



Updating labelling guidance for no and low-alcohol alternatives: equality impact assessment

Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- advance equality of opportunity between people who share a protected characteristic and those who do not
- foster good relations between people who share a protected characteristic and those who do not

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality, but doing so is an important part of complying with the general equality duty.

Equality impact assessment

Publication title

Updating labelling guidance for no and low-alcohol alternatives.

Intended outcomes of this work and proposed changes

Supporting drinkers to reduce their alcohol consumption can contribute to reducing alcohol-related harm, both to individual drinkers and to society. Substituting a standard

alcoholic drink for an alcohol-free or low-alcohol ('NoLo') alternative is one way that individuals can reduce their alcohol consumption.

The government's policy aim is to reduce alcohol consumption and associated harm among those who drink above the UK chief medical officers' guideline to not regularly drink more than 14 units per week. This aim is underpinned by the following objectives:

Objective 1: to increase substitution of alcoholic drinks with NoLo alcohol alternatives among people who drink above low-risk levels.

Objective 2: to facilitate a shift in the market from sales and promotion of alcoholic drinks towards NoLo alcohol alternatives.

The government is consulting on options for updating labelling of NoLo alcohol drinks, including seeking evidence on how these options can support industry to help shift the alcohol market towards lower strength options. We are specifically seeking views and evidence on:

- conditions of use of the descriptors set out in voluntary guidance 'alcohol free', 'de-alcoholised', 'non-alcoholic' and 'low alcohol' and whether such conditions should be set in regulations (including proposing to change the maximum strength threshold at which a drink may be described as 'alcohol-free' from 0.05% alcohol by volume (ABV) to 0.5% ABV)
- display of numerical information of the alcoholic strength on product label
- display of the UK chief medical officers' low-risk drinking guidelines on product label and alternative ways of communicating this information to consumers
- display of an age restriction on NoLo products and alternative options for preventing children and young people from accessing and consuming NoLo drinks
- what more government and NoLo retailers and producers can do to increase substitution of alcoholic drinks with NoLo alternatives among people who drink above low-risk levels

Alongside this consultation, we will be publishing an evidence review of the known potential risks of setting the 'alcohol free' descriptor threshold to 0.5% alcohol by volume (ABV) in pregnancy, during driving and on people in recovery from dependence.

Affected people (for example staff, patients, service users)

All persons who drink alcohol or alcohol substitutes as defined in [regulation 9 to the Soft Drinks Industry Levy Regulations 2018](#).

Evidence

Evidence considered

We have considered several sources of evidence to conduct this assessment, including:

- published peer-reviewed papers
- literature from key organisations in the alcohol public health sector (such as Alcohol Change UK, the Institute of Alcohol Studies)
- data from Health Survey for England and NHS Digital
- meetings with public health stakeholders

All evidence is referenced in the text below.

As there is generally a lack of evidence in this policy area, the Department of Health and Social Care ('the Department'), through the National Institute for Health Research, is funding a research project to monitor and evaluate the impact of the increasing NoLo market on consumer behaviour and public health, including unintended consequences. The research project is to commence this summer. Research findings are due to be published in 2026.

Analysis of impacts

Disability

Attitudinal, physical and social barriers for both visible and hidden disability

Promoting NoLo products and increasing their availability

People in recovery from alcohol dependence:

There is limited evidence on the impact of increased availability of NoLo products on people with alcohol use disorders and people recovering from alcohol dependency. One systematic review found that in people with alcohol use disorders (AUD) or heavy drinking patterns, consumption of no and low alcohol drinks correlated with increased desire,

temptation and craving to drink alcohol, with the effect increasing with the severity of dependence¹. Similarly, they also found that alcohol-related cues (e.g., the way the product looks, the flavour and smell) from NoLo alcohol products, might trigger physiological responses akin to those experienced when drinking alcohol.

Exposure to alcohol-associated cues can evoke reactions in individuals with alcohol dependency such as craving, skin conductance, and relapse.²³⁴ Patients taking disulfiram (an aversion therapy drug) are at particular possible risk as this medicine's action induces acute adverse reaction if small amounts of alcohol are consumed.

On the other hand, an online survey conducted by Alcohol Change UK in 2023 of exclusively hazardous and harmful drinkers who had attempted – or were currently attempting – to cut back on their drinking found that 'alcohol free' drinks were important to cut back attempts in 83% harmful and hazardous drinkers (to at least some degree). Of those who didn't, some felt these products can act as a trigger and lead to wanting the "full strength' alcohol⁵.

