



RSPH
ROYAL SOCIETY FOR PUBLIC HEALTH
VISION, VOICE AND PRACTICE

*Skins and
Needles*



Contents	Page
1. Foreword	3
2. Executive summary	4
3. What are 'special procedures' and how popular are they?	7
4. What can go wrong?	8
5. What's the legal situation in the UK?	12
6. Non-surgical cosmetic procedures	16
7. The public's view	18
8. Calls to action	21
• Making licensing business as usual	
• Setting high standards for technicians	
• Supporting Environmental Health Officers	
• Protecting the public	

Foreword

“Grooming, body painting, decorating, scarring, tattooing, and so on are extensions of how we, as individuals, view ourselves and bond to others.”¹

Body modification has arguably been around as long as human life has existed.

Ötzi the Iceman was discovered naturally preserved in ice in the South Tyrol, Italy. At 5300 years old, he is older than the Egyptian pyramids and Stonehenge and his is the oldest skin ever discovered – notably covered in 61 black tattoos. In South America, the Aztecs used piercing and blood letting as a form of punishment to bring individuals back in line with society rules; the Greeks and Romans used tattooing to indicate status or clan membership as well as for religious reasons.

Today, forms of body modification continue and vary by culture. While facial and bodily scarring is a common practice amongst the Tiv and Yoruba of Nigeria, Maori culture includes body and face tattoos and the Karen people who live in Thailand and Myanmar use neck rings to push down the collarbone and upper ribs and give the appearance of a longer neck. Ear stretching, which has been part of tribal culture for the Maasai in Kenya and Huaorani of the Amazon for centuries, has now become popular in western societies, while gangs in the US and elsewhere use tattoos to symbolise group affiliation.

In the UK, the demand for tattoos and piercings has grown exponentially over recent years, and other forms of body modification, such as scarification and skin implants have also become more common, raising legal issues of consent. There has also been a rapid increase in forms of body modification that attempt to change bodies towards a collective norm: cosmetic surgery, fillers and Botox, permanent make up and teeth whitening among others.

Within the law and within the boundaries of consent, people should not be prevented from expressing themselves by changing their body, but there need to be protections in place to ensure that infection control and other health risks are minimised. This report focuses on some of the most common forms of body modification, as well as acupuncture and electrolysis, which have historically sat alongside tattooing and piercing within legislation and pose potentially similar risks.

We hope that this report is the first step towards a wider discussion about the health implications of body modification in all its forms in the UK today, as well as a call to raise the public’s understanding of their role in protecting themselves when they choose to have invasive procedures that may negatively impact upon their health.



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¹ Rush, J.A., 2005. *Spiritual tattoo: A cultural history of tattooing, piercing, scarification, branding and implants*. Berkley: North Atlantic Books.

Executive summary

Background

There are increasing numbers of people in the UK having tattoos (including semi-permanent skin colouring, for example micro blading and micro pigmentation), cosmetic piercings, electrolysis and acupuncture, referred to as 'special procedures'.

All four special procedures involve piercing the skin and therefore pose a potential infection risk. There have been recent outbreaks of infection associated with tattooing and piercing in the UK and all four special procedures have been linked to allergic reactions.

Tattoo and piercing equipment is easily and cheaply available online to anyone who wishes to purchase it, making it difficult to restrict its usage and minimise infection risk.

Legislation on special procedures differs across the UK. Most of England and Northern Ireland have a registration system in place for special procedure businesses which offers few protections to the public – councils have limited powers to refuse registration. London boroughs and Scotland have licensing schemes in place with a list of minimum requirements for technicians and businesses. It is expected that Wales will bring a licence scheme into force during 2020.

Only the Welsh licensing requirements include a mandatory infection control qualification for technicians.

There are also a number of procedures which pose similar infection risks, notably dermal fillers, that are currently not covered by any legislation in any part of the UK. There is no legal age requirement for receiving fillers in the UK and no requirement for practitioners to hold an infection control qualification.

RSPH survey

We carried out a survey of 886 individuals who had experienced at least one special procedure (tattooing, semi-permanent skin colouring, cosmetic piercing, acupuncture and electrolysis) in the previous five years.

Respondents said that the most important factor that influenced where they had their special procedure was the skill of the technician. This was followed by the hygiene/cleanliness of the premises and recommendations by previous clients.

Over half of respondents checked whether the technician was registered or licenced with their local council (59%), although two fifths did not (41%).

While most respondents did not have any negative effects as a result of their procedure (82%), a significant minority did. The most common side effect was burning or swelling (9%), followed by lumps or nodules in the skin (6%) and scar tissue (4%). Two percent of respondents said they had had a skin infection as a result of their special procedure. Of those who had a negative side effect, one in ten required medical treatment.

Public poll

We also ran a poll with a representative sample of 2000 members of the UK public.*

- Nine in ten (90%) respondents said that people who carry out special procedures should be legally required to hold an infection control qualification.
- A similar percentage (92%) believe that an infection control qualification should be a legal requirement for individuals administering fillers.
- Nearly nine in ten (86%) of the UK public believe that equipment associated with special procedures such as tattoo machines should only be sold to individuals registered or licensed by their local council.
- The majority (87%) of the UK public agree that fillers should be made illegal for under 18s.

*Populus poll, June 2019

What are we calling for?

