Women and Equalities Committee, Eleventh Report of Session 2024–26, Cosmetic procedures, HC 869, para 99
101 Dr Gabriela Daniels (HBT0009)
102 Q31
103 See annex for a summary of headline survey results

communication.[104] The Women and Equalities Committee recommended in its 2026 Cosmetic procedures report that the departments of Health and Social Care and Education should work together to include body image and social media literacy programmes including on the risks of cosmetic procedures into school curricular as a means of giving young people the skills to think critically about the content they are faced with online.[105]

64. **CONCLUSION**

Products designed for adult use only are increasingly being used as a matter of routine by young people and children for whom they have the potential to cause long-term harms. Because of the normalisation on social media of the use by children of cosmetics containing powerful chemicals and lack of awareness of the potential harms, parents are buying these products for their children, unaware of the risk.

65. **CONCLUSION**

Illegal topical skin-lighteners containing banned substances are still widely available to UK consumers online and on the high street. Current regulation, monitoring and enforcement has not been sufficient to dissuade unscrupulous businesses from continuing to profit from illegal products, and public awareness of the risks and how to avoid them continues to be too low. The sale of illegal products is an enforcement issue.

66. **RECOMMENDATION**

The departments of Health and Social Care and Education should follow the recommendation of the Women and Equalities Committee on working together to include risks of cosmetic procedures in new body image and social media literacy programmes for schools. This work should incorporate:

a. sources of information about suitable skin care routines for young people; and

b. information from the Office for Product Safety and Standards and the Chartered Trading Standards Institute on the dangers of illegal products and how to identify safe purchasing routes.

104 Dr Gabriela Daniels (HBT0009)

105 Women and Equalities Committee, Eleventh Report of Session 2024–26, Cosmetic procedures, HC 869, para 119

67. **RECOMMENDATION**

The Office for Product Safety and Standards should use the information it holds more effectively and transparently to provide information to the public on risks from dangerous cosmetic products and procedures including sponsoring and carrying out targeted public information campaigns where risks persist or emerge.

3 Online marketplaces

68. Chemical technologies which should be subject to rigorous safety regulation are finding their way to consumers from online sources largely unimpeded. We found that a significant structural gap in cosmetic safety lay in the way products and treatments are imported, sold and promoted online. Witnesses repeatedly identified online marketplaces and social media as a major route by which unsafe products, illegal imports and misleading adverts reach the public. Unlike high street and many online retailers, online marketplaces allow products manufactured overseas, sold by often anonymous traders and promoted through algorithmically amplified advertising to reach UK consumers at speed and scale.

Importation of unsafe products

69. Witnesses told us that unsafe and illegal cosmetic-like products are readily available through online marketplaces and informal online sales channels including on social media. The CTIS told us that: "Trading Standards Officers working at the UK border and inland know in their daily work that online marketplaces regularly host sellers from overseas who sell unsafe and non-compliant products. This includes cosmetic products."[106] There are 44 online marketplaces in the UK, all with different models for interacting with consumers.[107]

Consumer trust

70. A number of respondents to our survey of those harmed by cosmetic or cosmetic-like products or treatments raised specific concerns about major online marketplaces—named as Amazon, Vinted and eBay—acting as possible sources for fake or unsafe products because they could host potentially unsafe non-business suppliers and "transient operators."[108] One person told us "In the last year alone I've purchased five fraudulent, "knockoff" products that Amazon refused to deal with appropriately", while another said there should be "consequences for selling counterfeit products as I've received counterfeit skincare from big retailers 3 times this year and

106 Letter from Chartered Trading Standards Institute (CTSI) regarding follow-ups to the oral evidence session on 3 June 2026, 15 June 2026

107 Q170 [Sarah Smith]

108 See annex for a summary of headline survey results

nothing was done."[109] Our survey suggests that consumers recognise the risks associated with online purchasing. Respondents expressed significantly lower trust in products purchased online and shipped to the UK (average score 4.16 out of 10) than in products purchased in the UK (average score 6.02 out of 10).[110]





*10 being high and 1 being low

Liability and product safety duties

71. Evidence provided to the inquiry demonstrated an opaque and imperfect set of regulations for cosmetics and cosmetic-like products entering the UK via online channels with unclear liability. For cosmetics as defined by the UKCR, primary liability sits with the UK Responsible Person who is required to be appointed by the Cosmetic Products Enforcement Regulations 2013 when placing a product on the UK market. The Responsible Person may be the UK importer or a UK manufacturer or someone else they appoint. A person defined as a 'distributor', which can include a retailer or business such as a salon giving or selling products to a consumer or, in some circumstances, an online marketplace, has no duties equivalent to those held by the Responsible Person. Distributors are responsible for not supplying products they know, or ought to know, are unsafe, and they must take or support corrective action to address safety issues.[111]

72. We found several problems with this arrangement. The first is that salons or hairdressers can easily import cosmetic or cosmetic-like products direct from countries such as China or the USA, usually through an agent of a manufacturer. CTSI told us that where people import a product for use in their own salon as part of a treatment and do not sell it on to another business or client, the full Responsible Person requirements of the UKCR

109 Average score of 303 responses. See annex for a summary of headline survey results
110 See annex for a summary of headline survey results
111 Letter from Office for Product Safety and Standards (OPSS) regarding follow-ups to the oral evidence session on 3 June 2026, 17 June 2026

for safety assessment, labelling and notification, do not apply because they are defined only as a 'distributor' or 'importer'.[112] Where a product is self-imported purely for personal use UKCR do not apply. CTSI argued that there was nothing under cosmetics regulations that they could do to control importation of products, for example, "UV nail gels with very strong ingredients that have the potential to cause allergenic reactions" when they are self or salon imported.[113]

73. The same regulatory gap for self-imported goods allows products containing banned substances to reach consumers via online channels. Skin-lightening creams containing mercury—prohibited in cosmetics since the 1970s—remain available, and a recent Environment Agency survey showed nine of thirteen sampled products contained it.[114] Where such a product is placed on the market in the ordinary way, it is unlawful and can be seized; but where a salon self-imports it for use on clients, no trading standards or product law exists to ban that, and enforcement falls back on health and safety powers exercised only after harm.[115] Level Up described a parallel route for hair relaxers, telling us that products manufactured to weaker overseas standards reach UK consumers through third-party resellers and online marketplaces.[116]

74. The evidence shows a weakness in the current regulations which limit protections for consumers from dangerous self-imported products at the point of use. The recent update to UKCR which came into force in August makes it illegal to place onto the UK market any cosmetic products containing Trimethylbenzoyl Diphenylphosphine Oxide (TPO)—typically used in UV or LED hardened gel nail products. This is because TPO has been reclassified as a Category 1B reproductive toxicant with potential impacts on fertility.[117] A transition period allows retailers and distributors to continue to sell or supply existing stock up to February 2027. The same ban has been active since September 2025 in the EU where it is illegal to sell, distribute or use TPO-containing products.[118] In the UK however, the current situation suggests that if unscrupulous practitioners continue to self-import and use TPO-containing products on clients, enforcement bodies will have limited powers to prevent them reaching the UK as it the case with other products containing illegal ingredients.[119]

112 Q82 [Richard Knight]
113 Q82 [Richard Knight]
114 Qq101, 103–105 [Richard Knight]
115 Q101 [Richard Knight]
116 Level Up (HBT0001)
117 The Cosmetic Products Regulation (EC) No 1223/2009 (Restriction of Chemical Substances) (Amendment and Transitional Provisions) Regulations 2026, SI 2026/23
118 Commission Regulation (EU) 2025/877
119 Q101 [Richard Knight]

75. The second problem with the current regulations is overseas manufacturers and importers increasingly evading legal responsibility for online products sold in the UK by appointing a bogus UK Responsible Person. Overseas sellers, often based in China, can use virtual offices or accountancy addresses in the UK to create the appearance of an established domestic business which can be appointed as a UK Responsible Person. However, when Trading Standards officers contacted these addresses to determine whether they accepted legal responsibility for the products in their name, CTSI told us that "[their answer] without exception–has always been No."[120] The result is "a veneer of legitimacy for overseas sellers" behind which no meaningful UK entity exists to comply with regulations, resolve consumer problems or face prosecution.[121]

76. For cosmetic-like products which are covered under GPSR, primary liability sits with the producer. As noted elsewhere in this report, most dermal fillers and a range of other injectables are not covered by GPSR and therefore are not subject to any UK product regulations, meaning nobody is liable for unsafe products. Regulated products placed on the UK market must have a legal responsible person "established in" the UK under GPSR. Distributors of these products, as with those regulated as cosmetics, have limited duties: not knowingly supplying unsafe goods and supporting corrective action.

77. While an online marketplace may in theory be defined as a distributor under current regulations they are not defined as placing the product on the market (and therefore legally liable) as this is done by the person listing the unsafe goods on the marketplace.[122] This means that a listing identified as dangerous may be removed and even be ordered to be destroyed by the marketplace, but products carrying the same hazard reappear, and there is no duty to conduct a recall. CTSI told us that Amazon and others "deny that they are even distributors in the supply chain in such cases", and that where platforms do take corrective action they do so "purely on the basis of being a responsible business, rather than out of any legal compulsion."[123]

78. The picture presented by the OPSS was much more reassuring than that described by CTSI. Sarah Smith OBE from OPSS said: "I can absolutely confirm that the person placing any products on the market is held responsible, whether that is an online marketplace, a high street business

120 Letter from Chartered Trading Standards Institute (CTSI) regarding follow-ups to the oral evidence session on 3 June 2026, 15 June 2026, p2

121 Letter from Chartered Trading Standards Institute (CTSI) regarding follow-ups to the oral evidence session on 3 June 2026, 15 June 2026, p2

122 Letter from Chartered Trading Standards Institute (CTSI) regarding follow-ups to the oral evidence session on 3 June 2026, 15 June 2026, p3

123 Letter from Chartered Trading Standards Institute (CTSI) regarding follow-ups to the oral evidence session on 3 June 2026, 15 June 2026, p3

importing them itself or a major manufacturer."[124] She later explained the circumstances in which a marketplace would be identified as a distributor and liable for safety, telling us that: "[Online marketplaces] create the bridge between the consumer and the business and are involved in the supply chain. When they are involved in the supply chain, that is when we hold them accountable for the products that they sell and the sellers to whom they allow access to the platform."[125]

Monitoring

79. Evidence for the scale and source of the flow of illegal and dangerous cosmetic-like products into the UK is anecdotal because of a lack of monitoring data and research on compliance of specific online marketplaces. The evidence given by some of our witnesses and by the regulator paint very different pictures of the current situation. Evidence showed that, of the routes through which unsafe goods enter the UK, Amazon was "the biggest by miles" and that it was hosting "so many overseas sellers that it is not holding to account or vetting."[126] Richard Knight of the CTSI described enforcement as a "whack-a-mole of us finding a problem and getting them to take it down, and it then cropping up somewhere else."[127]

80. The responsible regulator, OPSS, gave a different perspective. When asked whether Amazon was the principal source of unsafe goods, OPSS's Head of Regulatory Operations, Sarah Smith, told us, "That is not what I recognise."[128]

81. The OPSS said that it "notifies online marketplaces of all noncompliant or unsafe cosmetics [it identifies], so they can prevent them being supplied via their platforms and participate in product withdrawals and recalls."[129] Sarah Smith, explained that the role of the OPSS was only to make sure that the online marketplaces have "the information they need to do proper controls, because that is their responsibility, not ours as the regulator."[130]

82. While it has the powers to do so, OPSS confirmed in writing that it has never prosecuted or fined an online marketplace for importing or supplying unsafe goods. It told us that its border action partner agencies checked over 14 million products in 2024–25 and refused 2.6 million entries, and

124 Q142
125 Q170
126 Q121 [Richard Knight]
127 Q121 [Richard Knight]
128 Q144
129 Letter from Office for Product Safety and Standards (OPSS) regarding follow-ups to the oral evidence session on 3 June 2026, 17 June 2026
130 Q145 [Sarah Smith]

that "anecdotally" it expects that most checked goods are intended for online marketplace purchases. However, it stated that "exact data is not recorded."[131] Without data on the volume of unsafe products reaching consumers online or the channels through which they arrive, it is unclear how OPSS can assess the scale of any problem relating to a specific marketplace or the effectiveness of its enforcement response.[132]

83. The impression given is of an incurious and passive approach by the regulator that considers online marketplaces are responsible for regulating themselves despite substantial, though partially anecdotal, evidence from consumers and Trading Standards that at least some platforms are in practice regularly flouting regulations.