It is plausible that those recovering from alcohol dependency abstain from any alcohol-like products. This could be due to concerns about cue reactivity, the alcohol content, or both. Therefore, increasing the availability of NoLo products could have minimal impact on these individuals. However, it is possible that NoLo products may be marketed and advertised towards this group, increasing their risk of harm.

To mitigate these risks, current guidance⁶ suggests that all NoLo products state the ABV content on label to ensure consumers are informed that NoLo products contain some ethanol, and we are seeking views on making the display of ABV in NoLo products a requirement, whether in updated voluntary guidance or through legislation. Views on how this population group might be suitably protected will be collected through consultation.

¹ Caballeria, E., Pons-Cabrera, M. T., Balcells-Olivero, M., Braddick, F., Gordon, R., Gual, A., Matrai, S., & Lopez-Pelayo, H. (2022). "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*, 14(19). <https://doi.org/10.3390/nu14193925>

² Drummond DC., What does cue-reactivity have to offer clinical research? *Addiction*. 2000; 95(8s2)

³ Garland EL, et al., Cue-elicited heart rate variability and attentional bias predict alcohol relapse following treatment, *Psychopharmacology*, 2012;222(1)

⁴ Papachristou H, et al., Cue reactivity during treatment, and not impulsivity, predicts an initial lapse after treatment in alcohol use disorders, *Addictive Behaviours*, 2014; 39(3)

⁵ Alcohol Change UK (2023). Do alcohol-free drinks help heavy drinkers cut their drinking? [Do alcohol-free drinks help heavy drinkers cut their drinking? | Alcohol Change UK](#)

⁶ DHSC. [Guidance: Low-alcohol descriptors](#)

The Department, through the National Institute for Health Research, is funding a research project to monitor and evaluate the impact of the increasing NoLo market on consumer behaviour and public health, including on those with alcohol use disorders.

Visual impairment:

Guidance suggests NoLo products should display the ABV on the label to ensure consumers are aware it contains alcohol. While printed/written ABV will not be accessible to those with visual impairments, businesses are required under the Equality Act 2010 to make reasonable adjustments for those with disabilities to access services, and therefore should make the information on labels, including ABV information, accessible for those with disabilities in alternative formats.

Learning difficulty:

There is no published evidence to suggest that these proposed policies will have a differential impact on people with learning difficulties. This group has not been identified as an at-risk group during engagement with stakeholders from civil society, academia and clinical practice.

Increasing the 'alcohol-free' descriptor from 0.05% ABV to 0.5% ABV

People in recovery from alcohol dependence:

The extent to which 'alcohol free' products and their marketing act as a cue, potentially facilitating the risk of relapse among those in recovery from alcohol dependence would need to be ascertained through primary research. It is plausible that those in recovery from alcohol dependence avoid products at any ABV, and this may be due to cue reactivity, the alcoholic content, or both. If this were the case, increasing the descriptor to 0.5% ABV is unlikely to have any impact. However, there is a possibility that some individuals may mistakenly assume products labelled as 'alcohol free' contain no alcohol whatsoever and consume them. Research by Defra found consumers generally felt 'alcohol-free' should mean devoid of any alcohol⁷. To mitigate this risk, current guidance suggests that all NoLo products state the ABV content on label to ensure consumers are informed that 'alcohol free' products contain limited ethanol, and we are seeking views on making the display of ABV in NoLo products a requirement, whether in voluntary guidance or through reintroducing legislation. Views on how this population group might be suitably protected will be collected through consultation.

⁷ The Department for Environment, Food and Rural Affairs (Defra) (2023). NoLowAlcohol Labelling: Qualitative research with consumers and industry-FO0525 - FO0525. [Science Search \(defra.gov.uk\)](https://science.search.defra.gov.uk)

Sex

Men and women

Promoting NoLo products

Survey evidence suggest that males are currently more likely to consume NoLo alcohol products⁸, therefore the increasing availability of these products could lead to a greater reduction in alcohol consumption among men compared with women. Therefore, should the increase of availability of NoLo alcohol products replace regular strength alcohol products, males are more likely to benefit in terms of reduction in alcohol consumption and associated harms if consumption patterns remain the same. However, this should be balanced against the fact that males are more likely than women to drink at higher risk and dependent levels, and are more likely to experience alcohol-related harm.

