



¹ Sheffield Centre for Health and Related Research (SCHARR), University of Sheffield, Sheffield, UK

² Department of Psychology, University of Bath, Bath, UK

³ Institute for Social Marketing and Health, Faculty of Health Sciences and Sport, University of Stirling, Stirling, UK

Correspondence to: J Holmes
john.holmes@sheffield.ac.uk

Cite this as: *BMJ* 2026;392:e086563

<http://doi.org/10.1136/bmj-2025-086563>

How should public health respond to rise of alcohol-free and low alcohol drinks?

John Holmes and colleagues argue for a precautionary approach that is guided by public health interests and considers both risks and benefits

John Holmes,¹ Inge Kersbergen,² Nathan Critchlow,³ Niamh Fitzgerald³

Sales of alcohol-free and low alcohol (nolo) drinks have increased substantially over recent years, driven by improved manufacturing techniques and consumer demand for better and healthier alternatives to alcoholic drinks (box 1).¹ Nolo drinks have obvious potential to improve public health, depending on who drinks them, to what extent, and in which contexts. The more people replace alcoholic drinks with nolo alternatives, the more they reduce their risk of alcohol related disease and injury. This is particularly true for heavier drinkers, those in lower socioeconomic groups, and people drinking in high risk circumstances, such as when pregnant, driving, or in adolescence.

Box 1: What are “nolo” drinks?

The term “nolo” generally refers to variants on standard alcoholic drinks (eg, beers, wines, spirits) that contain little or no alcohol. The exact alcohol content differs between countries, but in the UK is no more than 1.2% alcohol-by-volume (ABV).¹

Nolo drinks are distinct from reduced strength drinks, where the ABV is lower than normal but still sufficient to cause intoxication and longer term health problems, such as wines at 5-10% ABV or beers at 2-3.5% ABV.

Nolo drinks are also distinct from a wider set of alcohol alternatives that are essentially soft drinks marketed as substitutes for alcohol, including kombuchas and botanicals.

However, the World Health Organization (WHO) and alcohol charities have argued that no and low alcohol drinks also pose risks to public health.²⁻⁴ The risks include companies using marketing of nolo drinks to deter or circumvent restrictions on alcohol marketing, particularly when they share branding with alcoholic products (so called surrogate marketing).⁵ Similarly, nolo drinks or related marketing may encroach on otherwise alcohol-free spaces, such as gyms and sports events or in supermarket lunchtime meal deals.^{6,7}

Concerns also exist about whether the nutritional profile of nolo drinks is more or less favourable than the alcoholic or soft drinks they may replace, and the potential for the alcohol industry to draw attention or resources away from more effective public health activity by presenting nolo drinks as a solution to alcohol related harm.¹ They also have the potential to widen health inequalities because of lower take-up among lower socioeconomic groups (which experience higher rates of harm from alcohol).⁸⁻¹⁰

Despite these concerns, market analysts expect consumption to continue to grow in many countries,

including Brazil, Japan, South Africa, the UK, and US.¹¹ In Britain, the country with the most published data, one in five adults reports consuming nolo drinks at least once a month, and nolo drinks now account for 1.4% of total alcohol sales.¹² The majority of these sales (84%) come from products that share branding with an established alcoholic drink, typically produced by a multinational corporation.¹² To protect public health a precautionary approach is required that aims to facilitate and enhance potential benefits while also preventing or minimising any harms.

Maximising benefits of substitution

Any direct public health benefits of nolo drinks will come from increasing the extent to which they replace consumption of standard alcoholic drinks. Seeking to promote and facilitate such substitution, particularly among heavier consumers, more deprived groups, and others at greatest risk of harm, should therefore be the central goal of efforts to increase the availability and consumption of nolo drinks. Evidence from observational and experimental studies suggests that some replacement may already be taking place,¹³⁻¹⁶ although the effects may be too small to deliver substantial health gains,¹⁷ and the generalisability of some experimental findings to real world settings is unclear. Similarly, although heavier drinkers are more likely to purchase and consume nolo drinks than lighter or non-drinkers,⁸⁻¹⁰ the low uptake of nolo drinks among lower socioeconomic groups limits their effect on health outcomes.