Changes to regulations

84. The Product Regulation and Metrology Act 2025 creates a power to use secondary legislation to impose product-safety duties directly on those who control online marketplaces. The Government has not, at time of writing, published responses to the consultations on the frameworks for product regulation and safety that would give them effect.[133] Consultation proposals include requiring them "to take actions to ensure products and sellers on their sites are safe, to improve consumer information, and to cooperate with relevant authorities."[134] The Government said that it would also consider "whether additional enforcement powers are required to address online sale and international supply chain actors" including potentially requiring a UK presence for online marketplaces where they have high numbers of UK sales or have demonstrated non-compliance with product safety regulations.[135] Department for Business, Innovation, Science and Trade Minister, Kate Dearden, told us it was important that the Government "can have the strongest duties on online marketplaces" and hold them to account, but gave no date by which the new duties were expected to be introduced.[136]

131 Letter from Office for Product Safety and Standards (OPSS) regarding follow-ups to the oral evidence session on 3 June 2026, 17 June 2026

132 Letter from Office for Product Safety and Standards (OPSS) regarding follow-ups to the oral evidence session on 3 June 2026, 17 June 2026

133 Letter from Office for Product Safety and Standards (OPSS) regarding follow-ups to the oral evidence session on 3 June 2026, 17 June 2026; GOV.UK, The UK's new core product regulation market surveillance and enforcement framework, 31 March 2026 and GOV.UK, Product regulation: the UK's new product safety framework, 31 March 2026

134 GOV.UK, The UK's new core product regulation market surveillance and enforcement framework, 31 March 2026

135 GOV.UK, The UK's new core product regulation market surveillance and enforcement framework, 31 March 2026

136 Q182 [Kate Dearden]

85. **CONCLUSION**
The laws governing liability for product safety were not made for today's online marketplaces, and this is allowing illegal and dangerous products to reach UK consumers faster and in greater volumes than regulators have the powers or resources to effectively police.

86. **CONCLUSION**
Where an unsafe product is sold through an online marketplace, no one with a presence in the United Kingdom is reliably accountable for it. The overseas seller is beyond the reach of regulators and, in many third-party seller models, the marketplace does not bear any legal responsibility for the goods it hosts. Platforms remove individual listings as a matter of goodwill rather than legal obligation, leaving identical hazards available elsewhere on the same site. The whack-a-mole 'identify, remove, repeat' model of enforcement is unsustainable and ineffective and should not be carried over to the new product safety framework.

87. **CONCLUSION**
The Government has legislated for the power to make online marketplaces responsible for product safety and is consulting on how to use it. What remains is to bring that power into force, and by doing so impose clear, enforceable duties on marketplaces with penalties for non-compliance that are effective against some of the most financially powerful entities in the world.

88. **RECOMMENDATION**
The Government should bring into force the provisions of the Product Regulation and Metrology Act 2025 to impose safety duties on online marketplaces within the next 12 months making them liable for product safety. Failure of online marketplaces to comply should carry penalties sufficient to remove any commercial incentive to profit from hosting non-compliant goods. Duties on online marketplaces should include:

a. implementing effective processes to prevent counterfeit, illegal and harmful products from appearing on their platforms;

b. ensuring that safety warnings included in product labelling are prominently displayed in platforms' product information;

c. a requirement to suspend any accounts making such products, or any substantially similar products, available for sale pending their removal from sale;

d. effectively remove and prevent re-entry of any seller found to be attempting to sell such products on its platform; and

e. notifying OPSS about non-compliant sellers on its platform so that information can be shared with other online marketplaces and any listings linked to the seller identified and removed across different platforms.

89. **RECOMMENDATION**
Within six months of publication of this report, the Department for Business, Innovation, Science and Trade should set out plans for how it will:

a. ensure that services offering UK Representative Person addresses to overseas sellers are required to demonstrate that that are suitably insured, able to accept legal responsibility for the safety of any products registered with them, and that they have a clear, publicly available contact and process for consumer complaints; and

b. monitor the effectiveness of the market surveillance and enforcement frameworks for online marketplaces in preventing harmful and illegal products from reaching the UK and set criteria for determining where further regulatory actions may be required.

90. **RECOMMENDATION**
The Department for Business, Innovation, Science and Trade should commission a study through the OPSS and publish data on the scale and sources of unsafe cosmetic and cosmetic-like products entering the United Kingdom through online marketplaces.

4 Evidence and Research

The chemical safety research base

91. In what is a chemical technology sector product safety should be a core element of the UK framework of cosmetic legislation and regulation. Its effective operation relies on access to and application of the best available scientific research and evidence. However, we heard concerns that low reporting and poor monitoring limit the understanding of emerging harms and that limited longitudinal, population and intergenerational research leaves gaps in the evidence upon which to base regulatory decisions.

Product safety assessments

92. This report has highlighted the products (such as injectables), procedures (such as dermal fillers) and circumstances of use (such as when self-imported for personal use) where UK Cosmetics Regulation does not apply. Where it does apply, UKCR requires that, before a regulated product reaches the UK market for consumer use, a Responsible Person must arrange for a qualified toxicologist to assess whether it is safe, taking account of its ingredients, likely exposure, frequency of use and the characteristics of expected users, and to produce a Cosmetic Product Safety Report (CPSR). The UKCR controls which substances may be used for what purpose and at what concentration through annexes containing lists of banned and restricted ingredients. The OPSS's role is to keep these lists under review as scientific understanding develops.

Cosmetovigilance and updates to ingredient controls

93. The statutory system by which the Responsible Person for any cosmetic product must review, report and act on Serious Undesirable Effects (SUEs) or an Undesirable Effects (UEs) observed during or after normal or reasonably foreseeable use of a product is known as 'cosmetovigilance'.

94. Where a concern arises about the safety of an ingredient, the OPSS can issue calls for evidence, conduct or commission research, and seek advice from its independent Scientific Advisory Group on Chemical Safety in Consumer Products (SAG-CS). Opinions issued by SAG-CS may lead to controls on chemicals being updated.[137]

95. This process is "quite slow" from the perspective of enforcement.[138] As this system is now operating in parallel with the EU regulations "there is presently quite a gap between scientific evidence in the EU being taken forward to restrict or ban certain chemicals, and us in the UK."[139] One example illustrates the time it takes to bring in a change to legislative and regulatory guidance. Following a change to the UKCR in 2021, nail gels based on acrylates were restricted to salon use only. This type of gel nail process involves application of monomers which can trigger serious reactions if allowed to come into contact with the skin around the nail or areas like the face due to failure to harden them properly.[140] This was an example of regulation coming in "quickly",[141] but dermatologists had been issuing warnings about an "epidemic" of allergies in the UK and Ireland since 2018.[142]

96. Subsequent amendments to bans and restrictions on ingredients are "not well publicised or explained by OPSS" and a Trading Standards Officer who has to enforce the restrictions "has virtually no chance of keeping track" unless they have access as a member of the trade association CTPA to information on ingredient changes. The CTSI called on OPSS to provide accessible summaries online aimed at Trading Standards Officers and businesses to aid compliance and enforcement.[143]

97.

CONCLUSION

The OPSS-run system is thorough but slow to respond to emerging evidence of harm which may have already been acted upon in other jurisdictions. If controls are to effectively protect consumers, decisions around ingredient safety must be made swiftly and clear communications made freely accessible to enforcement officers and businesses.

137 Letter from Office for Product Safety and Standards (OPSS) regarding follow-ups to the oral evidence session on 3 June 2026, 17 June 2026

138 Q98 [Richard Knight]

139 Q98 [Richard Knight]

140 Qq76–78

141 Q77 [Dr Emma Meredith]

142 British Association of Dermatologists, Dermatologists issue warning about UK artificial nail allergy epidemic, 9 August 2018

143 Letter from Chartered Trading Standards Institute (CTSI) regarding follow-ups to the oral evidence session on 3 June 2026, 15 June 2026

98. **RECOMMENDATION**
OPSS should make changes to cosmetic ingredient controls easier to follow for those who must enforce them as well as small businesses who need to comply with them. When banned and restricted substances in the annexes to the UK Cosmetics Regulation are amended, OPSS should without delay publish on GOV.UK a clear summary of the changes, with links to the relevant Statutory Instruments.

Gaps in scientific research

99. The cosmetovigilance system is designed to monitor for immediate harmful effects from cosmetic products. It cannot detect long-term effects for example from extended or concentrated exposure to specific chemicals or products; for which well-designed longitudinal research is required.[144] Witnesses raised concerns that gaps in research mean that the scientific evidence base is not keeping pace with emerging potential long-term and population-level health risks.

Chemical hair extensions, relaxers and straighteners

Historically under-researched groups

100. Witnesses raised concern about the long-term safety of chemical hair relaxers and straighteners, products marketed primarily to Black women and children.[145] Natasha Scott, founder of Manchester-based beauty and haircare platform, LAEL, told us that "The UK currently has no funded, longitudinal research programme examining the health outcomes of relaxer use among Black British women and girls."[146] Seyi Falodun-Liburd argued that disparities in research were "rooted in, for the most part, racism, discrimination or misogyny" and that Black women are "vastly under-represented" in medical and beauty trials and that disparities "leave black women and children unknowingly over-exposed to dangerous chemicals that have life-threatening or life-altering consequences."[147]

101. We were told that where evidence is drawn largely from one population, regulators cannot be confident that the evidence is applicable to all users. Dr Ravindran and Professor Smith said that the evidence base for injectable hyaluronic acids, for example, is "drawn almost entirely from white

144 Q99 [Richard Knight]
145 Q12
146 Natasha Scott (HBT0015)
147 Q12

European cohorts" and the lack of long-term, population-specific evidence limits the assurance regulators can give about products used predominantly by women and by groups under-represented in research.[148]

102. Standard safety assessment considers a product's ingredients and expected exposure, but witnesses told us it does not adequately capture the conditions of use specific to Afro-textured and synthetic hair. Dr Gabriela Daniels, a cosmetic science academic at the London College of Fashion, told us that safety assessment is "primarily exposure-based rather than ethnicity-based", but that use patterns can "alter exposure scenarios for certain consumer groups."[149] The campaign group World Afro Day CIC said current approaches do not sufficiently account for higher frequency of use, earlier first exposure and cumulative lifetime exposure.[150] Natasha Scott, founder of a community initiative focused on health, safety and wellbeing of Black women and girls in relation to beauty and haircare products, LAEL Foundation, described repeated, long-term use, often begun in childhood, as creating a "disproportionate body burden of these chemicals over a lifetime."[151]

103. World Afro Day CIC told us that certain widely used treatments and installation methods involve heat activation or heat-sealing, and that products can emit volatile organic compounds under these normal conditions of use. It argued that standard safety assessments do not test for these hazards under real conditions of use, and called for emissions testing of products used with heat, mandatory heavy-metal testing of synthetic and human hair products, and risk assessments that reflect how these products are used.[152] It said that testing synthetic hair extensions has detected heavy metals, including lead, in hair-extension products. For example, formaldehyde—although banned as a cosmetic ingredient—reached salons in products that release it as a byproduct when they are heated.[153]

Products marketed to children

104. World Afro Day CIC reported that a 12-year-old had been able to buy adult relaxer products without challenge despite them being labelled for adults, and called for child-specific risk assessments of hair relaxers to

148 Dr Roshan Ravindran and Professor Lee Smith (HBT0011) March 2026
149 Dr Gabriela Daniels (HBT0009)
150 World Afro Day CIC (HBT0008)
151 Natasha Scott (HBT0015)
152 World Afro Day CIC (HBT0008)
153 World Afro Day CIC (HBT0008)

be a research priority.[154] Natasha Scott referred to her own experience of witnessing harm such as burns and hair loss "in some cases in children as young as five or six years old."[155]

105. Seyi Falodun-Liburd of Level Up told us that while she did not support a ban on product types or telling Black women what to do with their hair, that consumers should be "able to trust that the products on shop shelves are safe to use."[156] In the absence of sufficient research on product safety, however, Natasha Scott called for a ban on the sale and marketing of chemical hair relaxers formulated or marketed for children under 16, including those labelled "for kids" or "gentle formula." She argued that evidence linked relaxer chemicals to harms borne disproportionately by Black women who often begin use in childhood. She told us that there is no justification for a children's formulation of a product carrying these risks, to which a child cannot consent.[157]

Existing evidence and gaps

106. Natasha Scott told us that "The scientific evidence linking chemical hair relaxers to serious health outcomes has grown substantially in recent years, though it remains under-researched in the UK context."[158] She points to the absence of a longitudinal research programme in the UK looking at health outcomes for Black British women and girls from relaxer use, describing this as a "form of institutional neglect." Scott argued, however, that the "existing evidence is sufficient to warrant precautionary action, particularly where children are concerned."[159]

107. Findings on long-term hair relaxer use and cancer reflect correlations rather than causation, and reported increases in risk are relatively small in absolute terms.[160] Cosmetic science academic, Dr Gabriela Daniels, noted that regulators in multiple jurisdictions have not found the evidence sufficient to warrant prohibition on carcinogenicity grounds alone.[161] However, there was a consensus among most witnesses that more research was needed into these product types. World Afro Day CIC called for research that reflects real-world use including longitudinal studies comparing high-frequency users and non-users, biomonitoring of endocrine-disrupting compounds, and cumulative exposure modelling.[162]