In addition, the increasing availability of NoLo products also has the potential to benefit women if they contribute to reductions in overall alcohol consumption. While 'low alcohol' and 'alcohol free' beer is most commonly consumed by men and has seen the largest market share⁹, other products more commonly consumed by both sexes and/or women, such as spirits, ready-to-drink (RTD) products and wine are also increasing¹⁰.

To mitigate this risk, we will seek evidence on what more can be done to support further innovation in NoLo alternatives to alcoholic products more commonly consumed by women, such as wine.

Increasing the 'alcohol-free' descriptor from 0.05% ABV to 0.5% ABV

There is currently no published research that examines potential risks of alcohol harm for products with 0.5% ABV on healthy adults. OHID has estimated the impact of consuming products with varying percentage of ABV, including 0.05% ABV and 0.5% ABV on Blood Alcohol Concentration (BAC) to understand the risk that changing the descriptor may have on intoxication and drink driving. Further detail is available in the evidence review, which will be published alongside the consultation.

⁸ Scott Corfe, et al., Alcohol-free and low-strength drinks – Understanding their role in reducing alcohol-related harms, Social Market Foundation, 2020

⁹ IWSR - Drinks Market Analysis, No- and Low-Alcohol Products Gain Share Within Total Beverage Alcohol, February 2021. Available at: [IWSR- No- and Low-Alcohol Gains Share \(theiwsr.com\)](https://www.theiwsr.com)

¹⁰ IWSR drinks market analysis, No- and Low-Alcohol in Key Global Markets Reaches Almost US\$10 Billion in Value. Available at: [No- and Low-Alcohol in Key Global Markets Reaches Almost US\\$10 Billion in Value - IWSR \(theiwsr.com\)](https://www.theiwsr.com)

Risk of being involved in a fatal or non-fatal crash typically starts to increase from a BAC of above 40mg of alcohol per 100ml of blood¹¹.

Taking the example of an underweight female, where at any given dose the BAC is highest, to reach a BAC of 0.04% where risk on the road increases, a woman would have to consume:

- 47.3 pints of 0.05% ABV beer in one hour, equivalent to 7.8 pints in 10 minutes
- 4.7 pints of 0.5% ABV beer in one hour, equivalent to 0.78 pints in 10 minutes

While the difference between 0.05% ABV and 0.5% ABV is not insignificant, it is unlikely that increasing the 'alcohol free' descriptor from 0.05% ABV to 0.5% ABV will have an impact on drivers choosing to consume these products, given the implausible quantities that would need to be consumed to reach a BAC associated with risk on the road.

Sexual orientation

Heterosexual, homosexual or bisexual

Determining the scope of alcohol consumption and harms among people who are LGBT is difficult as many services do not routinely monitor sexual orientation or gender identity or do so consistently¹². However, according to Health Survey for England data, an estimated 32% of self-reported lesbian, gay, and bisexual (LGB) adults reported drinking at increasing or higher risk levels compared to around a quarter of heterosexuals (24%) from 2011 to 2018¹³. This may point to disparities in how alcohol harms are experienced based on LGB status.

There is no published evidence to suggest that these proposed policies will have a negative impact on people based on their sexual orientation.

We have engaged with a range of stakeholders from civil society, academia and clinical practice in the development of the proposed policies. Stakeholders did not identify that these policy proposals will have a negative impact on people based on their sexual orientation, although we have not explicitly engaged them on this issue.

¹¹ Public Health England. (2016). The public health burden of alcohol and the effectiveness and cost-effectiveness of alcohol control policies: an evidence review.

<https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review>

¹² Government Equalities Office. [LGBT Action Plan 2018: Improving the lives of Lesbian, Gay, Bisexual and Transgender People](#). 2018.

¹³ NHS Digital. [Health Survey England Additional Analyses - Health and health-related behaviours of lesbian, gay and bisexual adults](#). 2021.

Race

Ethnic groups, nationalities, Gypsy, Roma, Travellers, language barriers

In general, white British adults are more likely to drink at harmful or dependent levels compared with adults from all other ethnic groups. Data for England in 2014¹⁴ showed that the largest percentage of men drinking at harmful or dependent levels was observed in the white British ethnic group (5.2%), and the lowest in the Asian ethnic group (1%). 2% of white British women drank at harmful or dependent levels, compared with 1.6% of women from other white backgrounds and 1.4% of black women; no Asian women were identified as drinking at this level. However, interviews with key informants suggest that potentially these surveys are not adequately reaching these populations and could be underreporting these figures¹⁵. Additionally, it is possible that both cultural stigma and shame also contributes to lower reported levels of harmful or dependent alcohol consumption.

