

No/Lo Alcohol



SPECTRUM

SHAPING PUBLIC HEALTH POLICIES
TO REDUCE INEQUALITIES AND HARM

No/Lo Alcohol

Alcohol consumption remains a major driver of morbidity and premature mortality.

Low and zero (“no/lo”) alcohol products have become widely available in recent years, and are growing in popularity, representing a potential harm reduction opportunity.

No/lo drinks contain less than 1.2% alcohol by volume [and have seen rising sales in recent years](#). Making alcohol-free products more widely available and easily accessible in licensed venues – for example by making alcohol-free beer available on draught in pubs and bars – may help people switch from alcoholic to no/lo products. If people replace regular alcoholic drinks with no/lo options, it could significantly benefit public health. However, there are concerns that people might simply consume both types of drinks, meaning alcohol consumption would not fall, or that alcohol producers might use no/lo drinks to indirectly promote alcohol use and influence alcohol policies.

Impacts

In partnership with Bristol City Council (BCC), SPECTRUM researchers at the University of Bristol recruited 14 pubs and bars across the city that were [willing to change the beer that they offered on draught for a limited period](#). Previous research by the same group of researchers, using an online experiment as a proxy for real-world behaviour, showed that [increasing the proportion of alcohol-free options](#) makes people more likely to select an alcohol-free drink over an alcoholic drink. The results indicate that increasing the availability of no/lo beer on draught increases sales of no/lo beer, with a corresponding decrease in sales of alcoholic beer, resulting in no net impact on monetary takings for participating pubs and bars.

Separately, SPECTRUM researchers at the University of Sheffield, the University of Stirling, and UCL are studying the public health impact of [increasing the availability and consumption of no- and low-alcohol \(no/lo\) drinks](#) among adults in Great Britain from 2011 to 2025. The findings will be shared with stakeholders to inform public health strategies, which will include working with these stakeholders to develop policy options for the appropriate promotion and regulation of these products.

Early results indicate that [no/lo drinks are consumed](#) more by people on higher incomes and with riskier drinking patterns,

and highlight [key trends in the no/lo market](#), including the rapid growth in sales, the gradual accumulation of market share from standard alcoholic drinks, and the dominance of off-trade beer and products that share branding with a standard alcoholic product.



About the research

In the Bristol-led study, participating pubs and bars offered only alcoholic beer on draught for two weeks, and an alcohol-free option on draught for two weeks, and did this twice (over eight weeks in total). The order in which this happened was randomised. The researchers measured the amount of alcoholic and alcohol-free beer sold, as well as the total monetary takings, across the different periods.

When an alcohol-free option was available, the pubs and bars sold, on average, 29 litres less of alcoholic beer per week, equivalent to 51 pints and a five per cent reduction in sales.

However, this was replaced by an equivalent increase in sales of alcohol-free beer, suggesting customers were simply selecting a different option. Importantly, there was no net impact on overall monetary takings, suggesting that the change wasn't hurting the financial bottom line of the participating pubs and bars.

The Sheffield-led project is ongoing and involves four main work packages:

1. Characterizing the intervention by developing a theory of change, creating a timeline of activities, analyzing company's market and corporate political strategies, and conducting case studies of marketing;
2. Evaluating the impact on alcohol consumption using market data to track trends and assess whether no/lo drink consumption reduces standard alcohol intake,
3. Exploring individual behaviour through surveys and focus groups to understand how no/lo drinks influence drinking habits, including among higher risk groups such as pregnant women, adolescents and those recovering from alcohol dependence
4. Modelling health impacts to predict the effects of the intervention on public health and evaluate potential policy options.

References

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