154 World Afro Day CIC (HBT0008)
155 Natasha Scott (HBT0015)
156 Q12
157 Natasha Scott (HBT0015)
158 Natasha Scott (HBT0015)
159 Natasha Scott (HBT0015)
160 Dr Gabriela Daniels (HBT0009)
161 Dr Gabriela Daniels (HBT0009)
162 World Afro Day CIC (HBT0008)

108. Many of the concerns raised and the available research relates to the potential effects of substances which have in some cases been classed as endocrine-disrupting chemicals (EDCs). The National Institute of Environmental Health Sciences (NIEHS) defines EDCs as natural or man-made chemicals that "may mimic or interfere with the body's hormones, known as the endocrine system." It adds that "These chemicals are linked with many health problems in both wildlife and people."[163] Present in a very wide range of products, NIEHS says that they "cannot be completely avoided or removed" but that individuals "can make informed choices to reduce exposure and risk of any potential health effects."[164]

109. Some studies, mostly in the United States, have supported a correlation between increased instances of hormone-sensitive cancers and frequent use of chemical hair relaxers.[165] A 2024 systematic review found associations between hair relaxer or hair dye use and breast and ovarian cancer in at least one well-designed study, but not consistently across studies. The 2024 study found that: "It is clear that some hair care products contain chemicals such as para-phenylenediamine (PPD) and endocrine-disrupting chemicals (EDCs), including parabens, metals, phthalates, and formaldehyde." And that "These chemicals possess the ability to alter homeostasis of the endocrine system [...] leading to an increased risk of benign gynecological diseases including fibroids and early onset of menarche [first periods]."[166] The study concluded however, that: "Current evidence regarding personal hair product use and gynecological conditions is insufficient to conclude whether a positive association exists." And that "Comprehensive exposure assessment and risk analysis are needed."[167]

110. The Cosmetic, Toiletry and Perfumery Association (CTPA) however, argues that cosmetic products do not contain endocrine disruptors and that endocrine disruption is already assessed through the statutory safety framework.[168] It told us that substances can be 'endocrine mimics' and

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163 National Institute of Environmental Health Sciences (NIEHS), Endocrine Disruptors (accessed on 4 August 2026)

164 National Institute of Environmental Health Sciences (NIEHS), Endocrine Disruptors (accessed on 4 August 2026)

165 See for example, Che-Jung Chang et al., Use of Straighteners and Other Hair Products and Incident Uterine Cancer, Journal of the National Cancer Institute, Volume 114, Issue 12, December 2022, Pages 1636–1645, and Kimberly A Bertrand et al., Hair relaxer use and risk of uterine cancer in the Black Women's Health Study, Environmental Research, 15 Dec 2023, Vol 239

166 Hajra Farooq et al. A systematic review of association between use of hair products and benign and malignant gynecological conditions, European Journal of Obstetrics & Gynecology and Reproductive Biology, Vol 295, April 2024, Pages 160–171

167 Hajra Farooq et al. A systematic review of association between use of hair products and benign and malignant gynecological conditions, European Journal of Obstetrics & Gynecology and Reproductive Biology, Vol 295, April 2024, Pages 160–171

168 The Cosmetic, Toiletry and Perfumery Association (CTPA) (HBT0006)

mimic hormones but not disrupt the endocrine system and that such mimics are present in much larger concentrations than in cosmetics in foods such as cabbage and soya beans.[169]

111. We received conflicting evidence about the nature of the potential effects of sodium hydroxide (known as 'lye') in cosmetics, primarily hair relaxers used predominantly by Black women and girls. Level Up describes sodium hydroxide as an endocrine disrupting compound while the CTPA told us that "there is no scientific suggestion that sodium hydroxide has any relationship to oestrogen or the disruption of oestrogen within the body."[170] We will go on to discuss, in the context of ingredient transparency in Chapter 6 of this report, the concern raised about the presence of sodium hydroxide as an ingredient in hair relaxers which are marketed as 'no-lye'.

112. Interpretation of the available research is also contested. A 2021 laboratory study known commonly as the Oxford Study looked at the relationship between the use of hair relaxers and leave-in conditioners and oils by Black women and incidence of breast cancer.[171] It concluded that "Results of this study were largely null, but there was some evidence that heavy use of lye-containing hair relaxers may be associated with increased risk of [hormone-sensitive cancer]." And that "Consistent results from several studies are needed before it can be concluded that use of certain hair relaxers impacts breast cancer development."[172] Level Up told us that the research shows that use of "hair relaxers, including sodium hydroxide, was linked to a 30% increase in breast cancer in black women."[173] The CTPA pointed to the "largely null" conclusion and noted that the study did not identify specific products used by participants.[174] The CTPA argues that: "The chemistry of how hair relaxers work is well-known and their safety is supported by a wealth of scientific research. Independent scientific bodies regularly review studies on relaxers and hair relaxers have not been shown to impact breast cancer development."[175]

113. We note that concerns about safety and availability of research extend beyond relaxers to other products used predominantly by women and girls of colour, including skin-whiteners. Andrew Rankin of the Joint Council for Cosmetic Practitioners (JCCP) told us that skin-whitening agents such as hydroquinone (for use on the skin) and injectable glutathione were

169 The Cosmetic, Toiletry and Perfumery Association (CTPA) (HBT0006)
170 The Cosmetic, Toiletry and Perfumery Association (CTPA) (HBT0006)
171 Patricia F Coogan et al., Hair product use and breast cancer incidence in the Black Women's Health Study, Carcinogenesis, Vol 42, 16 July 2021, Pages 924–930
172 Patricia F Coogan et al., Hair product use and breast cancer incidence in the Black Women's Health Study, Carcinogenesis, Vol 42, 16 July 2021, Pages 924–930
173 Level Up (HBT0001) and Q13 [Seyi Falodun-Liburd]
174 The Cosmetic, Toiletry and Perfumery Association (CTPA) (HBT0006)
175 The Cosmetic, Toiletry and Perfumery Association (CTPA) (HBT0006)

of concern in relation to their potential long-term effects and that more research is needed.[176] We discuss specific concerns raised about the safety of skin-lighteners in Chapter 2 of our report.

Planned research

114. In October 2025, the OPSS launched a call for scientific information relevant to the safety assessment of seven cosmetic ingredients "due to their suspected endocrine disrupting properties."[177] However, the chemicals listed do not include those typically present in hair relaxing products. The OPSS said that its independent scientific advisory panel, SAG-CS, was conducting a literature review in response to concerns raised about a potential link with certain cancers, to identify substances of concern in hair relaxers. It told us that this would include "any available longitudinal research or data, national or international", and take "account of any available evidence regarding the impact of chemicals on children or intergenerational impacts", with any substances identified assessed by SAG-CS for health risks, focusing on "substances of greatest concern."[178]

115. While we welcome the review and its identification as a priority following the concerns raised with this Committee, we note that a literature review will be limited to existing research rather than addressing gaps and the specific need for longitudinal studies. The OPSS told us that the long-term health impacts from exposure to chemicals was "primarily an area led by the Department for Health and Social Care."[179] When we asked Minister of State for the Department for Health and Social Care, Karin Smyth, if the Government was looking specifically at addressing the historical lack of research into women's health and at providing more information about the impact of particular ingredients and products on women, she told us that Government was "not looking to direct research to that particular issue."[180]

116. Writing to us later, the Minister pointed to the Government's Renewed Women's Health Strategy for England, published in April 2026, which it said adopts a "life-course approach" to women's health, and a commitment to increased National Institute for Health and Care Research (NIHR) funding on

176 Q100
177 GOV.UK, Call for data: safety of cosmetic ingredients (accessed 5 August 2026)
178 Letter from Office for Product Safety & Standards (OPSS) regarding follow-ups to the oral evidence session on 3 June 2026, 17 June 2026
179 Letter from Office for Product Safety & Standards (OPSS) regarding follow-ups to the oral evidence session on 3 June 2026, 17 June 2026
180 Q166

prevention, detection and treatment of long-term conditions.[181] However, the examples the Government gave of research—clinical-trial participation and sunbed use—did not include cosmetic products such as hair relaxers.

117. **CONCLUSION**
Regulation cannot rest on an evidence base that does not reflect the experience of consumers most exposed to potential harm. The lack of research into long-term health effects of chemical hair relaxers and related products used predominantly by Black women and girls has led to worry and mistrust and may have led to avoidable harms. There is a need for high-quality UK research to fill the gap in understanding and in trust.

118. **RECOMMENDATION**
The Department for Business, Innovation, Science and Trade should, in response to this report, publish a timetable for the SAG-CS literature review and subsequent safety assessments of substances of concern in chemical hair relaxers. The literature review should identify any gaps in the available research and expressly consider evidence of risks to Black women and girls, long-term, cumulative exposure and intergenerational impacts.

119. **RECOMMENDATION**
The Government should set out within 12 months of publication of this report how it will address evidence gaps identified by the SAG-CS review including identifying the lead Department in each case and a timeline for commissioning research.

120. **RECOMMENDATION**
The Department for Health and Social Care should commission a publicly funded, longitudinal UK study into the long-term health effects of the chemicals used in hair relaxers and related products. The study should examine early-age, high-frequency and cumulative exposure, and reflect ethnicity of users and real-world usage patterns.

181 Letter from Karin Smyth, Minister of State for Health and Secondary Care, regarding follow-ups to the oral evidence session on 3 June 2026, 1 July 2026

Data on NHS costs

121. The Keogh Review observed more than a decade ago that the cosmetic business model "relies to some extent on the NHS being there to act as a safety net."[182] Witnesses raised concern that the NHS is treating complications from cosmetic or cosmetic-like products and treatments without Government knowing the scale or cost of that work. The absence of data on the scale of harms also weakens the scientific evidence base for regulation.

122. There is also evidence of costs to the NHS. The Department pointed to limited small-scale studies of the costs from treating people who had experienced 'botched' cosmetic treatments overseas revealing costs ranging from £6,000 to £24,000 per patient.[183] A recent study of 198 cosmetic tourism cases estimated NHS costs of £1.2 million to £1.8 million over two years.[184]

123. The Women and Equalities Committee recommended that the Government review whether the NHS should record complications from procedures performed abroad and publish the data annually.[185]

124. The evidence we received suggests that complications from cosmetic procedures carried out in the UK also need to be visible in NHS data. A March 2025 review at Chelsea and Westminster Hospital NHS Foundation Trust identified 35 patients presenting with complications from cosmetic procedures over 17 months, at an estimated NHS cost of £110,690. The same review found that 67% of non-surgical complications followed procedures carried out in the United Kingdom.[186]

125. Minister of State at the Department of Health and Social Care, Karin Smyth, acknowledged that "data in this area is poor at present" but that " it is clear that the NHS is absorbing the cost when things go wrong and

182 Department of Health, Review of the Regulation of Cosmetic Interventions, April 2013, para 3.21

183 Qq151–152 [Karin Smyth]; Letter from Karin Smyth, Minister of State for Health and Secondary Care, regarding follow-ups to the oral evidence session on 3 June 2026, 1 July 2026

184 Mohammad R Goodarzi et al. Beauty Abroad, Burden at Home: Complications and National Health Service Impact of Cosmetic Tourism—Insights From the British Association of Aesthetic Plastic Surgeons National Database, Aesthetic Surgery Journal, e-location ID sjag056, 10 March 2026. The study was of cases reported to the British Association of Aesthetic Plastic Surgeons between September 2022, and September 2024.

185 Women and Equalities Committee, Eleventh Report of Session 2024–26, Cosmetic procedures, HC 869, para 95

186 Elena Whiteman et al. The rising NHS burden from cosmetic surgery procedures performed abroad and non-surgical procedures performed in the United Kingdom, Journal of Plastic, Reconstructive & Aesthetic Surgery, Volume 102, pp39–41, March 2025

follow up treatment is required."[187] However, the Department told us that the Government has no plans to collect comprehensive cost data, and its focus instead was on introducing the new licensing scheme for cosmetic procedures and raising awareness of risks.[188]

126. The NHS has existing systems for recording patient data.[189] New codes could be introduced specifically for cosmetic products and procedures, but the system would rely on healthcare providers reliably recording a suspected relationship with a product or procedure. Addition of a new field to electronic records to supplement the single diagnosis code could capture exposure and suspected harm, while mapping of the data could allow national-level analysis and linking to the existing OPSS system for reporting serious undesirable effects. NHS England has already discussed integration of AI scribing products into consultations in 2025,[190] which have the potential to automate capture of this type of information, for example, hair relaxer use, and convert it into patient background risk information which could trigger appropriate follow-up questions if, for example a patient presents later with scalp conditions. This would be similar to the way health practitioners collect data on smoking and alcohol history.

127. **CONCLUSION**

There is insufficient data collected about the cost to the NHS of treating harms resulting from hair and beauty products and treatments. Without systematic data from the NHS on treating those harmed by cosmetic products or procedures in the UK or overseas, the Government cannot quantify the cost of cosmetic harm, develop evidence-based policy, or effectively target enforcement or public awareness activities. A clearer structured recording of real-world exposures and a surveillance system embedded within the trusted research environment of the NHS would help to detect potential harms including long-term effects much earlier.