- Department of Health and Social Care in England and the Department of Health in Northern Ireland to review their special procedures legislation and bring in a licensing scheme to replace registration
- All UK health systems to follow Wales with a requirement for an infection control qualification as part of licensing
- All UK health systems to review the procedures included within special procedures legislation
- Businesses to only sell tattoo and piercing equipment to individuals who can provide documentation evidencing their registration or licensing with their local authority
- Health systems in England and Scotland to explore appointing Chief Environmental Health Officers (EHOs)
- Infections linked to special procedures to be included in the list of notifiable diseases that must be reported to local councils or local health protection teams
- All UK governments to make non-surgical cosmetic procedures illegal for under 18s
- UK Departments of Health, local councils, RSPH and other stakeholders to raise awareness with the public about the checks to make when choosing where to have special and non-surgical cosmetic procedures



There are increasing numbers of people in the UK having tattoos, cosmetic piercings and other treatments that compromise the skin barrier. While individuals cite the many positive benefits of these procedures for their wellbeing, legislation to protect the public from under-qualified technicians has largely been left behind in this constantly evolving environment.

This report seeks to highlight the risks associated with these procedures and proposes ways to ensure that the public is protected from infection and other health complications.

What are 'special procedures' and how popular are they?

For the purposes of this paper, 'special procedures' refers to tattooing (including semi-permanent skin colouring, such as micro blading and micro pigmentation), cosmetic piercing, acupuncture and electrolysis, which is used for hair removal. The difference between tattooing and semi-permanent skin colouring is based on the depth at which ink is placed within the skin.

All of these procedures involve piercing the skin and all have grown in popularity over recent years.



It is currently estimated that around 20% of the UK adult population have a tattoo,¹ representing a big increase over recent decades, as tattoos have moved from sub-culture to popular culture. This rise is illustrated by a 173% rise in the number of tattoo parlours in the UK from 2004-2014.² Cardiff, for example, which had just three tattoo parlours in 1994, had 48 in 2014,³ and Blackpool, hailed as the 'tattoo capital of Britain', now has one tattoo parlour for every 2,867 people.⁴ Semi-permanent makeup, and microblading in particular, is one of the fastest growing beauty trends.⁵

Piercings have also been on the increase, with a shift away from traditional earlobe piercings towards other parts of the body, for example, finger piercings.⁶ A 2008 study found that 14.6% of women and 5.1% of men in England had a non-earlobe body piercing, with women aged 16-24 having the highest rates of all groups (46.2%).⁷

Both electrolysis and acupuncture have also increased in popularity over recent decades as they have become more widely available and affordable.

What can go wrong?

All four special procedures involve piercing the skin and therefore pose a potential infection risk. The skin acts as a natural physical barrier to infection, and when compromised, bacteria or other pathogenic organisms can be introduced into the body. While infection from special procedures can come from poor practice by the technician, poor aftercare by the client is also implicated in many cases of infection.

There are two main sources of infection from special procedures. The first is from micro-organisms that already live on the skin (“endogenous agents”) which normally cause no problems, but if the skin barrier is disrupted, can result in infection. Common causes of endogenous infection include streptococci, staphylococci and pseudomonas.

The second source of infection is from “exogenous agents”, which are those not present on the individual, but which are introduced, for example, through a dirty needle or other forms of contamination. Exogenous agents include hepatitis, tuberculosis, syphilis and HIV.⁸

The rise in antimicrobial-resistant infections, which are already estimated to claim at least 50,000 lives each year across Europe and the US alone,⁹ also emphasises the importance of minimising infection arising from special procedures.

Cosmetic piercing

In 1999, a survey of UK GPs found that 95% had come across acute complications arising from a piercing. Forty percent of GPs had seen complications from naval piercings, 35% from ear, 12% from nose, 5% from nipple and 8% across tongue, chin, eyebrows and genitals.¹⁰ A recent news story highlighted how an infection in an ear piercing led to a teenager being put on a drip and having the top of her ear removed.¹¹



Examples of UK outbreaks associated with piercings include:

In 2016, a Black Friday event in North West England resulted in 11 cases of *Pseudomonas aeruginosa* in individuals who had received scaffold ear piercings. Five of the cases were admitted to hospital and required surgical intervention and antibiotics, four others required antibiotics. The infections were attributed to water contamination within the premises, along with some poor infection control procedures.¹²

In Newport, South Wales, poor infection control procedures, including using the same needle for multiple piercings, resulted in an outbreak of *Pseudomonas aeruginosa* in 2014/15.¹³ Four individuals were initially identified by a junior doctor when receiving treatment for an ear cartilage infection at the local hospital. Some of the patients required reconstructive surgery and have lasting disfigurement as a result of the infection. The local health protection team launched a response, known as Exercise Seren, to identify anyone else who had received a piercing at the premises and offer blood-borne virus testing for hepatitis and HIV. Over 800 people were tested.¹⁴

Tattoos

A 2016 review of the risks of tattooing highlighted the wide range of possible infections and complications that have been documented as a result of tattooing. While most tattoos do not result in infection and those that do are minor, there have been recorded cases of septic shock, multiple organ failure and death.¹⁵ The same infection risks apply to semi-permanent make-up as to traditional tattooing.¹⁶

A cluster of tattoo infections occurred in Scotland in 2010. Four cases of infection were identified, all having received a tattoo from the same tattooist at the same Edinburgh studio. *Mycobacterium chelonae* was isolated from one of the cases and this was connected to opened bottles of grey ink.¹⁷ The authors went on to review international reports of mycobacteria infections from tattoos, suggesting a growing trend, likely associated with dilution of black ink with tap water.

