



Richard Knight, CTSI Lead Officer for Cosmetics and Beauty - Written Evidence: The Science and Regulation of Hair and Beauty Products and Treatments, HC 59

Response sent to - commonssitc@parliament.uk

ABOUT CTSI

Founded in 1881 (as the 'Incorporated Society of Inspectors of Weights and Measures'), today's Chartered Trading Standards Institute (CTSI) is one of the world's longest-established organisations dedicated to the field of Trading Standards and Consumer Protection.

At CTSI, and through the Trading Standards profession, we aim to promote good trading practices and to protect consumers. We strive to foster a strong vibrant economy by safeguarding the health, safety and wellbeing of citizens through empowering consumers, encouraging honest business, and targeting rogue practices. We provide information, guidance and develop evidence-based policies and campaigns to support local and national stakeholders including central and devolved governments. CTSI also provides the secretariat to the All-Party Parliamentary Group on Consumer Protection and campaigns on range of topics including product safety issues. CTSI is responsible for business advice and education in the area of Trading Standards and consumer protection legislation, including running the Business Companion service to provide clear guidance to businesses on how to meet their legal and regulatory obligations.

CTSI is also contracted to provide administrative support to the Approved Codes Scheme which was established to give consumers greater confidence when they buy from members of the approved scheme and also raises the standards of trading of all businesses that operate under the relevant Approved Code for that sector.

CTSI run training and development events for both the Trading Standards profession and a growing number of external organisations. We also provide accredited courses on regulations and enforcement.

Written Response:

Regulatory Roles and Gaps

- a. **Cosmetic products (self-importation by salon professionals)** – there is a legal *lacuna* due to legal basis of EU-derived UK product law that relies on *placing on the market* as a trigger before products are in-scope and must meet strict safety rules. Our EU Retained Law is based on traditional supply chains with a manufacturer or importer, a distributor and a retailer. Modern eCommerce channels mean that beauty salons or hairdressers for example can now easily import cosmetic products direct from China or the USA, from Alibaba etc, usually buying through a manufacturer's agent. Due to the legal definitions for

“placing on the market” and *“making available”* which rely upon a supply, where there is a self-importing salon who only uses the imported cosmetics for their own use on clients in the salon (i.e. no selling-on to other businesses or to clients for home use) these products will not be subject to the UK Cosmetics Regulation 1223/2009. This means for example that a nail salon may import their own powerful UV nail gels direct from China, and the strict rules in the Cosmetics Regulation will not apply. For example, this means that there is no requirement for a safety assessment (including toxicological study) of the nail gel, or for mandated labelling, or for there to be the usual product Notification on the GB Cosmetics Portal, which would ordinarily contain product details available to enforcement officers and to Poisons Centres.

- b. **Aesthetic Injectable Products** - most dermal fillers (i.e. those sold in vials rather than the more marginal one-shot pre-filled syringes with Lidocaine for the needles prick), as well as fat dissolving injectables (e.g. lemon Bottle brand from Korea), Glutathione IV drips for skin lightening, mesotherapy skin brighteners (delivered by needle), and some other aesthetic injectables are as products NOT CONTROLLED by any UK product regulations. They are not classified as medicines or medical devices, or cosmetics, or by catch-all General Product Safety Regulations 2005.
- c. **Online Marketplaces** (unsafe products sold by 3rd party sellers) - 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. The seller may for example be in China but uses a virtual office or a UK accountancy firm address to give the appearance of being established in the UK. It is a requirement of most UK product safety regulations (including that for cosmetics) that regulated products can only be placed on the market where there is a legal person “established in” the United Kingdom. This responsible person has various duties around product compliance, liaising with the authorities in the event of a problem, arranging appropriate corrective actions (e.g. product recall), and being contactable by consumers. UK product law is distinct from, say, tax law where non-established persons can use a virtual office or a tax office address to register to pay VAT. Amazon is an example of an online marketplace that requires overseas sellers to have a UK address that must appear on products. This requirement has led to a new industry of service providers who act as little more than a mailbox address for (typically) China-based sellers. However, when asked by Trading Standards whether they accept legal responsibility for the products on whose name their address appears (sold via that online marketplace), the answer so far – without exception – has always been No. The phenomenon of the “UK Rep” (ironically, often a company with China-based ownership) therefore provides a veneer of legitimacy for overseas sellers on marketplace online platforms, when in reality there is no meaningful legal entity in the UK present to answer the questions of Trading Standards and to address consumer problems, or to stand for prosecution. The issue is that Trading Standards has no powers to tackle unsafe or non-compliant products (including cosmetics) being sold by overseas sellers who are hosted by online