187 Letter from Karin Smyth, Minister of State for Health and Secondary Care, regarding follow-ups to the oral evidence session on 3 June 2026, 1 July 2026

188 Q156 [Karin Smyth, Phil Harper]

189 These are the Hospital Episode Statistics (HES) system which records procedures and diagnoses, and the SNOMED CT which is a computer-readable clinical vocabulary used in electronic health records, NHS Digital, SNOMED CT (accessed 5 August 2026), and the SNOMED CT which is a computer-readable clinical vocabulary used in electronic health records NHS, Classifications Browser ICD-10 5th Edition (accessed 5 August 2026).

190 NHS England, AI-enabled ambient scribing products in health and care settings (accessed 5 August 2026)

128. **RECOMMENDATION**

The Department for Health and Social Care should develop standardised SNOMED CT concepts and structured data fields for recording cosmetic product exposures within NHS electronic patient records, enabling longitudinal surveillance, clinical decision support and linkage to national safety monitoring systems including the OPSS Serious Undesirable Effects reporting system.

5 Consumer recourse

129. Throughout this inquiry evidence showed that people who experience harm after using cosmetic products and treatments are faced with barriers to reporting what has happened to them and to obtaining any meaningful remedy afterwards. The following are a selection of personal accounts of specific harms from our survey:

> "My hair should NOT have melted and burnt my head."
>
> "I now have a permanent allergy to a type of plastic which is found in things like earphones etc which I can never use again."
>
> "The horrendous experience I had from this aesthetics practitioner had ruined my mental health permanently and my physical [health] for 2 years."[191]

Reporting harm

130. Victoria Lee told us she did not report her experience of harm from unlicensed Botox treatment to the Police due to feelings of embarrassment and a belief that it would not be a priority for them.[192] Those who do come forward are often dismissed and "made to feel like silly women who have made stupid choices", which discourages others from reporting at all.[193] Our survey showed that of the approximately 300 responses to the questions on actions taken as a result of being harmed, 37% took no immediate action while around 36% had a doctor's appointment or spoke to a pharmacist. Beyond their initial response, if any, over half (57%) then took no further action. Of the minority who did take further action, only around 2% said they complained to a regulator.[194] Asked why they had not reported harm, 35% respondents said they did not think anything would be done, 32% did not know who to report it to, and 27% did not consider the harm serious enough.[195]

191 See annex for a summary of headline survey results
192 Q4
193 Q11
194 See annex for a summary of headline survey results
195 See annex for a summary of headline survey results

131. The cosmetovigilance system is the mandatory post-market monitoring system intended to capture serious harm to consumers from cosmetics under the UK Cosmetics Regulation. The system records two levels of harm: Undesirable Effects (UEs) and Serious Undesirable Effects (SUEs). The OPSS manages the system on behalf of the Secretary of State for BIST.[196] It recorded only 69 SUEs for cosmetics in 2024–25, 90 in 2023–24 and 86 in 2022–23. Despite the concerns raised by consumers in relation to chemical hair straighteners, OPSS told us that there had been no SUEs related to these products since 2022. The OPSS acknowledged that the lack SUEs "does not necessarily indicate there were no incidents" but may instead reflect the need for reporting to be made more visible.[197] Sarah Smith of the OPSS admitted that reporting levels are "very low" and that improved consumer reporting is needed to inform regulation.[198]

132. The CTSI described the reporting system as underused and opaque. It told us that "there is no transparency" in what the OPSS does with the data it receives. Unlike in the EU, CTSI said, no figures are published on the total number of SUEs, their trends or their breakdown by product category. It told us that a request to OPSS for figures yields "a verbal high-level report, but no detail." CTSI argued that the system should be evaluated and relaunched to raise public awareness, and for OPSS to report transparently on the SUEs it receives.[199]

133. **CONCLUSION**

The systems for reporting cosmetic harm are failing at both ends. Consumers do not report because they do not know the harm can be reported, do not know who to tell, or expect that nothing will be done. The formal cosmetovigilance system places the reporting duty on businesses rather than the people harmed, records strikingly few serious effects, and publishes nothing meaningful about them. The result is a regulator operating without the evidence base it needs, and a public with no visible route to raise the alarm. Significant levels of under-reporting risks preventing a complaint-driven enforcement system working.

196 The Cosmetic, Toiletry and Perfumery Association (CTPA), Cosmetovigilance (accessed 29 July 2026)

197 Letter from Office for Product Safety & Standards (OPSS) regarding follow-ups to the oral evidence session on 3 June 2026, 17 June 2026

198 Q162

199 Letter from Chartered Trading Standards Institute (CTSI) regarding follow-ups to the oral evidence session on 3 June 2026, 15 June 2026

134. **RECOMMENDATION**
The Government should establish a single, widely promoted point of contact through which consumers and health professionals can report harm from a cosmetic product or treatment, and should ensure that reports made to it are available to OPSS, trading standards and local authority environmental health teams. As part of the Product Safety Framework review, the Government should extend cosmetovigilance reporting beyond Responsible Persons so that consumers and health professionals can report serious undesirable effects directly and simply, and should publish annual data on the number, type and product-category breakdown of reports received, as is done in the European Union.

Routes to redress

135. For those who are harmed, the routes to redress are fragmented and hard to navigate. Department for Business, Innovation, Science and Trade Minister, Kate Dearden, acknowledged the complexity and number of complaint mechanisms available to a consumer which include trading standards, OPSS, and civil claims for product liability.[200] Effective redress is often lacking when consumers do complain. Our survey found that of those 169 consumers who told us they complained after being harmed only 16% were satisfied with the result, 44% were dissatisfied and 39% had yet to receive a response.[201]

136. The difficulty of obtaining redress is compounded by two structural gaps. The first is lack of insurance. The 2013 Keogh Review highlighted that there is no legal requirement for provider organisations to hold insurance against patient claims, and nothing to prevent a provider facing claims from dissolving their business and reopening as a new one offering similar services.[202] The second is the absence of an overarching framework for redress. In its 2025 consultation response, the Department of Health and Social Care noted that "there is currently no legislative framework to [...] provide levers of enforcement [...] or to create reliable systems of redress for consumers in the event of something going wrong."[203]

200 Q180 [Kate Dearden]
201 See annex for a summary of headline survey results
202 Department of Health and Social Care, Review of the Regulation of Cosmetic Interventions, April 2013, para 7.4
203 Department of Health and Social Care, The licensing of non-surgical cosmetic procedures in England: consultation document, 7 August 2025

137. Responsibility is unclear across regulators and those harmed often lack consistent support for complaints where there have been breaches of legislation, regulation or statutory rules.[204] Ashton Collins of Save Face pointed to longstanding calls for a taskforce to bring all the statutory regulators together regularly to discuss these issues and specific cases and ensure that victims are properly supported and those responsible for harms held to account.[205] Other witnesses supported calls for such a taskforce.[206]

138. In its 2025 consultation response, the Government announced that licensing for lower-risk treatments will require practitioners to meet insurance standards.[207] That is welcome but does not address the issue of companies abdicating responsibility by dissolving and reforming, nor does it create a coordinated system of redress. The OPSS pointed to the Law Commission's current review of product liability as offering a further opportunity, but it is directed at the civil courts regime rather than the fragmented regulatory responsibility that currently leaves consumers without support.[208]

139. **CONCLUSION**

The Government has recognised that there is no reliable system of redress and has plans to require insurance for lower-risk treatments—but the wider issue remains, with no single body responsible for supporting consumers or ensuring that those who cause serious harm are held to account. The result is ongoing costs to those harmed in money, in mental and physical ill-health, and sometimes in the lasting negative effects on their lives.

140. **RECOMMENDATION**

The Government should make appropriate insurance cover a mandatory condition of the new licensing framework for all licensed practitioners and should ensure that companies are not able to evade liability by dissolving and re-registering as a new business offering the same service.

204 Q23 [Ashton Collins]
205 Q23
206 Q24 [Seyi Falodun-Liburd] and Q47 [Victoria Brownlie and Diane Hey]
207 Department of Health and Social Care, The licensing of non-surgical cosmetic procedures in England: consultation document, 7 August 2025
208 Q163

141. **RECOMMENDATION**

The Government should establish a cross-regulator cosmetic-harm redress taskforce which includes representatives from all regulators with enforcement powers for cosmetic and cosmetic-like products and procedures and consumer advocacy organisations. The taskforce should publish a route through which harmed consumers can be referred for support and redress and report annually to the Department for Business, Innovation, Science and Trade on systemic issues raised by complaints across the regulators and make recommendations for further action by Government and the industry.

6 A new licensing framework

Licensing based on risk

142. Section 180 of the Health and Care Act 2022 gave the Secretary of State the power to introduce a national licensing regime for non-surgical cosmetic procedures excluding hairdressing or barbering—treatments such as injectables, and other procedures that pierce or penetrate the skin. The Government consulted in 2023 on the remit for the scheme which would require licensing of premises and for practitioners to be licensed to perform specified non-surgical cosmetic procedures.[209] The promised national framework has been broadly welcomed within the sector but, following ongoing delays, concerns have been raised about how and when the new framework will be developed and implemented, resourced and enforced.[210]

143. The Government set out its approach to introducing a licensing scheme which was proportionate and agile. It has said that it must be risk-based and balance public protection and confidence in the industry with encouraging innovation and allowing consumer choice. Phil Harper, Deputy Director of Professional Regulation at the Department of Health and Social Care, explained how the legislation would keep up the with the fast-moving industry. He told us the Government intends to categorise types of procedure rather than specific procedures to avoid people finding workarounds and that the specific set of treatments would be listed outside the legislation so that they could be kept up to date.[211]

144. The proposal is to place cosmetic procedures in red, amber or green categories based on the level of risk of complications which would determine the regulatory body engaged and who can carry them out. Under the consultation proposals, procedures falling into the red category—such as dermal fillers—would come under Care Quality Commission (CQC)

209 Department for Health and Social Care, The licensing of non-surgical cosmetic procedures in England, 2 September 2023

210 Save Face (HBT0004) p 1; Q41 [Victoria Brownlie]; Women and Equalities Committee, Eleventh Report of Session 2024–26, Cosmetic procedures, HC 869, para 68

211 Q132

control and not the licensing scheme.[212] The remaining amber and green product types would fall under the new licensing framework which would be operated by local authorities in England.[213] The Scottish Parliament legislated to regulate non-surgical treatments in March 2026 using risk-based tiers.[214] The Senedd Cymru (Welsh Parliament) introduced a local authority licensing scheme for improving hygiene and safety standards for special procedures in 2024, including acupuncture, piercing, electrolysis and tattooing.[215]

Table 2: Summary of the Government's proposed risk-based framework for licensing non-surgical cosmetic procedures

Category	Risk of complications	Example procedures	Conditions under which someone could carry out a procedure
Red	Highest risk	Hair restoration surgery, and procedure aimed at augmenting the body with the patient's own fat or dermal fillers.	These procedures would be brought under regulation by the Care Quality Commission (CQC) and would be excluded from the licensing scheme. The Government has proposed that red procedures would be restricted to qualified and regulated healthcare professionals only.

212 Department of Health and Social Care, The licensing of non-surgical cosmetic procedures in England: consultation document, 7 August 2025

213 Department for Health and Social Care, The licensing of non-surgical cosmetic procedures in England, 2 September 2023

214 Scottish Parliament, Non-surgical Procedures and Functions of Medical Reviewers (Scotland) Act 2026

215 Senedd Cymru (Welsh Parliament), Licensing scheme for special procedures (accessed on 24 August 2026)

Category	Risk of complications	Example procedures	Conditions under which someone could carry out a procedure
Amber	Medium risk	Injection of botulinum toxins and semipermanent dermal fillers into the face	Non-healthcare professionals would need to be licensed and be supervised by a named, regulated healthcare professional. That professional would need to have gained an accredited qualification to prescribe, administer and supervise cosmetic procedures. Regulated healthcare professionals would be able to perform these procedures without supervision, provided they meet the agreed standards.
Green	Lowest risk	Micropigmentation (semi-permanent make up), intense pulsed light (IPL) and light emitting diode (LED) therapies.	All practitioners would be eligible to carry these procedures out, provided they meet agreed standards.