In 2017, a consultant dermatologist contacted the Public Health Wales Health Protection Team about two cases of skin rashes associated with tattoos. Infection with *Mycobacterium chelonae* was suspected and both patients had attended the same tattooing studio in Cardiff. In total 10 cases met the case definition, of these, six were probable cases and four were confirmed on skin biopsy. An investigation at the tattooing studio revealed good infection control practices and good record-keeping. However, at the time of the outbreak, distilled water used to rinse equipment and dilute inks was kept in a container ready for use for up to a fortnight after being distilled on the premises. The expert consensus of the Outbreak Control Team was that this was the most likely cause of the outbreak.¹⁸



There are particular risks associated with unregistered or unlicensed tattooists. In 2014, Peterborough Council carried out an investigation after a complaint was received. They found that a tattooist was operating out of a bedroom in a terraced house in a dirty room with ink stained needles discarded on the floor. There was no sink or cleaning materials, no sharps box and no sterilising equipment. The tattooist was found to have tattooed at least two underage girls (17 years old) and was not changing needles between clients. The council successfully prosecuted him and now provide a list of registered tattooists on their website.¹⁹

Acupuncture and electrolysis

Although acupuncture and electrolysis have the potential to result in infection in the same way as piercings and tattoos, there are fewer documented cases and the procedures are generally perceived to be lower risk. That said, in 2003/4, a methicillin-resistant *Staphylococcus aureus* (MRSA) outbreak was associated with acupuncture and joint injection at a clinic in Perth, Western Australia, which resulted in five patients suffering from septic arthritis and bursitis, three with pyomyositis, and three with bacteremia, including one with possible endocarditis. The outbreak was attributed to a breakdown in sterile technique.²⁰ There have also been cases of hepatitis B transmission as a result of poor infection control procedures during acupuncture that allowed the virus to be passed between patients.²¹

Allergic reactions

There are non-infectious hazards associated with special procedures, with the most common being allergic reaction, which at its most severe can lead to anaphylactic shock.

All special procedures risk allergic reaction due to the metals used in needles, in particular nickel. It is estimated that 5-10% of the population in industrialised countries are allergic to nickel on contact, making it one of the world's most common allergens.²² Nickel is also frequently found in jewellery used in piercings.



Allergic reactions can also be caused by tattoo ink, manifesting in a number of ways including allergic contact dermatitis and photoallergic dermatitis.²³ Inks used in cosmetic tattooing have also been implicated.²⁴

There is also concern about the use of numbing cream alongside microblading and other special procedures. For example, EMLA, a commonly used numbing cream, can in rare cases result in allergic reactions, including skin rash, swelling, fever, respiratory difficulties and fainting.²⁵

Products and equipment used in special procedures

A survey of US commercial tattoo and permanent make up inks found that 42 out of 85 unopened tattoo and permanent make up inks were contaminated with microorganisms (49%), including pathogenic bacteria.²⁶ In Denmark, where most inks are bought over the internet from the UK or US, a study found that 10% (six out of 58) unopened bottles of ink were contaminated and nearly a third (31%) of bottles contained no information about content, sterility, risks or expiry date on the label.²⁷ In May 2019, a Food and Drug Administration (FDA) investigation led to a product recall of inks from four US companies due to the presence of bacterial contamination.²⁸ All of these companies ship inks internationally, including to the UK.

A recent UK outbreak of *Pseudomonas aeruginosa* was linked to a saline spray used in aftercare for piercings. Over 160 cases were linked to the spray and the business owner was sentenced to nine months in prison.²⁹

The availability of products and equipment associated with special procedures online makes controlling who has access to them very difficult. It can also make tracing the origin of products and assessing their safety more complex. In January 2018, the Department for Business, Energy and Industrial Strategy (BEIS) announced the launch of a new Office for Product Safety and Standards (OPSS). Its remit is to help the UK meet the evolving challenges of product safety linked to increased international trade and the growth in online shopping.³⁰ The Police Intellectual Property Crime Unit is also working to address the issue of counterfeit goods being sold online, and since its inception in 2013 has suspended more than 30,000 websites selling counterfeit goods. Counterfeit goods often pose a risk to consumer safety.³¹

To highlight how easy it is for anyone without qualifications to access products that may not be safe or hygienic, we purchased a tattoo machine from eBay for less than £40 and a piercing gun for less than £10. We used this equipment to set up a pop up tattoo/piercing stall in Enfield Town Centre to talk to the public about the risks associated with special procedures and how they can be minimised. The film is available [here](#).

Despite the very real risk of special procedures causing infection, some parts of the UK are better set up to protect consumers than others. The following section details some of the legislative differences.



What's the legal situation in the UK?

England and Northern Ireland

For most of England and all of Northern Ireland, a registration system is in place for persons wishing to carry out special procedures. The legislation around registration first came into force in the 1980s with the Local Government (Miscellaneous Provisions) Act 1982³² and the Local Government (Miscellaneous Provisions) (NI) Order 1985.³³

Some councils have brought in bye-laws which vary their local requirements within a narrow scope, but they do not have the powers to bring in licensing for the four special procedures highlighted above.