marketplaces, as the business is not located in the UK. Furthermore, UK law as it exists now does not hold online marketplaces such as Amazon accountable for the acts or defaults of third-party sellers hosted on their platform. When Trading Standards identifies with evidence an unsafe or non-compliant product on such an online marketplace, the platform will usually remove the listing, and may even order the products in stock to be destroyed, but similar products with the same hazards are not addressed. In addition, the marketplace has no duty to effect a recall of products posing the more serious risks. The economic operator listing the unsafe goods on the marketplace is the person placing the products on the UK market, not the marketplace operator (e.g. Amazon), so the marketplace operator is not legally liable. Amazon and others deny that they are even “distributors” in the supply chain in such cases, hence they take any corrective actions purely on the basis of being a responsible business, rather than out of any legal compulsion. OPSS is presently consulting (closing 23.06.26) on a new [Product Safety Framework for the UK](#) and within the proposals is a broad objective of making online marketplaces more accountable and more responsible for the products they host. For CTSI’s analysis of the risks posed to consumers of unsafe goods sold on online marketplaces, and some proposals for change please see the 2024 report entitled [Mind The Gap Between the Chain and the Platform](#)

Trading Standards (TS) only has the *vires* to deal with products where they are in-scope of the legislation, and local authority **Environmental Health** (EH) teams will be the most relevant officials to deal with any issues around service provision, deploying the provisions of the Health & Safety at Work Act 1974 as best they can in cases of demonstrable harm. Guidance to local EH teams from the Health & Safety Executive (HSE) effectively prevents them from routinely inspecting retail beauty salons, unless they receive a complaint or other evidence of harm to justify an intervention. EH colleagues have often expressed frustration at this co-regulator restriction on their activities with regard to inspecting beauty salons.

TS has an important role to play at the Border, where OPSS (Department for Business & Trade) funds local authority teams at selected border points to target higher risk products and importers. Cosmetics are regularly amongst the most commonly imported products that are detained and destroyed by TS Ports & Borders teams working at seaports, airports, and inland clearance hubs (ETSFs). Non-compliant and unsafe cosmetic products typically originate from China, but also from the USA, and Korea.

MHRA – The MHRA regulates Human Medicines (including pre-filled syringes of dermal fillers where local anaesthetic is included) and Medical Devices. NB: most aesthetic injectables are not classified as either medical devices or medicines in Great Britain. This is because such aesthetic injectables have no intended medical function. However, TS can refer products examined at the border that fall within MHRA remit, and MHRA enforcement officers will *adopt* the consignment with a view to destruction.

HSE – The HSE is the relevant enforcer for machinery and electrical equipment placed on the UK market for use in beauty salons. NB: salons now also self-import salon

machinery in some cases – and such products are not caught by UK product law and standards in the same way that cosmetics self-imported by beauty salons for their own use are not in-scope of cosmetic product safety regulations.

Dermal Fillers & other Injectables – regulatory control of the products in other jurisdictions

Having said that most forms of dermal filler product are not regulated by UK law on product safety and conformity, in fact the position is a little more complicated than that. By virtue of the Windsor Framework, Northern Ireland is *de facto* part of the EU Single Market and follows EU single market product regulations. This includes the EU Medical Devices Regulation (MDR) which by virtue of Annex XVI now brings within scope of the strict product controls certain products which have a similar action to medical devices, but which don't have a medical function. Included in the list are dermal fillers, i.e. *"substances, combinations of substances, or items intended to be used for facial or other dermal or mucous membrane filling by subcutaneous, submucous or intradermal injection or other introduction, excluding those for tattooing"*.