While evidence suggests higher rates of abstention among minority communities, there are relatively high rates of higher risk drinking among certain groups, for example harmful alcohol use among Sikh males, refugees and asylum seekers, and that Irish nationals living in England, Wales and Scotland show higher rates of alcohol-related mortality compared to other groups. Data from the Office for National Statistics for England and Wales, showed that between 2017-19, men from Indian, White, and Mixed ethnic groups were more likely to die of alcohol-specific causes than men from other ethnic groups. In the same timeframe, women from Mixed and White ethnic groups were more likely to die of alcohol-specific causes than women from other ethnic groups¹⁶.

There is also a lack of evidence on the level of direct or indirect harm such groups experience from alcohol¹⁷. Other groups that may have significant minority ethnic populations and are also under-researched regarding their experiences of alcohol use and needs include those in prison, young people who are excluded from school, and people who are LGBT.

There are currently no published surveys or studies that examine the consumption of NoLo alcohol products by ethnicity. There is no evidence to suggest that any of the proposed policies will have a negative impact on people based on their ethnicity.

¹⁴ NHS Digital. [Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing](#), England, 2014.

¹⁵ Alcohol Change UK. [Rapid evidence review: Drinking problems and interventions in black and minority ethnic communities](#). 2019. 26 July 2019

¹⁶ Office for National Statistics (2022). Alcohol-specific deaths by ethnic group, England and Wales: 2012 to 2019. [Alcohol-specific deaths by ethnic group, England and Wales: 2012 to 2019 - Office for National Statistics \(ons.gov.uk\)](#)

¹⁷ Institute of Alcohol Studies. [Ethnic minorities and alcohol](#). 2020

We have engaged with a range of stakeholders from civil society, academia and clinical practice in the development of the proposed policies. Stakeholders did not identify that these policy proposals will have a negative impact on people based on their ethnicity, although we have not explicitly engaged them on this issue.

Age

Age ranges, old and young

The proportions of men and women who usually drank more than 14 units in a week varied across age groups, increasing up to the age of 55 to 64 (28% of all adults, 36% and 21% of men and women respectively). The proportions drinking at these levels then declined among both sexes, from the age of 75 and above for men and age 65 and above for women¹⁸.

Promoting low- and no- alcohol products

Those aged 18-34 are more likely to have consumed a NoLo drink than those aged 35-54 and 55 and above. Consumption of NoLo drinks containing Cannabidiol (CBD) is more skewed towards younger adult drinkers¹⁹. If individuals consume NoLo products in place of higher strength drinks, reductions in overall alcohol consumption, and any associated health benefits, may therefore be seen primarily in younger age adults. One observational study has found that the combined introduction of new NoLo alcohol beers during 2017-18 and of reformulation of existing beers to contain less alcohol during 2018 was associated with reduction in grams of alcohol purchased at the household level, with reductions highest for younger adult shoppers and households that normally bought the most alcohol²⁰.

It is illegal to sell alcoholic products with a strength above 0.5% ABV to children and young people. Many retailers already restrict the sale of products at 0.5% ABV and below to under-18s on a voluntary basis. Some stakeholders have raised concerns that availability of NoLo drinks to children and young people may act as a gateway into consumption of alcoholic drinks, and that exposure to NoLo drinks marketing might indirectly promote alcohol consumption. Exposure to brand-specific advertising has been found to increase

¹⁸ NHS Digital. Health Survey for England, 2021 part 1. (2022). [Part 3: Drinking alcohol - NDRS \(digital.nhs.uk\)](#)

¹⁹ Scott Corfe, et al., Alcohol-free and low-strength drinks – Understanding their role in reducing alcohol-related harms, Social Market Foundation, 2020

²⁰ Anderson P et al. (2020). Impact of low and no alcohol beers on purchases of alcohol: interrupted time series analysis of British household shopping data, 2015-2018. British Medical Journal <https://bmjopen.bmj.com/content/10/10/e036371.info>

consumption of the brand that was advertised among adolescents²¹. Children as young as 10 years old have been found to easily identify alcohol company brands, logos and characters²² and children can struggle to tell the difference between a NoLo drink and a standard alcoholic drink²³.

To ensure all age groups benefit from an increase in availability of NoLo alcohol, the consultation will seek recommendations to promote these products as substitution for regular strength products to all age groups 18+. To mitigate any risks, views on how children and young people might be suitably protected will be collected through the consultation, including a question on whether products less than 0.5%ABV should display an age restriction warning. The Department, through the National Institute for Health Research, is funding a research project to monitor and evaluate the impact of the increasing NoLo market on consumer behaviour and public health, including on those under the age of 18.