Registration is a very simple process that requires business owners to fill out a form and submit it to their local council. There is generally no requirement for proof of qualifications to be provided or any other background evidence, and councils have few powers to refuse registration. There is no requirement for technicians to hold an infection control qualification in order to practice. Cost of registration varies between councils.

The lack of checks within the registration process means that anyone can register and carry out special procedures. Environmental Health Officers (EHOs) will inspect premises but have limited powers to stop a business from operating even if they have concerns about practices. Their main recourse is health and safety at work legislation, rather than legislation specifically aimed at special procedures.

London

London has a different system to the rest of England. It came into force as part of the London Local Authorities Act 1991³⁴ and created a different regulatory landscape for practitioners operating in the capital compared to the rest of the UK. This legislation includes a much larger number of procedures, with the list extending beyond the typical four procedures to also include massage, manicure, chiropody, light, electric or other special treatment of a like kind, or vapour, sauna or other baths.

Licences are granted for 12 months and each borough council has the power to set their own licensing conditions. This gives councils much stronger powers to refuse a licence and they also have much stronger powers to prevent businesses from operating if they are deemed unfit. However, on the negative side for technicians, it means that different councils will have different requirements, which can be time consuming and create confusion. There is also no requirement for technicians to hold an infection control qualification – EHOs have to assess competency but it is a subjective process that will vary on the EHO's own knowledge and understanding of special procedures.

Scotland

More recently (2006), the Scottish Government passed The Civic Government (Scotland) Act 1982 (Licensing of Skin Piercing and Tattooing) Order 2006.³⁵ This required a licence to be obtained for the owner of a skin piercing or tattooing business. Skin piercing includes acupuncture (including dry needling), cosmetic body piercing and electrolysis.

In order for a licence to be granted, an authorised officer of the licensing authority must first inspect the premises and be satisfied that a set of national licence conditions has been fulfilled. The authorised officer must also be satisfied as to the knowledge, skill, training and experience of the business owner or technician, but no specific recognised qualification was available when the law was passed. Technicians are required to obtain a licence from every council area in which they operate and licences last between one and three years.

Alongside the legislation, the Scottish Skin Piercing and Tattooing Working Group produced National Licence Conditions and in 2018, to assist with consistency across all 32 local authorities in Scotland, a local authority implementation guide was published.

Wales

In 2017, the Public Health (Wales) Act received Royal Assent. In the legislation, 'special procedures' includes tattooing (including cosmetic tattoos – micro blading and micro pigmentation), piercing, electrolysis and acupuncture (including dry needling), however, it has been written to allow additional procedures to be added over time.

The Act will move Wales from alignment with the current registration process in most of England and Northern Ireland, to a requirement for technicians to be licenced with their local authority. The exact details of the licensing requirements will be consulted upon later this year, but will include that technicians have an approved infection control qualification (currently the only approved qualification is the RSPH's Level 2 Award in Infection Prevention and Control for Special Procedures Practitioners).

Technicians will only need to apply for one licence to operate anywhere in Wales (rather than needing a licence for each local authority area) and a national database is being developed to hold this information. Licences will last three years or a seven day licence can be obtained for short-term work. Councils will also be given powers to stop technicians who are not acting safely from practising.

Having a national database is a particularly important step, as currently, it is very easy for technicians with a poor infection control record to move counties and set up new businesses without their history being available to their new council. Ideally, the national database would also allow for data sharing to the other three UK countries.

The following table summarises some of the important differences between the special procedures legislation:

Area	Licensing or registration	Who is licensed/registered?	Procedures included	Length of licence/ registration	Requirements of licencing/registration			What area does the registration/ licence cover?	Frequency of inspections	EHO powers
					Infection control qualification?	Disclosure and Barring Service (DBS) certificate?	Public liability insurance certificate			
Wales (expected from 2020)	Licensing	Anyone carrying out a special procedure, plus all premises will require an approval certificate	Tattooing, semi-permanent skin colouring, cosmetic, piercing, electrolysis, acupuncture	3 years or 7 days	Yes	Yes	Yes	National	Inspection as part of the licensing process. EHOs can also carry out unannounced inspections	Unlimited fines, range of formal notices, can be revoked
Scotland	Licensing	Premises is licensed and technicians are listed on the licence	Tattooing, semi-permanent skin colouring, cosmetic, piercing, electrolysis, acupuncture	3 years plus shorter options depending on the council	No	Consultation exercise undertaken which includes Police Scotland and is a criminal records check of all applicants	Yes	Council	Inspection as part of the licensing process (so generally between every 1-3 years)	Fines of up to £1000, licences can be revoked
London	Licensing	Anyone carrying out a special procedure	Tattooing, semi-permanent skin colouring, cosmetic piercing, electrolysis, acupuncture, massage, manicure, chiropody, light, electric, vapour, sauna or other baths	1 year	No	No, although some boroughs ask applicants to declare unspent convictions	Varies by borough	Borough	Generally an annual inspection at point of licence renewal but varies by borough	Fines of up to £2500, licences can be revoked
Rest of England	Registration	Varies by area. In some areas, anyone carrying out a special procedure will need to be registered, in others, it is just the business owner	Tattooing, semi-permanent skin colouring, cosmetic piercing, electrolysis, acupuncture	One-off registration with no time limit	No	No	No	Council	There is no minimum requirement in the Local Government (Miscellaneous Provisions) Act 1982 so will depend on the council	EHOs have limited powers and often have to use other legislation, for example, the Health and Safety at Work Act (1974) to address concerns
Northern Ireland	Registration	Varies by area. In some areas, anyone carrying out a special procedure will need to be registered, in others, it is just the business owner	Tattooing, semi-permanent skin colouring, cosmetic piercing, electrolysis, acupuncture	One-off registration with no time limit	No	No	No	Council	There is no minimum requirement in the Local Government (Miscellaneous Provisions) NI Order 1985 so will depend on the council	EHOs have limited powers and often have to use other legislation, for example, the Health and Safety at Work (Northern Ireland) Order 1978 to address concerns