There have been few direct attempts by health authorities to promote replacement of alcoholic with nolo alternatives. However, this is more likely if nolo drinks are straightforwardly available and visible in places where alcohol is purchased and consumed, such as bars and shops. Research suggests that this supports attempts to reduce alcohol consumption by facilitating people's involvement in social events without drinking alcohol.^{16,18} Considering how licensing policies and social marketing might promote availability of nolo drinks in key settings is therefore a priority.

Similarly, it may be appropriate for clinical and public health practitioners to explore the potential benefits of promoting substitution between alcoholic and nolo drinks when developing or providing individual level interventions, such as psychosocial interventions in primary care, treatment, or recovery services. Relevant evidence is sparse, and it is important to remain mindful of risks, but identifying what works (or is unhelpful) for whom in which contexts would

enable appropriate targeting. Meanwhile, a precautionary approach would involve ensuring that clinicians and service providers are sufficiently familiar with potential benefits and harms to discuss them effectively with patients and service users.

Minimising risk of potential harms

Although the potential harms of nolo drinks for high risk groups are serious, stronger evidence is needed on the mechanisms underlying them as these are often uncertain or have competing strands. For example, much of the public health concerns about nolo drinks has focused on the potential for their marketing to subvert restrictions on wider alcohol marketing or extend the reach of alcohol brands, and evidence of this is growing (box 2).^{6 19} However, marketing of nolo drinks may also displace or dilute wider alcohol marketing or use trusted brands to encourage substitution of alcoholic drinks with nolo alternatives. How this tension plays out may depend on the extent to which restrictions on alcohol marketing are already in place.

Box 2: Case studies of nolo drinks marketing

Surrogate marketing undermining restrictions on alcohol advertising

The Irish government introduced restrictions on alcohol advertising as part of the Public Health (Alcohol) Act 2018. However, it is unclear whether these restrictions extend to nolo drinks that share branding with a standard alcoholic product. Subsequently, beer companies have replaced adverts for standard alcoholic drinks with adverts for nolo equivalents.

For example, the Six Nations Rugby Union tournament is sponsored by Guinness (owned by the multinational drinks company Diageo) but uses branding for Guinness 0.0% (its alcohol-free variant) during matches in Ireland. The branding for these products differs mainly by the addition of a blue 0.0%, although this was not always visible or present during matches.¹⁹ However, for six nations matches in France, which has stricter alcohol marketing rules, Guinness replaced Guinness with the word "Greatness", but retained its standard visual design (eg, font, colours).

Away from sports sponsorship, social media users have posted before and after images of large outdoor billboard adverts for Guinness that have been replaced by similar adverts for Guinness 0.0. Extending restrictions on alcohol marketing to nolo drinks that share branding with alcoholic products would prevent this surrogate marketing.

Nolo products introducing alcohol brands into previously alcohol-free spaces

The 2024 Olympics named Corona Cero as its official global beer sponsor. Corona Cero is an alcohol-free variants of Corona, owned by the multinational drinks company AB InBev. This was the first time a beer brand had been an official sponsor of the Olympics and it allowed the Corona brand to appear in a wide range of sporting and media contexts that were previously unavailable to it, as well as linking AB InBev to the wider Olympic movement and its goals.²⁰ Ensuring alcohol marketing codes apply the same rules to nolo drinks would prevent this encroachment of alcohol brands into previously alcohol-free forums

There is also limited, and often dated, experimental evidence that nolo drinks (or related marketing) may prompt cravings for alcohol among people in recovery and act as cues to drink during pregnancy or among those trying to abstain or cut down,^{21 22} but the real world implications of this remain underresearched. Among under 18s, nolo availability (or marketing) may facilitate earlier exposure to the taste and smell of alcohol or allow companies to build brand recognition at earlier ages.^{23 24} However, there is not yet robust evidence of "gateway effects" from nolo to standard alcoholic drinks.