Source: Information taken from Department of Health and Social Care, The licensing of non-surgical cosmetic procedures in England: consultation document, 7 August 2025

Delays legislating for red list procedures

145. In August 2025, the Government announced it would legislate to bring in regulations for the two-tier system.[216] In June, Minister of State for Health, Karin Smyth, reconfirmed to us the commitment to bringing in the entire licensing framework "during this parliamentary term" and said that they

216 Department of Health and Social Care, Press release: Crackdown on unsafe cosmetic procedures to protect the public, 6 August 2025

were currently working through exactly what to regulate and at what level with industry and expert working groups. Once this was done, she explained that further consultation would be needed on the red list before regulations and legislation could be issued for parliamentary approval "by the end of this year or the beginning of next year, to change the law, subject to the normal parliamentary process."[217] Phil Harper explained that they were prioritising restricting the highest-risk procedures first and that legislation was being drafted on this for consultation "in the coming weeks."[218] However, he admitted that there is "debate around what should be included" in the procedures subject to CQC regulation.[219] Witnesses called for a range of procedures to be included in the red list in addition to dermal fillers due to safety concerns about their use by non-medical professionals, such as prescription-only injectables (such as Botox), injectable fat dissolvers, skin boosters, and skin lightening IV drips.[220]

146. **CONCLUSION**
Almost a year after the commitment to legislate, procedures the Government has classed as posing the most serious risk of harm remain lawful for anyone to perform, in any setting, without any qualifications. We echo the conclusion of the Women and Equalities Committee in February that successive Governments have failed to act swiftly enough to legislate in this area. The lack of action is fostering complacency in self-regulation within the industry and is compromising patient safety, with further harms being allowed to occur.

147. **CONCLUSION**
As recommended previously, we see no reason why the most harmful and high-risk procedures of which we are already well aware, such as genital fillers, liquid BBLs and LBJs, should not be restricted to appropriately qualified medical professionals immediately.

148. **RECOMMENDATION**
The Department of Health and Social Care should bring forward the legislation required to restrict the full list of red category procedures without delay so that they can be in force by December 2027 at the latest, and should set out the timeline for commencement in its response to this report.

217 Qq129, 131 [Karin Smyth]
218 Qq133, 136 [Phil Harper]
219 Q132 [Phil Harper]
220 Save Face (HBT0004); Dr Roshan Ravindrar and Professor Lee Smith (HBT0005); Letter from Chartered Trading Standards Institute (CTSI) regarding follow-ups to the oral evidence session on 3 June 2026, 15 June 2026

The amber and green licensing scheme

149. The full licensing scheme for medium risk (amber) and lower risk (green) procedures is under development, following the Government's initial consultation in 2023.[221]

150. Witnesses highlighted uncertainty about training and supervision requirements as one of the complexities of categorising procedures by risk level based on just two broad categories. Under the licensing proposals, non-healthcare professionals would need to be supervised by a named, regulated healthcare professional to carry out any 'medium risk' (amber-rated) procedure. Victoria Brownlie warned that the proposed categorisation of amber procedures risks grouping together procedures with very different risk profiles such as 'injectables'. She explained that this category could include temporary dermal fillers and vitamin infusions, and skin peels or microneedling and, as a result, oversight requirements remain unclear for the range of procedures in the amber category.[222] In response to its consultation on licensing of non-surgical cosmetic procedures in England, Government also recognised widespread "concern that the requirement for supervision would limit the procedures which non-healthcare professionals would be able to offer their clients, with a resultant detrimental effect on their businesses."[223] It responded that supervisory requirements would depend on detailed understanding of the risks and capability of practitioner and supervisor when suitably trained and that further consultation was needed on education and training standards.[224] One independent aesthetics practitioner and founder of Vikki Soloman Aesthetics Ltd, Vikki Soloman, told the Women and Equalities Committee, during their inquiry into cosmetic procedures, that future regulation of procedures and educational and qualification requirements, in part due to lack of accessible university pathways, "may lead to staff reductions, disruptions in the supply chain, and the closure of businesses, including those led by women." She warned of "impacts [on] those who have invested time, money, and resources in their businesses and education."[225]

221 Department for Health and Social Care, The licensing of non-surgical cosmetic procedures in England, 2 September 2023

222 Qq41–43

223 Department for Health and Social Care, The licensing of non-surgical cosmetic procedures in England, 2 September 2023

224 Department for Health and Social Care, The licensing of non-surgical cosmetic procedures in England, 2 September 2023

225 Written evidence taken by the Women and Equalities Committee, BIP0010 [Vikki Soloman]

151. Minister Karin Smyth told us that the Department of Health and Social Care "will continue to work with a broad range of stakeholders" to determine the training standards underpinning the amber and green regime.[226] At time of writing, the necessary consultation on education and training standards has not been published.

152. The CIEH recognised the need for further consultation on education and training standards but called for the Government to complete this as soon as possible and speed up implementation of the full licensing scheme "without narrowing the proposed range of procedures to be regulated."[227]

A single national licensing framework

153. The patchwork of licensing laws in England has grown up over decades and means that a product, procedure or working practice may be illegal in one local authority area and legal in the neighbouring one. However, the local legislative framework has barely changed since 1991 while the market has been changed completely.[228] London boroughs and local authorities in Nottingham, Essex and Birmingham license certain treatments under local legislation.[229] Elsewhere in England, local authorities fall back on the Local Government (Miscellaneous Provisions) Act 1982, which covers a narrower range of treatments.

154. Victor Ktorakis of the CIEH told us that variation in licensing and standards and enforcement between local authorities actively encourages practitioners to relocate to areas with weaker controls.[230] Ministers acknowledged that good businesses which abide by legislation are "ultimately undercut" by those that do not.[231] The Professional Standards Authority (PSA) warned that divergent regulatory approaches across the four UK nations risk uneven public protection and cosmetic tourism within the UK, with England and Scotland moving to introduce new safeguards while Wales and Northern Ireland have made limited progress.[232]

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226 Letter from Karin Smyth, Minister of State for Health and Secondary Care, regarding follow-ups to the oral evidence session on 3 June 2026, 1 July 2026

227 Letter from Chartered Institute of Environmental Health regarding follow-ups to the oral evidence session on 3 June 2026, 12 June 2026

228 Q87 [Victor Ktorakis]

229 Letter from Karin Smyth, Minister of State for Health and Secondary Care, regarding follow-ups to the oral evidence session on 3 June 2026, 1 July 2026

230 Qq87–91

231 Letter from Karin Smyth, Minister of State for Health and Secondary Care, regarding follow-ups to the oral evidence session on 3 June 2026, 1 July 2026; Q168 [Kate Dearden]

232 Professional Standards Authority for Health and Social Care (PSA) [HBT0012]

155. The CIEH argued that, for a premises licensing scheme to avoid fragmentation, duplication and inefficiency for businesses in the regulatory system, the new scheme must integrate with or replace overlapping licensing arrangements including those in place in various local authority areas.[233]

156. Despite the calls over many years for a national licensing scheme for all cosmetic practitioners, the Government explained in its consultation response that it does not intend to incorporate all cosmetic procedures in the new national framework at least initially.[234]

Premises licensing

157. Minister Karin Smyth told us that a national scheme should require premises to meet "the necessary standards of hygiene, infection control and cleanliness", with both the practitioner and the premises licensed.[235] While witnesses broadly supported including premises licensing in the new framework, the British Beauty Council went further, arguing that practitioners should not be able to undertake licensed procedures in informal settings such as people's own homes and should instead be restricted to designated premises inspected for the purposes of the licence and used solely for those purposes.[236]

158. **CONCLUSION**
Delays in completing the national licensing framework are leaving practitioners and regulators in limbo.

159. **RECOMMENDATION**
The Government should ensure that the amber and green licensing categories are sufficiently broad and comprehensive so that by the end of the Parliament no cosmetic procedure on the UK market falls outside the licensing framework categories. In its response to this report, the Government should:

a. set out the date by which consultation on the amber and green categories will be completed, and;

233 Letter from Chartered Institute of Environmental Health regarding follow-ups to the oral evidence session on 3 June 2026, 12 June 2026
234 Department for Health and Social Care, The licensing of non-surgical cosmetic procedures in England, 2 September 2023
235 Letter from Karin Smyth, Minister of State for Health and Secondary Care, regarding follow-ups to the oral evidence session on 3 June 2026, 1 July 2026
236 British Beauty Council (HBT0007)

b. define the mechanism for bringing newly emerging procedures into scope, and where responsibility will rest for triggering it.

160. **CONCLUSION**
The patchwork of local licensing schemes and variation in enforcement has produced inconsistent standards, undermining of legitimate businesses and relocation of others to weaker-enforcement areas. A national scheme should deliver consistent standards and remove postcode lotteries. Ensuring that the new framework is comprehensive and supersedes local patchwork legislation would give clarity and assurance to the public on safety, reduce the burden on local authority regulatory services who would otherwise need to enforce multiple schemes, and avoid regulatory burdens from duplicative licensing requirements for businesses offering a range of treatments.

161. **RECOMMENDATION**
The single national licensing framework should:

a. set national standards for practitioner licensing, training, qualifications, indemnity and premises requirements and;

b. include treatments currently licensed under local legislation such as piercing, electrolysis, tattooing, semi-permanent make up, and acupuncture. The Government should revoke this local legislation to the extent that it applies to procedures covered by the new scheme to avoid duplication and unnecessary burdens on businesses.

Ingredient transparency

162. Transparency about the ingredients used in any product or treatment is essential to allow consumers to avoid hazards such as reactions to known allergens and for clinicians to diagnose and treat patients when something goes wrong. However, information on ingredients is not always available where products are used in a cosmetic treatment. Our survey found that many undergoing a treatment did not, or were not able to, check the ingredients of the product they were being treated with.[237]

163. Where a product is self-imported, unbranded or sourced outside legitimate supply chains, there may be no record of its composition available. For example, a salon that imports products for use on clients is subject to no

237 See annex for a summary of headline survey results

requirement for a safety assessment, mandatory labelling or notification to the GB Cosmetics Portal which holds product details for enforcement authorities and the National Poisons Information Service.[238]

164. Even where chemical hair relaxers are properly on the market, the ingredient information on the packaging may be unclear or potentially misleading.[239] Most hair relaxers can be classed as "Lye based relaxers" with either sodium hydroxide or potassium hydroxide[240] as the main active ingredient or "Non-lye based relaxers" with lithium hydroxide, calcium hydroxide or guanidine carbonate.[241] Level Up argue that some chemical hair relaxers are being sold as a more gentle "non-lye" product while still containing sodium hydroxide.[242]

165. The UKCR sets out the concentrations of specific chemicals which can be included in a product based on its intended use and how the chemical is used within the product. Ingredients must be listed in descending order of concentration. The maximum concentration of sodium and potassium hydroxide in a relaxer intended for professional use only, where they are the active ingredient for breaking chemical bonds in hair strands, is 4.5% and 2% for general use.[243] However, these chemicals are mainly used in very small quantities as a pH balancer in a wide range of beauty and skin care products such as cleansers, soaps and makeup. This means that the same chemical may appear lower or higher in the list of ingredients depending on how it is being used and in what quantity.

166. Concerns about misleading labelling of hair relaxers include their availability and marketing towards children. Level Up explain that "Many Black women begin regular use of hair relaxers during childhood. Some relax their own children's hair using hair relaxer kits sold in colourful packaging and marketed towards children with words like "care" and "no ouch."[244] World Afro Day CIC argued that customers could be better informed and protected from the risks from products by introduction of clear, visible warnings on higher-risk products, mandatory disclosure where products may release hazardous substances during normal use, and age restrictions for chemical relaxers.[245]

238 Letter from Chartered Trading Standards Institute (CTSI) regarding follow-ups to the oral evidence session on 3 June 2026, 15 June 2026
239 Level Up (HBT0001)
240 alkaline mineral compounds known commonly as caustic soda or "lye"
241 The Cosmetic, Toiletry and Perfumery Association (CTPA) (HBT0006)
242 Level Up (HBT0001); Q27
243 The Cosmetic, Toiletry and Perfumery Association (CTPA) (HBT0006)
244 Level Up (HBT0001)
245 World Afro Day CIC (HBT0008)

Patch testing

167. Information on the ingredients included in a product is only one part of informed consent. Consumers also need to be made aware when safeguards such as patch testing are recommended or necessary. This is true whether the product is used at home or as part of a treatment in a salon. Patch testing is the main safeguard for consumers against allergic reaction, but our evidence suggests it is not widely understood or consistently offered by those providing treatments.[246] Of survey respondents who had undergone a treatment, a majority did not know patch testing was an option.[247]

168. **CONCLUSION**
Without a requirement for self-imported products to be safety-assessed, labelled and registered, consumers cannot know what is being applied to or injected into their bodies. Many consumers are never told that patch testing is an option, and misleading labelling further obscures what a product contains. Lack of ingredient disclosure makes it harder to identify products potentially causing harm and to trigger an investigation by the OPSS.

169. **RECOMMENDATION**
The Government should amend the UK Cosmetics Regulation so that products self-imported for professional use on clients are subject to the same safety assessment, labelling and notification requirements as products placed on the market, and should bring forward the amendment within 12 months of this report.

170. **RECOMMENDATION**
As part of the licensing scheme's premises standards, the Government should require licensed practitioners to:

a. ensure that all products used in a treatment are compliant with the relevant UK regulations at the point of use;

b. disclose, before treatment and on request afterwards, the name and full ingredients of any product used; and

c. carry out patch testing in advance of any treatment where the product's safety information recommends it.