Non-surgical cosmetic procedures

As has been highlighted, the term 'special procedures' generally refers to four types of procedure – tattooing, cosmetic piercing, electrolysis and acupuncture – except in London, where some additional procedures are included in legislation. However, there remains a list of increasingly popular procedures that can be carried out by anyone and are not covered by any legislation at all.

In 2013, the Keogh review³⁶ of the regulation of cosmetic interventions was published. It looked at both surgical and non-surgical cosmetic procedures. The latter includes procedures that are readily occurring on the high street by beauticians and non-medically trained technicians. The most common include fillers, Botox, chemical peels and laser treatments.

The Keogh review highlighted that, "A person having a non-surgical cosmetic intervention has no more protection and redress than someone buying a ballpoint pen or a toothbrush", that anyone can set themselves up as a practitioner with no requirements for knowledge, training or previous experiences and stated that, "it is our view that dermal fillers are a crisis waiting to happen".

The press regularly highlights cases of 'botched' procedures, evidencing the negative physical and mental health impacts they can have.^{37, 38, 39} At the extreme end of the scale, botched procedures can result in infection, ulcers, tissue necrosis and even blindness.^{40, 41}

There are increasing numbers of new procedures being offered, all with their own risks. One new procedure, known as a 'vampire facial' involves blood being taken from a patient, processed in a centrifuge to extract the plasma and the plasma then injected into the face. A US spa has recently been closed after infecting clients with HIV.⁴²

Worryingly, there is currently no legal age requirement for receiving fillers in the UK, leaving it possible for vulnerable young people to access an invasive treatment with few controls. Botox also poses concerns.

Despite being a prescription-only medicine, the administration of it can be delegated to someone else, and a recent documentary from the BBC highlighted how easy it is for Botox to be accessed on the high street without the consumer even meeting the prescriber face to face.⁴³

The Keogh review put forward a number of recommendations for non-surgical cosmetic procedures.

It stated that legislation should be brought in to classify dermal fillers as a medical device. This has been addressed through the new Medical Device Regulation (EU 2017/745) from the EU which entered into force on 25th May 2017.⁴⁴ The regulations focus on product safety and mean that by 26th May 2020, all dermal fillers will need to meet EU safety standards. For consumers, it will mean that only products with a CE mark should be used, offering a means of checking that the products are compliant with EU legislation.

The Keogh review also proposed that all practitioners of non-surgical cosmetic interventions be registered centrally, and that in order to be registered, practitioners should meet a number of requirements, including having an accredited qualification and training that includes infection control, and premises that meet certain requirements.

This recommendation was the basis for the changes in special procedures licencing that are being brought into effect in Wales. While the legislation has initially focused on tattooing, cosmetic piercing, electrolysis and acupuncture, it has been written to allow additional procedures to be added at a later date and inclusion of fillers is

backed by a number of leading experts in Wales.⁴⁵ Northern Ireland is considering whether to regulate non-surgical cosmetic procedures through the Regulation and Quality Improvement Authority (RQIA). In Scotland there are proposals to review the specific definitions listed under the Licensing Order with a view to extending the licensing order to treatments such as dermal plaining, micro-needling and dermal filler injectables undertaken by non-healthcare professionals.

Alberto de Costa MP is in the process of setting up an All Party Parliamentary Group that will conduct an inquiry to assess the current regulation of non-surgical cosmetic procedures and its adequacy in ensuring customer safety. In May 2019, a debate in the House of Commons resulted in the Health Minister, Jackie Doyle-Price MP, committing to bring forward legislation to set a minimum age to receive fillers. She also said that fillers will become prescription-only, in line with Botox, and that she is focusing attention on the training of technicians of non-surgical procedures so that consumers can have some guarantee that they are legitimate.⁴⁶

While two national registers of practitioners accredited by the Professional Standards Authority (PSA) have been developed in the UK,^{47,48} there is no legal requirement to be a member and the public is largely unaware of their existence.

Lack of public awareness was an important conclusion of the Keogh review. To help tackle this, the Department of Health and Social Care in England launched a public information campaign in May 2019 to help address some of these issues and prevent people from having bad experiences.⁴⁹ The campaign gives advice on how to choose a practitioner⁵⁰ and recommends choosing a practitioner that is a member of one of the PSA accredited registers.