Similarly, alcohol-free spaces are valued by some vulnerable groups and also shape wider norms about the place of alcohol in society. Preventing nolo drinks and related marketing from encroaching on these spaces would ensure they remain inclusive for people wishing to limit their own or others' exposure to alcohol while also maintaining social norms that keep some parts of society alcohol-free. However, some consumers may welcome nolo drinks in alcohol-free leisure spaces as alternatives to soft drinks and, more speculatively, this could facilitate the growth of night-time venues that focus less on alcohol.²⁵

Finally, nolo drinks present risks to wider public health policy. They could allow drinks companies to present as contributors to reducing alcohol related harm and support their extensive efforts to develop partnerships with governments, shape policy agendas, undermine interventions that threaten their interests, and draw public health resources away from more effective activity. Where appropriate, public health actors, including governments, should therefore draw on guidelines for effective management of interactions with other unhealthy commodity industries,²⁶ such as restricting interactions with the alcohol industry.

Influencing policy

WHO has called for companies to "substitute, whenever possible, higher alcohol products with nolo products in their overall portfolios, with the goal of decreasing the overall levels of alcohol consumption in populations and consumer groups, while avoiding the circumvention of existing regulations for alcoholic beverages and the targeting of new consumer groups with alcohol marketing, advertising, and promotional activities."²⁷ It has also proposed actions to reduce the risks, including preventing marketing to children, protecting alcohol-free spaces, and using taxes based on alcoholic strength to incentivise consumption of alcoholic drinks that contain less alcohol.²⁸

In addition to WHO's call to commercial organisations, the European Commission has proposed new terminology for labelling nolo products. This includes allowing companies to label wines up to 5.95% alcohol by volume (ABV) as "alcohol light," despite them containing more alcohol than most beers,²⁹ although the terminology has since been modified to "reduced alcohol."³⁰ The UK government has also consulted twice on its labelling guidance for nolo drinks and exempts most nolo products from taxes on high sugar drinks, while industry linked self-regulatory bodies have published advertising guidance.³¹ Norway has extended its comprehensive ban on alcohol marketing to include nolo drinks that share branding with standard alcoholic products, but Ireland's restrictions on sports sponsorship and outdoor advertising for alcohol seemingly permit promotion of nolo products with shared branding (box 2).³²

Some of these policy decisions seem to be driven by the concerns of businesses, trade organisations, and self-regulatory bodies. Public health actors must therefore engage with the policy questions to ensure that their perspectives, and not just commercial priorities, shape regulation of the production, marketing, sale, and use of nolo drinks, and how they are framed in public debate. Table 1 suggests some general principles and associated policies that would help achieve the overarching aim of maximising benefits and minimising risks.

Table 1 | Principles to inform a public health response to no and low alcohol (nolo) drinks and suggested policy and practice options

Principle	Example actions
Promote and facilitate increased substitution of alcoholic drinks with nolo alternatives	Independently set and monitor targets for producers and retailers to ensure commercial activity aligns with public health goals, including accessibility for disadvantaged groups Use wider alcohol policy to ensure a price differential between nolo and standard alcoholic drinks that incentivises switching to nolo drinks
Promote the normalisation of nolo drinks in alcohol purchasing and consumption settings	Create a regulatory definition of nolo drinks that is distinct from standard alcoholic, reduced alcohol, and soft drinks to facilitate effective policymaking Mandate availability of nolo products in licensed premises Develop equal prominence guidance for use within licensed premises to ensure nolo products are as visible and accessible as standard alcoholic drinks
Develop an evidence base to inform recommendations	Support studies of how nolo drinks may be integrated within treatment, including treatment and recovery services for alcohol use disorders, and treatment for other relevant conditions (eg, alcohol related liver disease) Support studies of health promotion and other social marketing campaigns that incorporate nolo drinks to establish their efficacy in reducing alcohol consumption and related harm Support studies into appropriate placement of nolo drinks in supermarkets and other retail outlets
Prevent nolo drinks from causing harm in higher risk contexts, including adolescence, pregnancy, and recovery from alcohol use disorders	Set minimum age of purchase laws for nolo drinks to match those for standard alcoholic drinks Prohibit commercial marketing that promotes consumption of nolo drinks in higher risk contexts. Social marketing (eg, drink-driving campaigns) should be exempt from these rules
Prevent encroachment of nolo drinks into alcohol-free spaces	Prohibit marketing of nolo drinks in any setting where marketing of standard alcoholic drinks is prohibited Prohibit marketing material that depicts nolo drinks in ways or settings that would not be appropriate for alcohol consumption Restrict marketing of nolo drinks that share branding with standard alcoholic brands
Monitor, reduce, and mitigate the impact of corporate political activity by the alcohol industry in relation to nolo drinks	Establish processes that promote transparency and protect decision making from interference by the alcohol industry Minimise interactions with the alcohol industry and restrict these to information exchanges that support implementation of policies or practice Avoid entering into formal partnerships with the alcohol industry