Increasing the 'alcohol-free' descriptor from 0.05% ABV to 0.5% ABV

Under the Licensing Act 2003, legal restrictions only apply to products above 0.5% ABV. This means it is legal for people under 18 to purchase and consume products up to 0.5% ABV. Increasing the 'alcohol-free' threshold to 0.5% ABV will have no impact on people under 18 having the ability to purchase and consume products at this strength. The higher the ABV in a product, the greater the risk of intoxication. However, a large quantity of 0.5% ABV are necessary to be consumed to become intoxicated, and it is unlikely that these products are consumed with the intention of intoxication.

To mitigate risks, views on how children and young people might be suitably protected from any alcohol alternatives, including those under 0.5% ABV, will be collected through consultation.

We have engaged with stakeholders from civil society, academia and clinical practice in the consideration of how disparities can be reduced through the proposed policy.

²¹ Weitzman, M & Lee, L (2020). Similarities Between Alcohol and Tobacco Advertising Exposure and Adolescent Use of Each of These Substances. *Journal of Studies on Alcohol and Drugs*. [Similarities Between Alcohol and Tobacco Advertising Exposure and Adolescent Use of Each of These Substances: Journal of Studies on Alcohol and Drugs, Supplement: Vol ., No s19 \(jsad.com\)](#)

²² Alcohol Change UK (2012). Making an impression: Recognition of alcohol brands by primary school children. [Making an impression: Recognition of alcohol brands by primary school children | Alcohol Change UK](#)

²³ Institute of Alcohol Studies (2012) Internet Influences on Adolescent Attitudes to Alcohol. [Internet Influences on Adolescent Attitudes to Alcohol \(ias.org.uk\)](#)

Gender reassignment (including transgender)

Transgender and transsexual people

There is no published evidence to suggest that these proposed policies will have a differential impact on people who have undergone gender reassignment or are transgender.

This group has not been identified as an at-risk group during engagement with stakeholders from civil society, academia and clinical practice.

Religion or belief

People with different religions, beliefs or no belief

Some interpretations of religious texts forbid the use or consumption of alcohol. While evidence suggests higher rates of abstention among some religious groups, there are relatively high rates of higher risk drinking among certain groups, for example among Sikh males.

Promoting low- and no- alcohol products

Some interpretations of religious texts forbid the use or consumption of alcohol. It is plausible that individuals practicing such religious teachings will abstain from any alcohol-like products. We are consulting on a proposal that the guidance recommends that NoLo products display ABV% on product labels to support people wishing to completely abstain from any alcohol in their decision-making. There is no published evidence to suggest that any of the proposed policies will have a negative impact on people based on their religions, beliefs or no belief.

Increasing the 'alcohol-free' descriptor from 0.05% ABV to 0.5% ABV

Research by Defra found consumers generally felt 'alcohol-free' should mean devoid of any alcohol²⁴. Therefore, there is a risk that individuals of religions that forbid the use or consumption of alcohol may wrongly believe that these products contain absolutely zero alcohol. To mitigate this risk, current guidance suggests all NoLo alcohol products state the ABV content on label to ensure consumers are informed that 'alcohol free' products contain some ethanol. Views on how this population group might be suitably protected if changes are made to existing guidance will be collected through consultation.

²⁴ The Department for Environment, Food and Rural Affairs (Defra) (2023). NoLowAlcohol Labelling: Qualitative research with consumers and industry-FO0525 - FO0525. [Science Search \(defra.gov.uk\)](https://science.search.defra.gov.uk)

We have engaged with stakeholders from civil society, academia and clinical practice in the consideration of how disparities can be reduced through the proposed policy.

Pregnancy and maternity

Working arrangements, part time working, infant caring responsibilities

The UK CMOs' low risk drinking guidelines advise that for women who are pregnant or think they could become pregnant, the safest approach is not to drink alcohol at all. Drinking in pregnancy can lead to long-term harm to the baby, with the more alcohol consumed the greater the risk. There is a lack of evidence on what is a safe level of alcohol consumption in pregnancy for the fetus, but there is evidence that the more alcohol that is consumed more likely to have a negative impact on the unborn baby²⁵.