There are also particular concerns about the advertising of non-surgical cosmetic procedures. The Committee of Advertising Practice (CAP)'s advertising guidance for cosmetic interventions was published in 2016 and aims to prevent the use of exaggerated or unrealistic claims, stop trivialisation of treatments and states which sales promotions must be avoided. It also highlights the prohibition on advertising prescription-only medicines, such as Botox.⁵¹ CAP has also released guidelines for social influencers to ensure that they make clear when posts are adverts.⁵²

CAP is considering reviewing how adverts for cosmetic procedures are targeted and at what age groups. There are already rules about not targeting gambling or alcohol adverts at under-18s, and it would be an important next step to extend this to cosmetic procedures.

CAP guidance on gambling advertising⁵³ states that marketers must take appropriate steps when planning their campaigns to exclude under-age groups from an audience where tools to do so are available. On social media, this includes using ad targeting facilities provided directly by the platform and tools that restrict under 18s' access to marketers' own social media content. It is also prohibited to use people who are, or look as if they might be, under 25 in gambling adverts.

Key to the gambling guidelines is the requirement that marketing communications must not exploit the susceptibilities, aspirations, credulity, inexperience or lack of knowledge of children, young persons or other vulnerable persons. A similar system should be put in place for cosmetic procedure advertising.

The public's view

To better understand the public's views on special procedures, the RSPH carried out a survey of individuals who had experienced at least one special procedure (tattooing, micro blading/micro pigmentation, cosmetic piercing, acupuncture and electrolysis) in the previous five years.

We had 886 responses. The majority of respondents said that their most recent special procedure was a tattoo (46%) or a piercing (43%). Just 6% said it was acupuncture, 4% micro blading or micro pigmentation and 1% electrolysis. Over half of respondents (51%) said that their most recent procedure was during 2019.

Six in ten respondents were aged 18-34 (64%) and 88% were female. We had responses from all four nations of the UK. Very few respondents were technicians of special procedures (8%).

Most respondents were thinking about having another special procedure in the future – 83% were planning to have a tattoo, 72% a cosmetic piercing and 18% micro blading or micro pigmentation.

Tattoos

For those whose most recent special procedure was a tattoo (46% of respondents), nearly half had the tattoo on their arm(s) (47%) and just over quarter had it on their leg(s) (28%). Over half of these respondents had over five tattoos (59%).

The reasons for having a tattoo varied. Many respondents talked about liking the design and seeing tattooing as art and a form of self expression. Others highlighted its role in celebrating remission from cancer, as a memorial to a person or pet who had died or to remember a special experience. Lots of individuals had the same tattoo as a friend or loved one and saw their matching tattoos as a sign of their relationship. There was also a large number of respondents who saw their tattoo as a way of improving self confidence and making them feel good about themselves.

One respondent said that they had a Manchester bee to remember the terror attack in 2017.

Tattoos were also used to hide or decorate a body part that respondents were unhappy with, including self-harm scars. One respondent highlighted that they suffer from anxiety and depression and their tattoo symbolised something important to them about their wellbeing.

Micro blading/micro pigmentation

For those whose most recent special procedure was semi permanent make up, almost all had it on their eyebrows (94%). Over three quarters said that numbing cream had been applied either during or after the procedure (81%). Most respondents had experienced micro blading or micro pigmentation one to three times before (94%).

A number of respondents highlighted medical conditions that had left them without hair and that semi permanent make up had helped them to address this. Both cancer treatment and alopecia were mentioned. Others stated that they had very thin or sparse eyebrow hairs and that semi permanent make up helped to resolve this and associated effects on confidence.

Cosmetic piercing

Of those whose most recent special procedure was piercing, nearly two thirds had an ear piercing (61%), followed by nose (18%), nipple (10%), lip (7%) and naval (5%).

For most respondents, the main reason to have a piercing was because they like the look of them. Many stated that they helped improve confidence and made them feel happy. For some it was a way to improve body image issues. One respondent said that as a chronic migraine sufferer, they helped her gain confidence and not focus on being in pain all the time, another, that it helped to detract from a scar that she was self conscious about.

Acupuncture

For those individuals whose most recent special procedure was acupuncture, most had received it over a large area, including head, arms, shoulders, back and legs. Most had it done to address pain issues from a range of conditions, including arthritis, carpal tunnel syndrome and migraines. Some had it to try to address fertility issues, to control eczema or to help with stress.

Electrolysis

Electrolysis is used for permanent hair removal and can be used to improve self confidence, particularly for women with facial hair. The majority of those who had electrolysis had it on their upper lip (70%) and chin (60%) and had over five sessions (60%).

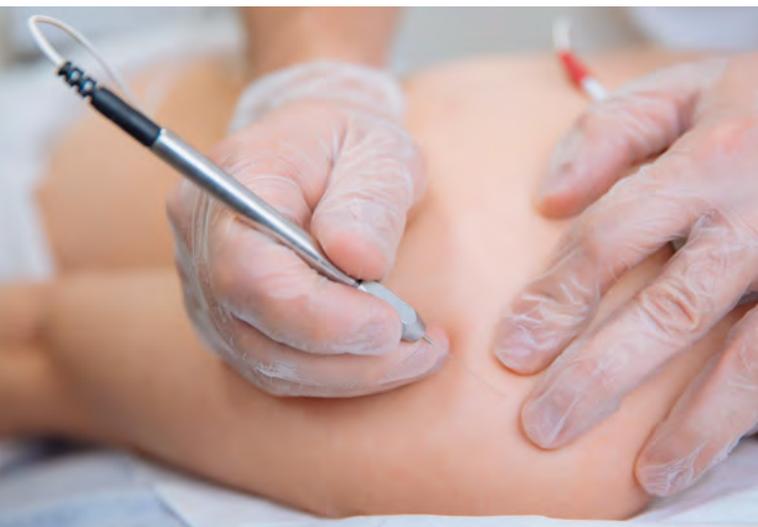


Overall views on special procedures

Respondents said that the most important factor that influenced where they had their special procedure was the skill of the technician. This was followed by the hygiene/cleanliness of the premises and recommendations by previous clients. Location, cost and waiting list time were less important to respondents.