The sparse evidence base on nolo drinks hinders efforts by public health actors to respond to policy questions. Key research priorities include understanding how much people are replacing alcoholic drinks with nolo alternatives, which groups are doing so, and whether nolo drinks are prompting, enhancing, or merely featuring in people's attempts to reduce their alcohol consumption. If nolo drinks are driving reductions in alcohol consumption, a further priority is evaluating ways to promote this, including through population-wide policies (eg, pricing, availability, social marketing campaigns) and community or individual level interventions. Regarding risks, the main priorities are evidencing the extent to which these are materialising, the mechanisms through which they may lead to harm, and the effectiveness of preventive policies or interventions.

Nolo drinks present a complex public health challenge, and the correct response may differ between highly regulated alcohol markets (eg, Scandinavia) and more liberal ones (eg, Australia). Similarly, low and middle income countries experiencing rapid expansion of their alcohol markets may place less emphasis on promoting substitution and focus more on protecting high risk groups and alcohol-free spaces. However, we believe the same principles will largely apply.

Although we argue for a public health response to nolo drinks, we are not suggesting a reduced focus on standard alcoholic drinks. Nor are we seeking to exaggerate the degree of risk that nolo drinks present; however, as with e-cigarettes and reformulated foods, we should not take market led solutions to public health problems at face value. Benefits may emerge from nolo drinks, but a hands-off approach could mean these are smaller and less equitable than desired. Public health actors should therefore develop a strategic

and comprehensive response that balances different concerns and aspirations.

Key messages

- Alcohol-free and low alcohol (nolo) drinks are increasingly popular with consumers in high income countries
- Nolo drinks have the potential to affect public health, but there is little evidence on whether benefits or harms are being realised now, or will be in the future
- Public health actors should help develop and implement a strategic and precautionary approach to nolo drinks to minimise risks
- This includes agreeing on the basic aims of nolo drinks, the actions that might deliver these aims, and where further evidence is required

Contributors and sources: The authors contributed to the position statement on nolo drinks from the UK Alcohol Health Alliance (AHA), a coalition of 65 organisations. This article builds on the AHA's statement by adopting an international focus and attending more to clinical and public health practice. It is also informed by the available evidence and our conversations with other researchers, professional stakeholders, and lived experience groups. The authors lead a study of the public health impact of nolo drinks funded by the National Institute for Health and Care Research. The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care. JH is the guarantor.

Public and patient involvement: The related NIHR project has involved members of the public, including those with lived experience of alcohol use disorders, at all stages of the research process, from conception to dissemination. The contributions of the public have therefore substantially shaped our thinking on policy for nolo drinks, although they have not been directly involved in this article.

Competing interests: We have read and understood BMJ policy on declaration of interests and have the following interests to declare: JH, IK, and NF have received research funding from Alcohol Change UK (ACUK). ACUK has several commercial partners for its Dry January campaign including Walkers Crisps (a PepsiCo brand) and Lucky Saint, an independent brewer of alcohol-free beers which also owns a pub and became an associate member of the alcohol industry responsibility body the Portman Group in 2025. Lucky Saint provides ACUK with less than 0.6% of its overall income. Between 2017 and 2022, NC was on the board of directors at Alcohol Focus Scotland, a charity working to reduce alcohol harm. IK is a trustee for the Society for the Study of Addiction.

Provenance and peer review: Not commissioned; externally peer reviewed.

We thank Abi Stevely for comments on an earlier draft.