In other words, in Northern Ireland and in the European Union certain aesthetic injectables have been brought within scope of Medical Devices Law (which is a CE-marking regulation with strict obligations on quality, safety, labelling, traceability, and post-market surveillance for the responsible economic operator). However, Annex XVI of the MDR has not been implemented in Great Britain.

Below is an extract from a response received from a MHRA official in 2025 who was also undertaking a MSc research project in this area, which involved interviewing Richard Knight as part of that research.

What is the current status around the inclusion of Annex XVI products under the Medical Devices Regulations? *The products are currently included in Annex XVI of the EU Medical Device Regulation, but are not currently included under the UK Medical Device Regulation. This means they are recognised as Annex XVI products in the EU and NI, but not in GB currently.*

In the GB context, where an Annex XVI product is CE marked as a medical device under EU legislation, if it does not have a medical purpose and is for cosmetic use only then it will not fall within the remit of the UK MDR 2002 as it does not meet the definition of a medical device.

Below is an extract from a document supplied by the MHRA official and research student that summarises some of the products in the Medical Devices Regulation Annex XVI which, whilst having an aesthetic and not a medical function, are now regulated as medical devices in the EU and Northern Ireland.

3. Substances, combinations of substances, or items intended to be used for facial or other dermal or mucous membrane filling by subcutaneous, submucous or intradermal injection or other introduction, excluding those for tattooing.	
4. Equipment intended to be used to reduce, remove or destroy adipose tissue, such as equipment for liposuction, lipolysis or lipoplasty.	
5. High intensity electromagnetic radiation (e.g. infra-red, visible light and ultra-violet) emitting equipment intended for use on the human body, including coherent and non-coherent sources, monochromatic and broad spectrum, such as lasers and intense pulsed light equipment, for skin resurfacing, tattoo or hair removal or other skin treatment.	

A potentially ready-made legislative solution to controlling the quality and safety of dermal fillers would be for the Department for Health & Social Care (DHSC) to update the UK MDR to include the Annex XVI as implemented in the EU and Northern Ireland. It would of course be open to the UK Government to make its own amendments to Annex XVI (for GB) so that it has a broader canvass and can also regulate other aesthetic injectables such as fat dissolvers and injected skin brighteners.

Ability to Respond to Emerging Products & Treatments

There is 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. For example, if a fat dissolving injectable is not within OPSS' remit (i.e. it is neither a cosmetic product nor a general product), OPSS won't take the 'gap' issue forward in Whitehall to find a solution or to propose new legislations/controls. Equally, MHRA won't volunteer to raise the issue either, as it's not a medicine or medical device. Thus, the gaps remain.

In August 2025 in response to the DHSC's announcement indicating a direction of travel for regulating cosmetic procedures, CTSI welcomed the announced outline proposals but pointed out the lack of any declared policy for regulating the unregulated products [CTSI Call for Crackdown on Unsafe Products August 2025](#)

Regarding the experience of CTSI members around the inability of Government to respond to emerging products, CTSI urged the establishment of a Cross-Government Taskforce to coordinate future reform, tackle product safety, and align approaches across all four nations. The minister-led Taskforce should include representatives from DHSC, devolved governments, regulators, and enforcement agencies to address the most urgent gaps in product and practitioner regulation.

Gaps between Cosmetic Products & Medical Products

The world of cosmetic products is an innovative one, and there are always new products coming to market that may present the potential of harm to consumers and professional end users. Novel products that fit within the statutory definition of a cosmetic product come with strict pre-marketing rules on safety assessment, proof of claims, labelling and Notification. In most cases it is possible for Trading Standards Officers to determine for themselves whether a given product is a cosmetic or not a cosmetic, by measuring the product against the 3 legs of the definition in the legislation. However, there are always Borderline cases where it is desirable to be able to seek the determination of a higher authority, such as exists in the EU (i.e. the Working Group on Cosmetic Borderlines, that produces the EU Manual on Cosmetic Borderlines).