Over half of respondents checked whether the technician was registered/licensed with their local council (59%), although this leaves two fifths who did not (41%). Just six respondents (1%) stated that they were aware that their technician was not registered or licensed with the council, but nearly a quarter were not sure either way (23%). The majority of respondents said that the risks of the procedure were explained to them before they had their procedure (94%) and that they had to complete a health questionnaire (88%). Most respondents were satisfied with their procedure (97%).

In terms of the infection control risk, a third of respondents (30%) were unaware that they could report any concerns about cleanliness and hygiene to their local council, and 5% of respondents said that they wouldn't use the same technician again, for reasons including issues of hygiene, piercing with a gun rather than a needle, poorly executed piercings including the wrong size jewellery, tattoos with mistakes and micro blading where eyebrows didn't match. Several respondents highlighted that they had experienced infections as a result of their special procedure.





The majority of respondents had received aftercare advice (95%).

While most respondents did not have any negative effects as a result of their procedure (82%), a significant minority did. The most common side effect was burning or swelling (9%), followed by lumps or nodules in the skin (6%) and scar tissue (4%). Two percent of respondents said they had a skin infection as a result of their special procedure. Of those who had a negative side effect, one in ten required medical treatment.

Most respondents would be happy for a technician to signpost them to a GP if they saw a skin problem that they thought needed medical attention, for example a mole (91%). However, this was lower for other possible health issues. A quarter would be happy to receive signposting for smoking (25%) or sexual health (27%), a third for alcohol use (35%) and mental health (39%) and nearly half for drug use (41%). The lowest score was for obesity (15%).

There was a close split between respondents who were aware that you could carry out a special procedure without any formal training in infection control (52%) compared to those who were unaware (48%). Nearly all respondents (98%) felt that training in infection control should be a legal requirement for anyone carrying out these procedures.

Making licensing business as usual

 Department of Health and Social Care in England and the Department of Health in Northern Ireland to review their special procedures legislation and bring in a licensing scheme to replace registration

- The current systems of registration in place in most of England and in Northern Ireland are out dated and do not provide any reassurance to the public that the business they are visiting is safe. A licensing system should be brought in that requires an infection control qualification alongside a range of other checks, including DBS checks of licensees. Ideally, the register would be held at a national level to ensure information sharing and prevent technicians with poor infection control records from simply moving to another county when caught.

 All UK health systems to follow Wales with a requirement for an infection control qualification as part of licensing

- Where licensing already exists (London and Scotland), the burden is currently on individual EHOs to ascertain whether technicians have the required level of infection control knowledge. This burden would be removed if a requirement to hold an infection control qualification was brought in as a condition of licensing. It would remove ambiguity for technicians, and would provide the public with a clear means to identify that a technician has received the correct training.
- Nine in ten (90%) of the public agree that people who carry out special procedures should be legally required to hold an infection control qualification. Over nine in ten (92%) believe an infection control qualification should be a legal requirement for individuals administering fillers.*

 All UK health systems to review the procedures included within special procedures legislation

- There are a range of invasive cosmetic procedures that are becoming increasingly popular with the public, such as fillers, but which currently do not fall within special procedures legislation. This means that local councils are not responsible for ensuring that infection control practices are up to date or for protecting the public from poor practice. All four UK nations need to review which additional procedures should be included in their legislation.

 Welsh technicians of special procedures to respond to the consultation on the Welsh regulations

- The consultation on the new Welsh regulations on special procedures licensing will be launched later this year. It is vital that all stakeholders, but technicians in particular, respond to the consultation to ensure that the final guidelines are well developed and effective.

**Populus poll, June 2019. Representative sample of 2000 members of UK public*

Setting high standards for technicians

Businesses to only sell tattooing and piercing equipment to individuals who can provide documentation evidencing their registration or licensing with their local authority

- Businesses selling products have a responsibility to ensure that the people they are selling to are running registered/licensed businesses. There are large companies operating in the UK that could make a decision to only sell to individuals who can evidence that they are registered/licensed with their local council.
- We would call for websites where checking for licensing details is unlikely to be possible (for example eBay or Amazon) to stop selling the products.
- Nearly nine in ten (86%) of the UK public believe that equipment associated with special procedures such as tattoo machines should only be sold to individuals registered or licensed by their local council.*

Technicians to be able to evidence that their products and equipment meet UK standards

- With the rise in online shopping, it is now possible to purchase products and equipment used in special procedures cheaply from anywhere in the world. Our film [here](#) highlights how easy it is to buy cheap equipment on eBay. Technicians need to be aware that just because a product can be bought online or is being advertised on social media doesn't make it safe. Technicians may be asked for documentation by EHOs as part of their inspection processes, but EHOs cannot check everything and it is ultimately the technician's responsibility to ensure that all products are safe and meet UK standards.