- 1 Corfe S, Hyde R, Shepherd J. *Alcohol-free and low-strength drinks: Understanding their role in reducing alcohol-related harms*. Social Market Foundation, 2020.
- 2 World Health Organization. Empowering public health advocates to navigate alcohol policy challenges: alcohol policy playbook. WHO Regional Office for Europe, 2024. <https://iris.who.int/bitstream/handle/10665/379378/WHO-EURO-2024-5624-45389-64949-eng.pdf?sequence=2>
- 3 Alcohol Health Alliance. AHA position on alcohol-free and low-alcohol drinks. 2025. <https://ahauk.org/resource/aha-position-on-alcohol-free-and-low-alcohol-drinks/>
- 4 Alcohol Action Ireland. Policy briefing: the sale and marketing of zero-alcohol drinks. 2025. <https://www.drugsandalcohol.ie/42994/1/The-sale-and-marketing-of-zero-alcohol-drinks-policy-briefing.pdf>
- 5 Critchlow N, Holmes J, Fitzgerald N. Alibi marketing? Surrogate marketing? Brand sharing? What is the correct terminology to discuss marketing for alcohol-free and low-alcohol products which share branding with regular strength alcohol products? *Addiction* 2025;120:–6. doi: 10.1111/add.16504 pmid: 38631701
- 6 Nicholls E. “I don’t want to introduce it into new places in my life”: the marketing and consumption of no and low alcohol drinks. *Int J Drug Policy* 2023;119:104149. doi: 10.1016/j.drugpo.2023.104149 pmid: 37544104
- 7 Miller M, Wright CCJ. No- and low-alcohol beer and the sponsorship of sport in Australia: an audit of sponsorship partnerships and analysis of marketing tactics. *Drug Alcohol Rev* 2024;43:–44. doi: 10.1111/dar.13912 pmid: 39075779
- 8 Perman-Howe PR, Holmes J, Brown J, Kersbergen I. Characteristics of consumers of alcohol-free and low-alcohol drinks in Great Britain: a cross-sectional study. *Drug Alcohol Rev* 2024;43:–97. doi: 10.1111/dar.13930 pmid: 39169566
- 9 Katainen A, Uusitalo L, Saarijärvi H, et al. Who buys non-alcoholic beer in Finland? Sociodemographic characteristics and associations with regular beer purchases. *Int J Drug Policy* 2023;113:103962. doi: 10.1016/j.drugpo.2023.103962 pmid: 36746032
- 10 Anderson P, O'Donnell A, Kokole D, Jané Llopis E, Kaner E. Is buying and drinking zero and low alcohol beer a higher socio-economic phenomenon? Analysis of British survey data, 2015–2018 and household purchase data 2015–2020. *Int J Environ Res Public Health* 2021;18:–. doi: 10.3390/ijerph181910347 pmid: 34639647
- 11 ISWR. Growth of \$4bn+ expected from no-alcohol category by 2028. 2024. <https://www.thei-wsr.com/insight/growth-of-4bn-expected-from-no-alcohol-category-by-2028/>
- 12 Wilson L, McGrane E, Angus C, et al. *Alcohol-free and low-alcohol drinks in Great Britain: monitoring report on 2023 data*. University of Sheffield, 2025. <https://sarg-sheffield.ac.uk/wp-content/uploads/2025/09/sarg-nolo-monitoring-report-sep-25.pdf>
- 13 Anderson P, Jané Llopis E, O'Donnell A, Manthey J, Rehm J. Impact of low and no alcohol beers on purchases of alcohol: interrupted time series analysis of British household shopping data, 2015–2018. *BMJ Open* 2020;10:e036371. doi: 10.1136/bmjopen-2019-036371 pmid: 33046462
- 14 Anderson P, Kokole D. The impact of lower-strength alcohol products on alcohol purchases by Spanish households. *Nutrients* 2022;14:–. doi: 10.3390/nu14163412 pmid: 36014918
- 15 Yoshimoto H, Kawaida K, Dobashi S, Saito G, Owaki Y. Effect of provision of non-alcoholic beverages on alcohol consumption: a randomized controlled study. *BMC Med* 2023;21:–. doi: 10.1186/s12916-023-03085-1 pmid: 37784187
- 16 De-loyde K, Ferrar J, Pilling M, et al. The impact of introducing alcohol-free beer options in bars and public houses on alcohol sales and revenue: a randomised crossover field trial. *PsyArXiv* 4 Aug 2023. [Preprint.] doi: 10.31234/osf.io/pgzdz