246 Dr Gabriela Daniels (HBT0009)
247 See annex for a summary of headline survey results

Enforcement capacity and funding

171. The Government has said that the treatments that fall into the amber and green categories will be operated by the more than 300 local authorities delivering regulatory services in England.[248] DHSC Minister Karin Smyth acknowledged that "licensing will add to local authorities' workload" and committed to engaging on the "support, training, and resources" required as well as ongoing monitoring to ensure "licensing is fit for purpose."[249]

172. Witnesses warn of existing pressures on local authority enforcement capacity and funding under the current system and that any new regulatory requirements must be matched with additional funding to resource enforcement.[250] The CTSI were clear on the need for enforcement of the new licensing scheme for it to be effective.[251]

173. **CONCLUSION**
The new licensing framework will rely on local authority regulatory services. The Government has recognised that licensing will add to local authorities' workload but has not yet set out how that additional work will be resourced.

174. **RECOMMENDATION**
As part of the announcement of the final design of the licensing scheme, the Department for Business, Innovation, Science and Trade should produce an analysis of the additional burdens on local authorities from the scheme, identifying how resource gaps will be addressed.

248 Department for Health and Social Care, The licensing of non-surgical cosmetic procedures in England, 2 September 2023; National Audit Office, Lessons learned: How to deliver effective regulation locally, 2023, p10; Letter from The Chartered Trading Standards Institute (CTSI) regarding follow-ups to the oral evidence session on 3 June 2026, 15 June 2026

249 Letter from the Department for Health and Social Care regarding follow-ups to the oral evidence session on 3 June 2026, 1 July 2026

250 Letter from The Chartered Trading Standards Institute (CTSI) regarding follow-ups to the oral evidence session on 3 June 2026, 15 June 2026

251 Letter from Chartered Trading Standards Institute (CTSI) regarding follow-ups to the oral evidence session on 3 June 2026, 15 June 2026

Conclusions and recommendations

Gaps in safety

1. Cosmetics is a high-tech, constantly evolving sector using complex chemical techniques which can have significant adverse effects. However, its regulation is a mess. It is entirely reasonable for the public to assume that the products and procedures available are subject to safety requirements and testing but many, shockingly, are not. In particular, the ongoing risks to the public from the 13-year Government delay on regulating high-risk high-volume filler including liquid BBLs and LBJs and genital fillers are unacceptable. It is appalling that anyone can inject filler into a man's penis or a woman's vulva without any regard to safety. The lengthy delay in responding to the Women and Equalities Committee report suggests that the immediate action required on this critical issue of public safety is not being prioritised by the Department for Health and Social Care. (Conclusion, Paragraph 27)

2. The Government should immediately restrict genital fillers, liquid BBLs and LBJs to appropriately qualified medical professionals and licensed premises. As part of this:

    a. Supply of products and devices used in procedures should be restricted to Care Quality Commission (CQC) regulated prescribers and suppliers;

    b. There should be a requirement for adverse event reporting to the CQC, including publication of notifications; and

    c. The responsible regulator should monitor trends in the sector and review after one year of the new rules coming into place whether the procedure should be further restricted only for specific purposes such as where a prospective patient is suffering physical pain or discomfort which the procedure could alleviate. (Recommendation, Paragraph 28)

3. Nudging practitioners towards safe practices by issuing advisory guidance has not worked. The Medicines and Healthcare products Regulatory Agency has identified and warned of the risk to women of delayed cancer

diagnosis from LBJs, but this has not led to a reduction in use of the procedure or increased public awareness of the risk over 13 years. Neither healthcare professionals nor unlicensed practitioners are required to alert customers to the risks of dermal fillers in procedures such as LBJs. (Conclusion, Paragraph 29)

4. The MHRA should urgently conduct a short review of the available evidence on the safety of LBJs in relation to the safety of the procedure itself, and to the seriousness of the harm caused to women who go on to develop breast cancer and require accurate and quick diagnosis. Where it is determined, based on the best available independent medical evidence, that a product carries significant risks to safety that no licensing regime could make safe, it should be prohibited. (Recommendation, Paragraph 30)

5. The failure of governments to grasp the scale and speed of innovation in the cosmetics market and to take responsibility for protecting the public from products that fall outside the existing regulations has led to Great Britain falling behind other countries' safety standards. The failure over many years to adapt the definitions in Cosmetics Regulation to reflect new products on the market, including nasal tanning sprays and injectables, has led to gaps in safety regulations and harm to consumers. The similar failure to adapt the 'safety net' General Product Safety Regulations (GPSR) to include products such as injectable dermal fillers, fat dissolvers and skin brighteners, has left consumers without the most basic level of protection. The limited cover GPSR does provide for products such as nasal sprays relies on trading standards officers to prove in each case that products are unsafe once they are already on the market to unsuspecting consumers. Consumers rightly expect better protection from known potential harms than this. (Conclusion, Paragraph 35)

6. The Department for Health and Social Care and the Office for Product Safety and Standards should bring forward the legislation required to introduce a new product safety framework for the UK in the Autumn. This should include:

    a. updating the definition of 'product' in the GPSR to bring all products used as part of a procedure or treatment within scope; and

    b. updating the UK Cosmetics Regulation to bring into scope cosmetic products used for non-medical purposes in injectable or inhalable form. (Recommendation, Paragraph 36)

7. The Government should:

    a. establish a mechanism for bringing new and emerging products within the new risk-based licensing regime as they reach the market in accordance with the precautionary principle until their risk-profile is established through safety testing, and;

    b. make clear its response to this report where responsibility will sit for identifying emerging cosmetic and beauty products and treatments and bringing them within the scope of the UK Cosmetics Regulation and any other relevant regulatory frameworks. (Recommendation, Paragraph 37)

8. The lack of any legal requirement for a person administering botulinum toxin to have any training or hold a specific qualification, even though the product itself is prescription-only, presents a significant risk to the public who are largely unaware of the potential for them to be harmed. Mandatory national standards to ensure that all those who carry out this procedure are properly trained and qualified to do so safely and to respond to any medical complications are necessary and overdue. (Conclusion, Paragraph 52)

9. A high proportion of the workforce in this sector is female and the approach to regulatory changes must not reduce economic opportunities. Requirements on practitioners should be proportionate and reasonably obtainable for the sole traders who make up most of the cosmetic sector. This is necessary both to avoid pushing small largely female-led businesses out of the market and to avoid creation of a black or grey market of illegal, unlicensed operators. However, the need for regulation to be proportionate should not be an excuse for delaying the introduction of what should be straightforward product and procedure safety rules. (Conclusion, Paragraph 53)

10. As an interim public-protection measure ahead of the licensing scheme coming into force, the Government should signpost consumers to practitioners on the Professional Standards Authority's Accredited Registers and encourage eligible practitioners to join one. (Recommendation, Paragraph 54)

11. The Department of Health and Social Care should accelerate development of the qualification requirements with the Department of Education, awarding bodies, the regulators, and accreditation bodies. It should:

    a. conduct all necessary consultations as soon as possible and before end December 2026;

b. publish mandatory national training and qualification requirements under each tier of the licensing scheme well in advance of them coming into force, alongside a timetable for implementation and enforcement, to allow resource and financial planning by prospective trainers and practitioners. The requirements should clearly specify the competences for every licensed procedure and the arrangements for ongoing competency assessment;

c. include an impact assessment to identify and mitigate additional barriers to remaining in or entering the sector, especially for female practitioners; and

d. include non-academic and competence-based qualification routes through which existing practitioners can demonstrate or acquire the necessary qualifications for lower-risk procedures. These should be widely publicised through a range of channels that reach practitioners who are not currently members of trade bodies or professional registers. (Recommendation, Paragraph 55)

12. Products designed for adult use only are increasingly being used as a matter of routine by young people and children for whom they have the potential to cause long-term harms. Because of the normalisation on social media of the use by children of cosmetics containing powerful chemicals and lack of awareness of the potential harms, parents are buying these products for their children, unaware of the risk. (Conclusion, Paragraph 64)

13. Illegal topical skin-lighteners containing banned substances are still widely available to UK consumers online and on the high street. Current regulation, monitoring and enforcement has not been sufficient to dissuade unscrupulous businesses from continuing to profit from illegal products, and public awareness of the risks and how to avoid them continues to be too low. The sale of illegal products is an enforcement issue. (Conclusion, Paragraph 65)

14. The departments of Health and Social Care and Education should follow the recommendation of the Women and Equalities Committee on working together to include risks of cosmetic procedures in new body image and social media literacy programmes for schools. This work should incorporate:

a. sources of information about suitable skin care routines for young people; and

b. information from the Office for Product Safety and Standards and the Chartered Trading Standards Institute on the dangers of illegal products and how to identify safe purchasing routes. (Recommendation, Paragraph 66)

15. The Office for Product Safety and Standards should use the information it holds more effectively and transparently to provide information to the public on risks from dangerous cosmetic products and procedures including sponsoring and carrying out targeted public information campaigns where risks persist or emerge. (Recommendation, Paragraph 67)

Online marketplaces

16. The laws governing liability for product safety were not made for today's online marketplaces, and this is allowing illegal and dangerous products to reach UK consumers faster and in greater volumes than regulators have the powers or resources to effectively police. (Conclusion, Paragraph 85)

17. Where an unsafe product is sold through an online marketplace, no one with a presence in the United Kingdom is reliably accountable for it. The overseas seller is beyond the reach of regulators and, in many third-party seller models, the marketplace does not bear any legal responsibility for the goods it hosts. Platforms remove individual listings as a matter of goodwill rather than legal obligation, leaving identical hazards available elsewhere on the same site. The whack-a-mole 'identify, remove, repeat' model of enforcement is unsustainable and ineffective and should not be carried over to the new product safety framework. (Conclusion, Paragraph 86)

18. The Government has legislated for the power to make online marketplaces responsible for product safety and is consulting on how to use it. What remains is to bring that power into force, and by doing so impose clear, enforceable duties on marketplaces with penalties for non-compliance that are effective against some of the most financially powerful entities in the world. (Conclusion, Paragraph 87)

19. The Government should bring into force the provisions of the Product Regulation and Metrology Act 2025 to impose safety duties on online marketplaces within the next 12 months making them liable for product safety. Failure of online marketplaces to comply should carry penalties sufficient to remove any commercial incentive to profit from hosting non-compliant goods. Duties on online marketplaces should include:

    a. implementing effective processes to prevent counterfeit, illegal and harmful products from appearing on their platforms;

    b. ensuring that safety warnings included in product labelling are prominently displayed in platforms' product information;

c. a requirement to suspend any accounts making such products, or any substantially similar products, available for sale pending their removal from sale;

d. effectively remove and prevent re-entry of any seller found to be attempting to sell such products on its platform; and

e. notifying OPSS about non-compliant sellers on its platform so that information can be shared with other online marketplaces and any listings linked to the seller identified and removed across different platforms. (Recommendation, Paragraph 88)

20. Within six months of publication of this report, the Department for Business, Innovation, Science and Trade should set out plans for how it will:

f. ensure that services offering UK Representative Person addresses to overseas sellers are required to demonstrate that that are suitably insured, able to accept legal responsibility for the safety of any products registered with them, and that they have a clear, publicly available contact and process for consumer complaints; and

g. monitor the effectiveness of the market surveillance and enforcement frameworks for online marketplaces in preventing harmful and illegal products from reaching the UK and set criteria for determining where further regulatory actions may be required. (Recommendation, Paragraph 89)

21. The Department for Business, Innovation, Science and Trade should commission a study through the OPSS and publish data on the scale and sources of unsafe cosmetic and cosmetic-like products entering the United Kingdom through online marketplaces. (Recommendation, Paragraph 90)

Evidence and Research

22. The OPSS-run system is thorough but slow to respond to emerging evidence of harm which may have already been acted upon in other jurisdictions. If controls are to effectively protect consumers, decisions around ingredient safety must be made swiftly and clear communications made freely accessible to enforcement officers and businesses. (Conclusion, Paragraph 97)

23. OPSS should make changes to cosmetic ingredient controls easier to follow for those who must enforce them as well as small businesses who need to comply with them. When banned and restricted substances in the annexes

to the UK Cosmetics Regulation are amended, OPSS should without delay publish on GOV.UK a clear summary of the changes, with links to the relevant Statutory Instruments. (Recommendation, Paragraph 98)

24. Regulation cannot rest on an evidence base that does not reflect the experience of consumers most exposed to potential harm. The lack of research into long-term health effects of chemical hair relaxers and related products used predominantly by Black women and girls has led to worry and mistrust and may have led to avoidable harms. There is a need for high-quality UK research to fill the gap in understanding and in trust. (Conclusion, Paragraph 117)

25. The Department for Business, Innovation, Science and Trade should, in response to this report, publish a timetable for the SAG-CS literature review and subsequent safety assessments of substances of concern in chemical hair relaxers. The literature review should identify any gaps in the available research and expressly consider evidence of risks to Black women and girls, long-term, cumulative exposure and intergenerational impacts. (Recommendation, Paragraph 118)