Borderline Manual
JUNE 2025.pdf

EU Borderline Manual (Cosmetics Working Group) Vs. 5.5 June 2025

OPSS declines to offer opinions on borderline products, and in practice if the answer cannot be found in the latest edition of the EU Manual it frequently falls to the CTSI Lead Officer for Cosmetics and Beauty to offer an opinion.

CTSI would like to see OPSS, our national co-regulator, take responsibility for arriving at nationally considered opinions on borderline cosmetic products, especially as it is able to call on expertise across Government, notably within MHRA, and across local authorities. It is desirable to have a UK version of the Borderline Manual for Cosmetic Products.

The following are two examples of the borderline between cosmetic products and medical products:

- *Melanotan*-based nasal tanning sprays. These inhaled products work systemically to produce an artificial tan, and the active ingredient (Melanotan2) is believed to have been originally developed for erectile dysfunction. However, although licensed versions of the injectable Melanotan product exist for their original medical function, when Melanotan is used in an inhaler spray delivery method, the MHRA do not consider the product to be classified as a medicinal product. As the Cosmetics Regulation excludes from scope any inhaled product (irrespective of its cosmetic function), such nasally inhaled tanning sprays default to being controlled by the UK's safety net product safety law, the General Product Safety Regulations 2005 (GPSRs). Under the GPSRs, Trading Standards has to prove to the criminal standard that the product is unsafe, rather than the producer needing to evidence the product is safe (such as with cosmetics and medicine and medical devices).
- *Cosmeceutical* products that are applied to the skin, but which make medicinal claims. Such products may have been described as "snake oil" in a previous age. Typically, these products are marketed in the same way as cosmetics, but they don't contain any pharmaceutical active ingredients.

In the legal terms of the Human Medicines Regulations 2012 such products will be medicinal 'by presentation' if they state or imply that they will treat, prevent or alleviate a human disease or condition. A skin product with a medicinal claim is no longer a cosmetic product, as defined, and although medicinal claims made on or off-pack will trigger a classification as a medicinal product (e.g. if claiming to be good for 'inflammation'), the experience of Trading Standards Officers is that it can be difficult to get the MHRA Borderlines Team to accept these are illegal (unauthorised) medicines, and to agree to deal with them. In any event such products which are not cosmetics will be low risk for MHRA, in priority-terms.

Transparency of Scientific Evidence & Understanding Potential Harms for Users?

We have read and noted the CTPA written submissions to this Inquiry, including their response to the question around sufficiency of transparency in how scientific evidence is used to support public trust on regulatory decisions for hair and beauty products. We believe there is a disconnect between the high-level Calls for Evidence by OPSS, the deliberations by [SAG-CS](#) (Scientific Advisory Group on Chemical Safety in Consumer Products), and the outcomes that translate to banned and restricted ingredients in cosmetic products. As CTPA says, there is transparency in the published process, but it is a highly technical process and does require a level of expertise – ideally a degree in Toxicology.

What is missing, from our perspective as regulators and advocates for consumers, are two things –

- a. The periodic updating of controls on cosmetic ingredients that translates to amendments to the detailed ingredient Annexes to the UK Cosmetics Regulation is not well publicised or explained by OPSS. If you are in membership with CTPA you will get the required information on ingredient bans and restrictions, but if you are a Trading Standards Officer you have virtually no chance of keeping track, unless you have access to CTPA's updated Infographic on ingredient changes in the EU and UK. OPSS needs to provide accessible summaries on www.Gov.uk with links to the amending Statutory Instruments for the consumption of Trading Standards Officers and SME businesses, so that we are all clear on the upcoming changes – so that we can help to support local businesses and also enforce the rules when bans and restrictions come into force.
- b. A lack of engagement by OPSS with consumers on Cosmetic Products, in particular with regard to novel products and emerging harms. The exception was in 2025 when OPSS warned consumers about products still remaining in homes containing the now banned fragrance known as 'Lilial'. According to CTPA risk assessments, the advice given by OPSS in that case was misplaced, and with the potential to cause unnecessary anxiety. Whereas OPSS has not engaged on other areas of identified harm (identified by Local Authority Trading Standards Services and by CTSI) such as use by consumers at home of professional-use-only UV nail gels, which have the potential to cause allergic

reactions and lifelong sensitisation to acrylate based glues that may be used in various surgical procedures such as orthopaedics.