- 17 Rehm J, Rovira P, Manthey J, Anderson P. Reduction of alcoholic strength: does it matter for public health? *Nutrients* 2023;15:–. doi: 10.3390/nu15040910 pmid: 36839266
- 18 Nicholls E. Not just living in the moment: constructing the ‘enterprising’ and future-oriented self through the consumption of no-and-low-alcohol drinks. *Social Res Online* 2024;29:–60. doi: 10.1177/13607804231191063
- 19 Critchlow N, Purves RI. Alcohol branding during rugby union matches in Ireland after commencement of Sect. 15 from the Public Health (Alcohol) Act: a frequency analysis of highlights from the European Rugby Champions Cup and Six Nations Championship. *Ir J Med Sci* 2023;192:–8. doi: 10.1007/s11845-023-03331-8 pmid: 36941460
- 20 International Olympic Committee. Corona Cero encourages fans to embrace ‘Golden Moments’ in first Olympic Games-inspired campaign. 2024. <https://www.olympics.com/ioc/news/corona-cero-encourages-fans-to-embrace-golden-moments-in-first-olympic-games-inspired-campaign>
- 21 Caballeria E, Pons-Cabrera MT, Balcells-Oliveró M, et al. “Doctor, can I drink an alcohol-free beer?” Low-alcohol and alcohol-free drinks in people with heavy drinking or alcohol use disorders: systematic review of the literature. *Nutrients* 2022;14:–. doi: 10.3390/nu14193925 pmid: 36235578
- 22 Drummond DC. What does cue-reactivity have to offer clinical research? *Addiction* 2000;95(Suppl 2):–44. pmid: 11002908
- 23 Bartram A, Mittinty M, Ahad MA, et al. Alcohol advertising in disguise: exposure to zero-alcohol products prompts adolescents to think of alcohol-reaction time experimental study. *Int J Drug Policy* 2025;139:104753. doi: 10.1016/j.drugpo.2025.104753 pmid: 40132302
- 24 Hou CY, Huang TF, Chang FC, et al. The association of influencer marketing and consumption of non-alcoholic beer with the purchase and consumption of alcohol by adolescents. *Behav Sci (Basel)* 2023;13:–. doi: 10.3390/bs13050374 pmid: 37232612
- 25 Atkinson AM, Meadows BR, Sumnall HR. ‘You’re in the alcohol matrix, then you unplug from it, and you’re like ‘wow’’: exploring sober women’s management, negotiation and countering of alcohol marketing in the UK. *Drugs Educ Prev Policy* 2024;31:–69. doi: 10.1080/09687637.2022.2145935
- 26 Institute of Alcohol Studies. Good governance in public health policy: Managing interactions with alcohol industry stakeholders. <https://www.ias.org.uk/report/good-governance-in-public-health-policy-managing-interactions-with-alcohol-industry-stakeholders/>
- 27 World Health Organization. Draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority. Geneva: World Health Organization, 2022. https://apps.who.int/gb/ebwha/pdf_files/EB150/B150_7Add1-en.pdf
- 28 World Health Organization. *A public health perspective on zero- and low-alcohol beverages*. World Health Organization, 2023.
- 29 EU ‘light’ wine moniker raises concerns over misleading labelling. 2025. <https://www.euronews.com/health/2025/04/03/eu-light-wine-moniker-raises-concerns-over-misleading-labelling>
- 30 European Council. Council and Parliament strike agreement to strengthen and future-proof the EU wine sector. Press release, 4 Dec 2025. <https://www.consilium.europa.eu/en/press/press-releases/2025/12/04/council-and-parliament-strike-agreement-to-strengthen-and-future-proof-the-eu-wine-sector/>
- 31 Committee of Advertising Practice. Alcohol alternatives: advertising guidance (broadcasting and non-broadcast). 2023. <https://www.asa.org.uk/static/ab9bf352-db33-40a5-847a5c71f9c1723a/Alcohol-Alternatives-Guidance-watermarked.pdf>
- 32 Critchlow N, Moodie C, Houghton F. Brand sharing between alcoholic drinks and non-alcoholic offerings: a challenge to Ireland’s restrictions on alcohol advertising. *Ir J Med Sci* 2023;192:–7. doi: 10.1007/s11845-022-03161-0 pmid: 36114361