26. The Government should set out within 12 months of publication of this report how it will address evidence gaps identified by the SAG-CS review including identifying the lead Department in each case and a timeline for commissioning research. (Recommendation, Paragraph 119)

27. The Department for Health and Social Care should commission a publicly funded, longitudinal UK study into the long-term health effects of the chemicals used in hair relaxers and related products. The study should examine early-age, high-frequency and cumulative exposure, and reflect ethnicity of users and real-world usage patterns. (Recommendation, Paragraph 120)

28. There is insufficient data collected about the cost to the NHS of treating harms resulting from hair and beauty products and treatments. Without systematic data from the NHS on treating those harmed by cosmetic products or procedures in the UK or overseas, the Government cannot quantify the cost of cosmetic harm, develop evidence-based policy, or effectively target enforcement or public awareness activities. A clearer structured recording of real-world exposures and a surveillance system embedded within the trusted research environment of the NHS would help to detect potential harms including long-term effects much earlier. (Conclusion, Paragraph 127)

29. The Department for Health and Social Care should develop standardised SNOMED CT concepts and structured data fields for recording cosmetic product exposures within NHS electronic patient records, enabling

longitudinal surveillance, clinical decision support and linkage to national safety monitoring systems including the OPSS Serious Undesirable Effects reporting system. (Recommendation, Paragraph 128)

Consumer recourse

30. The systems for reporting cosmetic harm are failing at both ends. Consumers do not report because they do not know the harm can be reported, do not know who to tell, or expect that nothing will be done. The formal cosmetovigilance system places the reporting duty on businesses rather than the people harmed, records strikingly few serious effects, and publishes nothing meaningful about them. The result is a regulator operating without the evidence base it needs, and a public with no visible route to raise the alarm. Significant levels of under-reporting risks preventing a complaint-driven enforcement system working. (Conclusion, Paragraph 133)

31. The Government should establish a single, widely promoted point of contact through which consumers and health professionals can report harm from a cosmetic product or treatment, and should ensure that reports made to it are available to OPSS, trading standards and local authority environmental health teams. As part of the Product Safety Framework review, the Government should extend cosmetovigilance reporting beyond Responsible Persons so that consumers and health professionals can report serious undesirable effects directly and simply, and should publish annual data on the number, type and product-category breakdown of reports received, as is done in the European Union. (Recommendation, Paragraph 134)

32. The Government has recognised that there is no reliable system of redress and has plans to require insurance for lower-risk treatments—but the wider issue remains, with no single body responsible for supporting consumers or ensuring that those who cause serious harm are held to account. The result is ongoing costs to those harmed in money, in mental and physical ill-health, and sometimes in the lasting negative effects on their lives. (Conclusion, Paragraph 139)

33. The Government should make appropriate insurance cover a mandatory condition of the new licensing framework for all licensed practitioners and should ensure that companies are not able to evade liability by dissolving and re-registering as a new business offering the same service. (Recommendation, Paragraph 140)

34. The Government should establish a cross-regulator cosmetic-harm redress taskforce which includes representatives from all regulators with enforcement powers for cosmetic and cosmetic-like products and

procedures and consumer advocacy organisations. The taskforce should publish a route through which harmed consumers can be referred for support and redress and report annually to the Department for Business, Innovation, Science and Trade on systemic issues raised by complaints across the regulators and make recommendations for further action by Government and the industry. (Recommendation, Paragraph 141)

A new licensing framework

35. Almost a year after the commitment to legislate, procedures the Government has classed as posing the most serious risk of harm remain lawful for anyone to perform, in any setting, without any qualifications. We echo the conclusion of the Women and Equalities Committee in February that successive Governments have failed to act swiftly enough to legislate in this area. The lack of action is fostering complacency in self-regulation within the industry and is compromising patient safety, with further harms being allowed to occur. (Conclusion, Paragraph 146)

36. As recommended previously, we see no reason why the most harmful and high-risk procedures of which we are already well aware, such as genital fillers, liquid BBLs and LBJs, should not be restricted to appropriately qualified medical professionals immediately. (Conclusion, Paragraph 147)

37. The Department of Health and Social Care should bring forward the legislation required to restrict the full list of red category procedures without delay so that they can be in force by December 2027 at the latest, and should set out the timeline for commencement in its response to this report. (Recommendation, Paragraph 148)

38. Delays in completing the national licensing framework are leaving practitioners and regulators in limbo. (Conclusion, Paragraph 158)

39. The Government should ensure that the amber and green licensing categories are sufficiently broad and comprehensive so that by the end of the Parliament no cosmetic procedure on the UK market falls outside the licensing framework categories. In its response to this report, the Government should:

a. set out the date by which consultation on the amber and green categories will be completed, and;

b. define the mechanism for bringing newly emerging procedures into scope, and where responsibility will rest for triggering it. (Recommendation, Paragraph 159)

40. The patchwork of local licensing schemes and variation in enforcement has produced inconsistent standards, undermining of legitimate businesses and relocation of others to weaker-enforcement areas. A national scheme should deliver consistent standards and remove postcode lotteries. Ensuring that the new framework is comprehensive and supersedes local patchwork legislation would give clarity and assurance to the public on safety, reduce the burden on local authority regulatory services who would otherwise need to enforce multiple schemes, and avoid regulatory burdens from duplicative licensing requirements for businesses offering a range of treatments. (Conclusion, Paragraph 160)

41. The single national licensing framework should:

a. set national standards for practitioner licensing, training, qualifications, indemnity and premises requirements and;

b. include treatments currently licensed under local legislation such as piercing, electrolysis, tattooing, semi-permanent make up, and acupuncture. The Government should revoke this local legislation to the extent that it applies to procedures covered by the new scheme to avoid duplication and unnecessary burdens on businesses. (Recommendation, Paragraph 161)

42. Without a requirement for self-imported products to be safety-assessed, labelled and registered, consumers cannot know what is being applied to or injected into their bodies. Many consumers are never told that patch testing is an option, and misleading labelling further obscures what a product contains. Lack of ingredient disclosure makes it harder to identify products potentially causing harm and to trigger an investigation by the OPSS. (Conclusion, Paragraph 168)

43. The Government should amend the UK Cosmetics Regulation so that products self-imported for professional use on clients are subject to the same safety assessment, labelling and notification requirements as products placed on the market, and should bring forward the amendment within 12 months of this report. (Recommendation, Paragraph 169)

44. As part of the licensing scheme's premises standards, the Government should require licensed practitioners to:

a. ensure that all products used in a treatment are compliant with the relevant UK regulations at the point of use;

b. disclose, before treatment and on request afterwards, the name and full ingredients of any product used; and

c. carry out patch testing in advance of any treatment where the product's safety information recommends it. (Recommendation, Paragraph 170)

45. The new licensing framework will rely on local authority regulatory services. The Government has recognised that licensing will add to local authorities' workload but has not yet set out how that additional work will be resourced. (Conclusion, Paragraph 173)

46. As part of the announcement of the final design of the licensing scheme, the Department for Business, Innovation, Science and Trade should produce an analysis of the additional burdens on local authorities from the scheme, identifying how resource gaps will be addressed. (Recommendation, Paragraph 174)

Annex: Summary of survey responses

We published a short survey in December 2025 to seek views from people in the UK who had experienced harms caused by hair and beauty products and treatments. We received 309 responses. Some 63.4% of harms reported were related to a treatment administered by someone else while 36.6% related to products they had bought themselves. Around 84% of respondents were from England, 9.5% from Scotland, 4.6% from Wales and 1.3% from Northern Ireland. Of those who reported buying a product which caused them harm, 76.6% did so in England, 6.3% in Scotland, 5.4% in Wales and 0.9% in Northern Ireland; 10.8% bought it online. Of those who reported having a treatment which caused them harm, 85.6% had it in England, 9.2% in Scotland, 3.6% in Wales and 1% in Northern Ireland.

The responses should not be read as representative of the wider public nor the cosmetic sector as a whole. They do, however, illustrate a range of concerns including about the current regulatory framework, product safety, lack of evidence on long-term effects, practitioner competence, marketing and consumer information. Some of the most common overarching issues raised related to reporting and redress mechanisms, accuracy of marketing, and availability or active marketing of products and treatments to children and teenagers.

Respondents repeatedly mentioned the limited routes available for people to report bad reactions or to test suspected unsafe products. They also reported limited routes for redress where something had gone wrong in a treatment or a product had caused harm.

Of the approximately 300 responses to the questions on actions taken as a result of being harmed, 37.5% of respondents said they did not take any action as a result of being harmed, while around 36% had a doctor's appointment or spoke to a pharmacist. Around 27.9% complained to the shop or treatment provider. Just 2.7% complained to a regulator. Of those who complained 44.4% said they received a response but were not satisfied, 39.6% had not yet received a response and 16% had received a response which satisfied them.

Asked what the main reason was for not reporting harm, 35.7% of respondents said that they did not think that anything would be done about it, 32.2% did not know who to report it to, and 27.8% did not think it was serious enough.

Across many responses were concerns about the ways products and procedures were marketed, fake reviews, and pressure on consumers around body-image. Respondents were critical of misleading advertising, unsubstantiated claims, including the use of terms such as “fresh” or “fragrance free” where they considered these misleading. One person suggested that a specific tab on social media platforms should be introduced to allow reporting of fake reviews, especially in relation to cosmetic procedures and injectables.

Some respondents were concerned about products marketed to children and access for under-18s to products or treatments which could involve serious risks or unknown long-term effects. Some called for clearer warnings for parents and young users where products or treatments were not proven to be safe for children.

Descriptions of harms

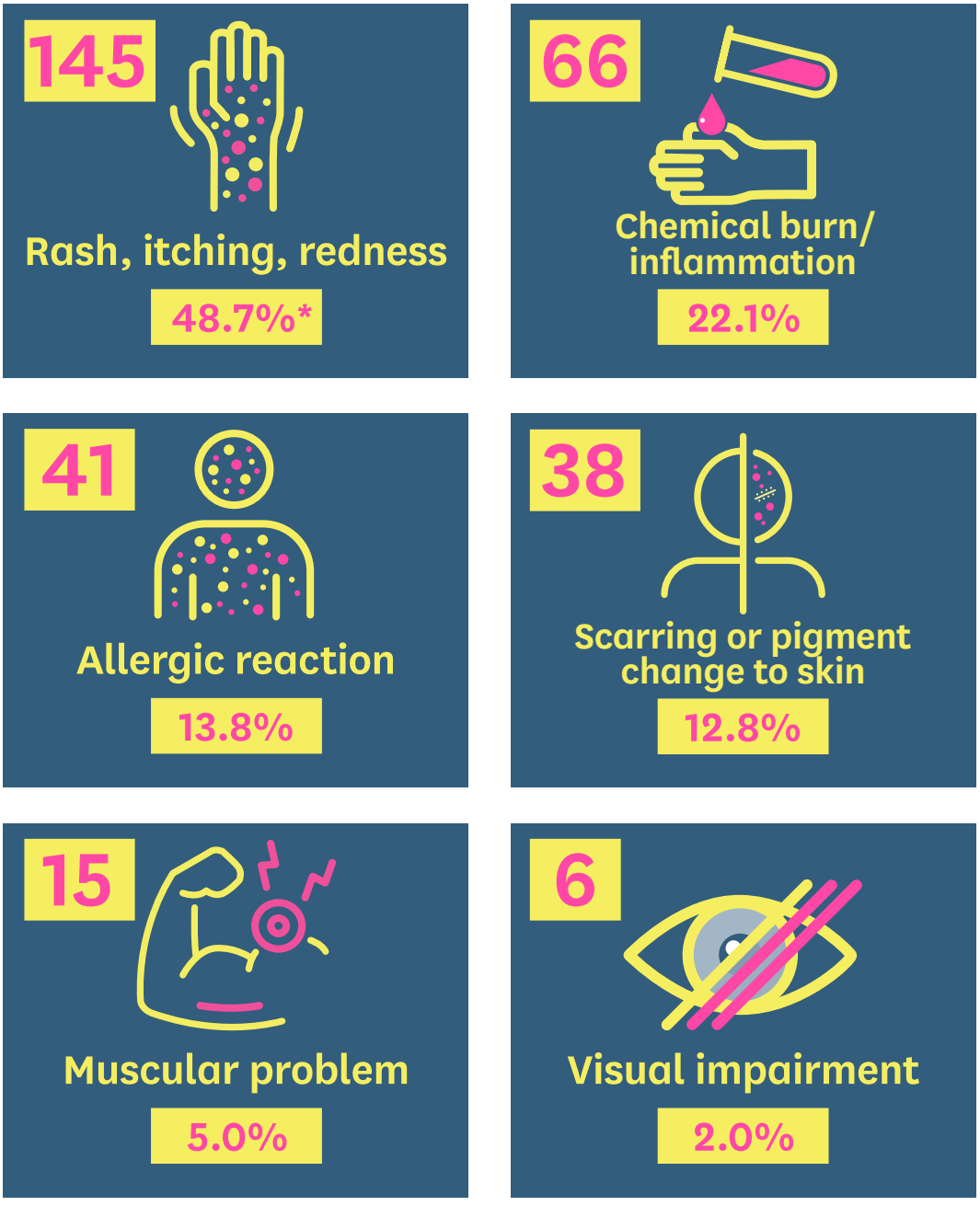
Respondents described a range of harms they believed to be the result of using cosmetic products or procedures. They included allergic reactions, burns, migraine, hives, rhinitis, scarring, permanent allergy, infection, poor aesthetic outcomes, body-image distress, mental health impacts, and concerns about possible longer-term effects from chemical exposure. The following are a selection of personal accounts of specific harms:

> “My hair should NOT have melted and burnt my head.”
>
> “I now have a permanent allergy to a type of plastic which is found in things like earphones etc which I can never use again.”
>
> “The horrendous experience I had from this aesthetics practitioner had ruined my mental health permanently and my physical for 2 years.”