In terms of potential harm from aesthetic injectables such as dermal fillers or *Clostridium Botulinum* imported from Korea or China and administered by individuals without any medical training, because the products themselves are not regulated (*Botox* is, but other dermal fillers are not) there is no Government department to take a lead – it's in no-one's Policy brief – so there is no .Gov consumer engagement. 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.

Another example of a product where the Trading Standards community would like OPSS to do some work in gathering evidence and warning consumers is Melanotan2 based nasally inhaled self-tanning sprays. OPSS expects Local Authority Trading Standards Services to gather the evidence of harm before it will act under its national co-regulator responsibilities taking a lead on nationally significant products, and has so far refused to mount any pro-active research or action, beyond a basic literature review (which has been on the injectable form of Melanotan2, not the inhaled variant).

[CTSI Warns about Nasal Tanning Sprays JUNE 2025](#)

[See CTSI's #CostofBeauty campaign phase 1 from 2024](#)

[See CTSI's #CostofBeauty campaign phase 2 from 2025](#)

OPSS has provided funding to CTSI for its #CostofBeauty campaign, which has proven that it can have significant reach. For example, CTSI's campaign on illegal skin lightening products in Phase 1 resulted in over 300 pieces of news coverage, with an estimated reach of 39 million people. This sub-contracting of consumer engagement is very valuable, but given OPSS' own intelligence and research resources we would like to see OPSS doing more to communicate with consumers and salon professionals on latest risks and advice, in collaboration with the legitimate industry and CTSI. CTSI have scope and the expertise to do a lot more consumer education and awareness raising in this area.

We would also like to see a cross-Government effort to highlight the risks with aesthetic injectable products, despite the fact that no Government department currently has direct policy responsibility for the products.

***Cosmetovigilance* - is it effective (and transparent)?**

There are two levels of severity of reaction to a legally marketed cosmetic product, namely Undesirable Effect (UE) and Serious Undesirable Effect (SUE). Adverse reactions by consumers and beauty professional end users are both in-scope of the UK's *Cosmetovigilance* system, which is based on the original EU concept implemented in the EU in 2013. Before 2013 the UK did not have anything that could be described as a *Cosmetovigilance* 'system'.

Post-Brexit, OPSS changed the original system for reporting of SUEs to them. Previously businesses and consumers, beauty professionals and health professionals could either make their reports to OPSS (before that to BEIS) or to a local Trading Standards Service, who would obtain the relevant information, assess it, put it on a Form and transmit that Form to OPSS. Now the position is subtly different, with the presumption being that the majority of SUE reports (being from businesses, especially from the Responsible Person or brand owner) will be made direct to OPSS. Trading Standards involvement remains an option for consumers and end users and health professionals to report an adverse reaction at the more severe level, e.g. something that has resulted in hospitalisation or some kind of *temporary functional incapacity*.

OPSS therefore controls the system, but little is known about the Reports that it receives via its dedicated SUE inbox:

seriousundesirableeffects@businessandtrade.gov.uk

There is no transparency in the system, and the CTSI Lead Officer and CTPA (as the voice of the UK industry) has no real idea what OPSS does with the data it receives. Perhaps more fundamentally we do not see any published data such as you would see in the EU on total numbers of SUEs, trends, and breakdown in to product categories (e.g. hair dyes, skin creams, etc). If you ask OPSS for figures on SUEs you will get a verbal high level report, but no detail, and nothing volunteered in writing.