- A key step towards this would be for it to be mandatory for UK companies selling tattoo inks to provide technicians with a full list of ingredients.

All technicians to know how to assess skin lesions for signs of skin cancer

- Technicians of special procedures are well placed to spot possible skin problems in their clients. Moles, marks or spots may be recognised by technicians as requiring investigation by a GP or other healthcare professional.
- The ABCDE checklist: (A = asymmetry; B = border; C = colour; D = diameter; E = evolving), can be used to assess skin lesions.⁵⁴
- Technicians should also consider whether they could signpost clients to other services, for example smoking cessation services. Tattoo artists often spend long periods of time with their clients and may discuss health issues with them. Technicians should be aware of local services and signpost accordingly.
- Nearly three quarters (71%) of the public would be happy for a technician to highlight a potential skin issue and signpost them to their local GP.*

**Populus poll, June 2019. Representative sample of 2000 members of UK public*

Supporting Environmental Health Officers

Health systems in England and Scotland to explore appointing Chief EHOs

- Environmental Health Officers across the UK are responsible for ensuring that special procedures businesses operating in their locality are safe for the public. It is an increasingly big responsibility as the number of special procedure establishments increases.
- In Wales and Northern Ireland, EHOs have a Chief EHO who represents them at governmental level and advocates on their behalf and on behalf of the public. The Chief EHO is directly involved in the development of environmental public health policy and legislation and strengthens local authority engagement in developing appropriate responses to public health issues. This role is lacking in England and Scotland and there should be consideration of whether appointments in this position would be beneficial to EHOs and the public.

Local councils, universities and other training providers to better support EHOs with training on special procedures

- Council budget cuts have resulted in decreased numbers of EHOs and those EHOs remaining are frequently being forced to work reactively, rather than proactively.⁵⁵ This increased burden is only made worse by the rise in the popularity of special procedures and the need to inspect increasing numbers of premises.
- Feedback from technicians and other stakeholders (including EHOs themselves) provided as part of the evidence gathering for this report suggests that many EHOs would benefit from increased skills and knowledge on special procedures and inspection of premises. This would support them to manage their workload and time effectively. While national

training exercises have been undertaken in Scotland, training in other parts of the UK has been more patchy. Undergraduate and postgraduate courses need to ensure that these increasingly popular procedures are included in training and additional training should be made available by local authorities to ensure that EHOs have the correct knowledge base in a rapidly evolving environment.

Infections linked to special procedures to be included in the list of notifiable diseases that must be reported to local councils or local health protection teams

- In most parts of the UK*, there are no clear systems currently in place to support GPs and other healthcare professionals to report infections from special procedures. There is also a lack of awareness from GPs about the need to feedback information on infections from special procedures to their local councils.
- The list of notifiable diseases, which registered medical practitioners have a statutory duty to notify their local council or local health protection team (HPT) about, includes ‘food poisoning’ and there is a system in place for reporting. This enables EHOs, if multiple instances linked to the same premises are highlighted, to direct their investigations. The same process should be in place for special procedures.
- This process would also enable data to be collected routinely on the infectious complications associated with special procedures, allowing the actual incidence and prevalence of infections to be assessed. There is currently a lack of evidence in this area due to lack of reporting and data collection.

*In Scotland, GPs refer infections known to have been caused by special procedures to the Consultant in Public Health Medicine, who would liaise with the local authority.

Protecting the public



All UK governments to make non-surgical cosmetic procedures illegal for under 18s

- There are currently no legal age limits on receiving fillers and other non-surgical cosmetic procedures. While many reputable technicians will not perform the procedures on under 18s, for those who do, there needs to be a legal basis for complaint. Nearly nine in ten (87%) of the UK public agree that fillers should be made illegal for under 18s.*



The Committee of Advertising Practice (CAP) to prevent advertising of cosmetic procedures aimed at under-18s

- CAP should, in line with its gambling and alcohol rules, prevent targeting of adverts of cosmetic procedures to children and young people under the age of 18. This would need to be brought in at the same time as a step to make non-surgical cosmetic procedures illegal for under-18s by the UK Governments.
- Almost nine in ten (89%) of the UK public agree that companies should not be allowed to target advertising for fillers and other cosmetic procedures at people under 18. A similar proportion (82%) believe that photo based social media platforms such as Facebook and Instagram puts pressure on young people to have invasive and unnecessary cosmetic procedures such as fillers.*



UK Departments of Health, local councils, RSPH and other stakeholders to raise awareness with the public about the checks to make when choosing where to have special and non-surgical cosmetic procedures

- The public has a really important role to play in ensuring they are informed about how to choose a reputable technician.
- There are a number of resources available which should be used to raise awareness.
- The 'Before you ink, think' campaign run by the Welsh Government highlights the steps that you should go through before deciding to have a tattoo.⁵⁶
- The English Department of Health and Social Care's new campaign materials for cosmetic procedures should also be used.⁵⁷
- The public also need to have better awareness of their role in managing aftercare of procedures and also how they can report poor practice in the event of a bad experience.

**Populus poll, June 2019. Representative sample of 2000 members of UK public*

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