While 82.9% of respondents said that the harm caused to them was temporary, 17.1% reported permanent harm.

Some harms were linked by respondents to poor safety procedures when receiving treatments. One respondent described receiving Intense Pulsed Light (IPL) treatment after attending for laser hair removal, without being given different warnings or a patch test, and said this additional treatment left them with burns that marked their skin for nearly a year.

The image below illustrates the most common harms reported from our survey.



*percentages are calculated against the number of respondents who answered this question and may total more than 100%

Ingredients causing concern

Responses indicated a lack of clarity about ingredients contained within products and how people could identify ingredients that could be potentially dangerous or cause allergic reactions.

Of those who responded to questions about receiving a treatment, many did not, or were not able to, check the ingredients of the product they were being treated with. The majority (around 48%) said that they did not check the available list while 30% told us that there was no ingredients list. Respondents felt warnings should be made clear, for example around over-use, and safety ratings made available. One person said, "I don't want to have to research all the chemicals or combination of chemicals to know that they are suitable for my skin."

Some respondents called for the removal or prohibition of certain ingredients they described as harmful, toxic, carcinogenic, allergenic or endocrine-disrupting. Specific examples mentioned included 'lye' (the common name of alkaline solutions such as sodium hydroxide), parabens, phthalates, benzoic acid, aluminium, "forever chemicals", fragrance or perfume ingredients, allergens, irritants and chemicals in hair relaxers. Some responses also called for the removal from sale of skin lightening products and unsafe hair relaxers.

Products used by or aimed at Black women and girls

A distinct set of responses focused on products used by, or marketed towards, Black women and children, particularly chemical hair relaxers and products for Afro or textured hair. Respondents called for stronger regulation, clearer labelling, greater testing, better market surveillance, and more research into long-term impacts.

One person described the context in which they saw cosmetic products being used by Black women in particular:

> "The damage done by the beauty industry relies on other ancient foundational damages, including the racism that leads to a thriving skin lightening market, and contributes to Black women relaxing their hair. There is infinite joy to be had in playing with beauty, but until there's real regulation in place and the industry held accountable, that joy will always cast a shadow."

Concerns included lye (sodium hydroxide), endocrine-disrupting chemicals, chemical hair relaxers, chemical burns, skin lightening products, and a perceived failure to take concerns relating to products used by Black women seriously. Three responses called for "acknowledgement of the level of harm Black women and children may have experienced or been exposed

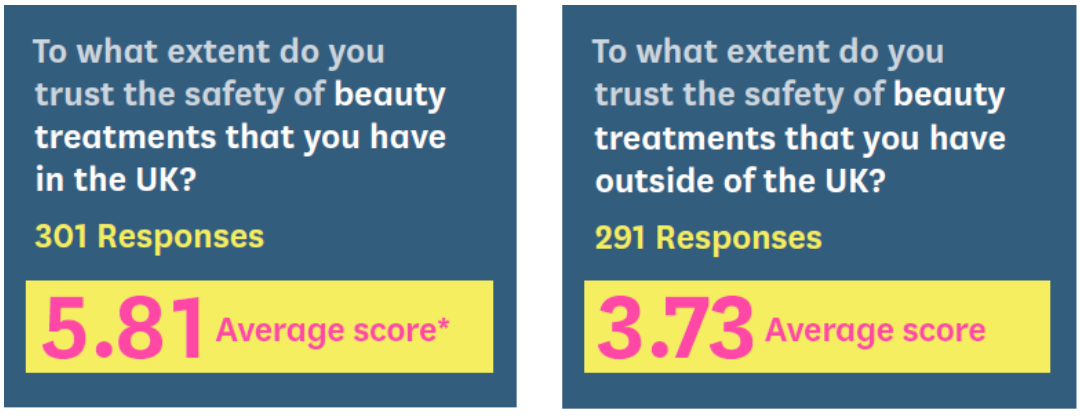
to through the use of hair relaxers" and argued that "The regulation of hair relaxers must be allocated to a regulating body, existing or new, that will complete a comprehensive review of current regulation, develop a new framework that is agile enough to respond to research and consumer complaints, and offer consumers means to pursue accountability."

Cosmetics bought from online marketplaces

A common concern was the prevalence of fake products, especially those purchased online, and the lack of accountability of retailers for this. One person said there should be "consequences for selling counterfeit products as I've received counterfeit skincare from big retailers 3 times this year and nothing was done."

Respondents expressed significantly lower trust in products purchased online and shipped to the UK (average score 4.16 out of 10) than in products purchased in the UK (average score 6.02 out of 10).





While most people said that they had bought the products on the high street, the second most common purchase route was online. Some reported that it was difficult to tell whether products bought online were genuine and suspected that "fraudulent" or "knockoff" items such as skincare products were responsible for harms they had experienced. Specific concerns were raised about major online marketplaces acting as possible sources for fake or unsafe products through hosting third-party sellers. One person said they had experienced "multiple chemical burns" from products bought on Amazon they believed were fake. Some described lack of accountability for online marketplaces where products were suspected to be fake or harmful. One person said Amazon had not dealt appropriately with alleged fake products and that there was "no route to report or have products tested" beyond leaving a negative review.

Several responses to the questions 'What would you like to see change in the UK regarding beauty product and treatment safety?' and 'Is there anything else you would like to say?' specifically mentioned products bought from Amazon alongside other online marketplaces:

> "Enforcement of illegal and fake items on sites such as Amazon. Vinted and eBay may also be a problem as non business sellers can trade there."

> "As long as you allow Amazon to go unchecked, there is literally no point whatsoever to adding more regulations to the industry—you don't even enforce the regulations you have in place!"

> "In the last year alone I've purchased five fraudulent, "knockoff" products that Amazon refused to deal with appropriately."

Practitioner qualifications

Of those respondents who tried to verify a practitioner's qualifications before treatment, 26 (13.7%) found the practitioner qualified but could not confirm that they could perform the specific treatment offered. Another 26 (13.7%) could not find the information, and 12 (6.3%) discovered the practitioner was not qualified at all. Some 86 (45%) respondents were never asked for signed informed consent and 70 (36.6%) received no aftercare instructions of any kind.

Regulation and licensing of practitioners

Respondents described the current system of regulation as difficult for consumers to understand. We heard that unclear professional titles caused confusion about how qualified someone was in relation to the specific treatment they were offering, particularly where treatments involve injections.

Support for stronger regulation of practitioners was a common theme. Respondents called for licensing, registration, mandatory qualifications, minimum standards, patch testing, clearer accountability and more effective complaint routes. Several respondents expressed concern about short courses and inadequate training.

> "It beggars belief that anyone without a medical qualification can buy and inject all sorts of products in the U.K. with absolutely no repercussions."

Some respondents argued that procedures involving injectables, including Botox and dermal fillers, should be restricted to doctors, nurses, dentists, prescribers or registered healthcare professionals. Some argued that only clinical professionals can safely diagnose and manage complications.

Others cautioned that medical registration does not necessarily demonstrate competence in aesthetics, particularly where they are performed part-time. Some respondents said they had experienced worse outcomes from medical professionals than from experienced non-medical practitioners. One respondent said: "medical or aesthetic titles alone are not evidence of competence." Some respondents warned that a medical-only model could increase costs, reduce access to trusted practitioners, or push procedures underground.

Some respondents supported a competence-based model, arguing that safety should depend on specialist training, experience, insurance, continuing professional development and aftercare, rather than a specific professional title alone.

Regulation and licensing of premises

Respondents also raised concerns about the settings where treatments take place. These included infection control, access to emergency support, training, complaints procedures, and the availability of aftercare. Some called for an end to treatments being carried out in informal premises, and for clinics and salons to be licensed, inspected and required to meet hygiene and safety standards.

Formal minutes

Wednesday 14 October 2026

Members present

Dame Chi Onwurah, in the Chair

Tom Collins

Kit Malthouse

Daniel Zeichner

The science and regulation of hair and beauty products and treatments

Draft Report (*The science and regulation of hair and beauty products and treatments)*, proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 174 read and agreed to.

Annex and summary agreed to.

Resolved, That the Report be the Fifth Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available (Standing Order No. 134).

Adjournment

Adjourned till Wednesday 21 October at 9.00 a.m.

Witnesses

The following witnesses gave evidence. Transcripts can be viewed on the inquiry publications page of the Committee's website.

Wednesday 14 January 2026

Victoria Lee, (Lived experience) Q1–10

Ashton Collins, Director, Save Face; **Seyi Falodun-Liburd**, Co-Director, Level Up and Lead of Level Up's No More Lyes Campaign Q11–36

Dr Emma Meredith, Director General, The Cosmetic Toiletry and Perfumery Association; **Diane Hey**, Founder and Chief Executive Officer, The Hair and Beauty Industry Authority; **Victoria Brownlie MBE**, Chief Policy and Sustainability Officer, The British Beauty Council Q37–78

Wednesday 3 June 2026

Richard Knight, Lead Officer for Cosmetics and Beauty, Chartered Trading Standards Institute (CTSI); **Andrew Rankin**, Acting Co-Chair and Registrar, Joint Council for Cosmetic Practitioners (JCCP); **Victor Ktorakis**, Senior Environmental Health Officer, Environment and Communities Directorate, Enfield Council, Chartered Institute of Environmental Health (CIEH) Q79–126

Karin Smyth MP, Minister of State for Health (Secondary Care), Department of Health and Social Care; **Phil Harper**, Deputy Director, Professional Regulation, Department of Health and Social Care; **Kate Dearden MP**, Minister for Employment Rights and Consumer Protection, Department for Business and Trade; **Sarah Smith OBE**, Head of Regulatory Operations, Office for Product Safety and Standards (OPSS), Department for Business and Trade Q127–182

Published written evidence

The following written evidence was received and can be viewed on the inquiry publications page of the Committee's website.

HBT numbers are generated by the evidence processing system and so may not be complete.

1	Advertising Standards Authority (ASA)	HBT0013
2	British Beauty Council	HBT0007
3	Cruelty Free International	HBT0010
4	Daniels, Gabriela (Programme Director for science courses and lecturer in Cosmetic Science, London College of Fashion)	HBT0009
5	Hairdressing Council	HBT0003
6	Level Up	HBT0001
7	L'Oréal UKI	HBT0014
8	Professional Standards Authority for Health and Social Care (PSA)	HBT0012
9	Ravindran, Dr Roshan (CEO and Founder, KLNIK); and Smith, Professor Lee (Professor of Public Health, Anglia Ruskin University)	HBT0005
10	Ravindran, Dr Roshan; and Smith, Professor Lee (Professor of Public Health, Anglia Ruskin University)	HBT0011
11	Save Face	HBT0004
12	Scott, Natasha (Founder, LAEL)	HBT0015
13	The Cosmetic, Toiletry and Perfumery Association	HBT0006
14	World Afro Day CIC	HBT0008

List of Reports from the Committee during the current Parliament

All publications from the Committee are available on the publications page of the Committee's website.

Session 2026–27

Number	Title	Reference
4th	Under the microscope	HC 64
3rd	Science diplomacy: Sovereignty, strategy, and the global race	HC 62
2nd	Pre-appointment hearing for the Chair of Ofcom	HC 55
1st	Rewiring the state: Delivering digital government	HC 61
2nd Special	Science diplomacy: Sovereignty, strategy, and the global race: Government Response	HC 652
1st Special	Flying Blind: Innovation, Growth and the Regions: Government Response	HC 271

Session 2024–26

Number	Title	Reference
4th	Pre-appointment hearing for the Chair of UK Research and Innovation	HC 1844
3rd	Flying Blind: Innovation, Growth and the Regions	HC 538
2nd	Social media, misinformation and harmful algorithms	HC 441
1st	Pre-appointment hearing for the Executive Chair of Innovate UK	HC 834
3rd Special	Social media, misinformation and harmful algorithms: Government and Ofcom responses	HC 1397
2nd Special	Insect decline and UK food security: Government Response	HC 717

Number	Title	Reference
1st Special	Governance of artificial intelligence (AI): Government Response	HC 591