At the inception of the new system of reporting in 2013 other EU Member States put resource into educating consumers, health professionals, and beauty sector professionals about the *Cosmetovigilance* reporting system, and its purpose. The antecedent of OPSS at that time (which had one civil servant responsible for Policy on cosmetics and toys – including serving on EU committees) did not do any engagement. Which was understandable. It was hoped that post-Brexit when we had a re-start of *Cosmetovigilance*, OPSS with its significant resources would take the opportunity to re-launch the system and promote its use by consumers, other end users, and health professionals. That opportunity was not taken and given that we have no real idea what is being done with the data from the reports that are received, it is hard to see what is the point of a system which is little understood outside larger companies in the UK. As such it is suspected that there is significant under-reporting of SUEs – simply because most end users don't know about the system and nor do health professionals.

CTSI would support a fresh look at the *Cosmetovigilance* system, to evaluate whether it is fit for purpose, and if we are to retain the reporting duty on businesses for Serious Undesirable Effects (there is no duty on end users, consumers or health professionals) then efforts must be made to re-launch the system and improve awareness of it so as to increase reporting. There then needs to be transparency of the data.

Resources – Market Surveillance – pressure on Local Authorities

Local Authority Trading Standards Services (LATSS) conduct market surveillance and enforcement activity for approximately 300 pieces of legislation, and that number is set to rise. Despite this wide remit, LATSS have faced substantial and repeated cuts and so face significant resource and capacity challenges. As evidenced in

the [2021](#) National Audit Office report, Trading Standards has suffered 39% budget cuts and the [2023](#) NAO report evidenced a cut of 25% to Regulatory Services budgets. This shows that Trading Standards has suffered budget cuts of approximately 50% and have therefore been hit twice as hard as any other Regulatory Service at local authority level.

The aging profile for the profession will see a large proportion retire in the near future, which will further impact resources. As an example, almost 60% of qualified Trading Standards officers in [Scotland](#) are over the age of 50, with only 11% under the age of 40.

These are CTSI's "Asks" of Government –

- Make phased additional investment in LATs, rising to £100 million after four years
- Funding for TS must be ringfenced out of MHCLG block funding
- Create dedicated funded apprenticeship pathways, across all four nations of the UK, to safeguard the future of the LATs profession (this has worked well with the apprentices for Tobacco and Vapes)
- Any new responsibilities for TS must come with funding to resource enforcement
- Duties and enforcement areas covered by TS must be reviewed as the breadth of enforcement topics is unsustainable (and growing)

Dermal Fillers

See also the section on Regulatory Roles and Gaps.

Unless an injectable dermal filler is classified as a medicine (e.g. *Clostridium Botulinum*, also commonly known as Botox) or comes in pre-filled syringe form (rather than in a vial) containing a local anaesthetic for the needle prick (e.g. Lidocaine), the dermal filler will be classified as neither a medicine nor a medical device in Great Britain. In addition, because dermal fillers are injected below the epidermis they are outside the definition of a cosmetic product, so are not controlled by the UK Cosmetics Regulation.

During the 2012 Keogh Review, the Department of Health asked our witness Richard Knight whether dermal fillers could therefore be controlled under the UK's safety net or catch-all product safety law, the General Product Safety Regulations 2005 ("GPSRs"). The answer in 2012 was the same as it stands now, "No". That is because of the definition of a "product" under the GPSRs requiring "use" by the consumer of the product in the context of service provision, which is interpreted as meaning having an appreciable degree of control over the product. For example, UV tanning beds (sunbeds) are caught by the GPSRs because the consumer does have an appreciable degree of control over the sunbed, in being able to turn it on and off, and usually control the ventilation. A consumer client of a beauty therapist administering an injectable dermal filler has no appreciable control over the product's use – all the control is exercised by the aesthetics practitioner. Trading Standards law therefore cannot currently regulate these dermal fillers, as products. This extends to Trading Standards

not being able to prevent imports at the border. The MHRA cannot regulate the products in GB as they predominantly have no pharmaceutical ingredient nor any medical purpose.

Dermal fillers and other injectables such as fat dissolvers (lipolysis) are often described in the industry or by consumers as *cosmetic treatments*. This is to distinguish them from medical treatments and products. However, the use of the word 'cosmetic' can contribute to broader misinformation that these products are regulated, when currently they are not.