Promoting low- and no- alcohol products

Research on the effects on a fetus of low levels of drinking in pregnancy can be difficult to interpret. The UK CMOs' guidelines therefore take a 'precautionary approach' to avoid drinking alcohol in pregnancy. Most NoLo alcohol products do contain some alcohol. Therefore, pregnant people may consume amounts of alcohol that might cause harm when drinking NoLo products.

There is evidence that some producers are already promoting consumption of NoLo alcohol products to population groups that should avoid any alcohol, including pregnant women. The Department's aim is for NoLo alcohol products to be consumed by adult drinkers in place of regular strength products, and not by new population groups that normally do not consume alcohol products.

To mitigate this risk, current guidance suggests that all NoLo alcohol products include the ABV content on label to ensure consumers are informed that they contain some ethanol. Views on how this population group might be suitably protected if changes are made to existing guidance will be collected through the consultation. This will include views and evidence on how NoLo alcohol products can be promoted as substitutions for regular strength drinks. The government has produced [guidance for communicating the UK chief medical officer's low-risk drinking guidelines](#) on labels and industry has committed to include this information on the labels of alcoholic products. We are seeking views and evidence on whether NoLo drinks should display the UK CMOs' low risk drinking guidelines on labels, which include a warning about drinking in pregnancy.

²⁵ UK Chief Medical Officers' Low Risk Drinking Guidelines, Department of Health, 2016

The Department, through the National Institute for Health Research, is funding a research project to monitor and evaluate the impact of the increasing NoLo market on consumer behaviour and public health, including on those that are pregnant.

Increasing the 'alcohol-free' descriptor from 0.05% ABV to 0.5% ABV

There is evidence that many individuals believe the term 'alcohol free' is used when the products contain no alcohol²⁶. A Canadian study, published in 2010, analysed the contents of products claiming to be 'alcohol free' or 'low alcohol' in the Canadian market and found that 13 of the 45 analysed beverages (29%) contained ethanol levels that were higher than what was declared on the label²⁷. For example, products labelled as containing alcohol concentrations of 0.0% ABV had levels of up to 1.8% ABV. Though the clinical relevance of these findings were not reported, these results suggest that women consuming 'alcohol free' beverages might still be exposed to considerable amounts of alcohol, particularly if they consume several drinks in one sitting. The study concluded that "pregnant women seeking replacement to alcoholic beverages may be misled by these labels, unknowingly exposing themselves and their unborn babies to ethanol."

To mitigate this risk, current guidance suggests that all products state the ABV content on label to ensure consumers are informed that 'alcohol free' products contain some ethanol. Views on how this population group might be suitably protected will be collected through consultation.

We have engaged with maternity and Fetal Alcohol Spectrum Disorder stakeholders from civil society, academia, clinical practice and in the consideration of how disparities can be reduced through the proposed policy.

Marriage and civil partnership

Married couples, civil partnerships

There is no published evidence to suggest that any of the proposed policies will have a negative impact on people based on their married or civil partnership status.

We have engaged with a range of stakeholders from civil society, academia and clinical practice in the development of the proposed policies. Stakeholders did not identify that

²⁶ Scott Corfe, et al., Alcohol-free and low-strength drinks – Understanding their role in reducing alcohol-related harms, Social Market Foundation, 2020

²⁷ Goh, Y. I., Verjee, Z., & Koren, G. (2010). Alcohol content in declared non-or low alcoholic beverages: implications to pregnancy. *Journal of Population Therapeutics and Clinical Pharmacology*, 17(1).

these policy proposals will have a negative impact on people based on their marriage and civil partnership status, although we have not explicitly engaged them on this issue.

Engagement and involvement

Engaging stakeholders in gathering evidence or testing the evidence available

We have met with a range of public health stakeholders, industry and other government departments, and the devolved governments to gather evidence for this policy prior to consultation, and we will continue to meet with stakeholders where needed, and after we receive the responses to our consultation.

Industry stakeholders (including on and off-trade retailers, and large and smaller producers) were engaged about:

- existing business activity on NoLo production and shifting purchasing towards NoLo options as alternatives to alcohol, as well as the nature and size of these changes
- additional current or future plans in these areas
- technical or other issues associated with this work
- availability of data for monitoring progress

Public health stakeholders (including experts in public health, alcohol generally, advocacy groups, dependency, pregnancy and maternal alcohol use) were engaged to understand potential impacts of this of this policy on public health and unintended consequences, and how to mitigate risks, including discussions around:

- views on production, labelling, marketing and shifting purchasing towards NoLo options as substitutes for alcohol
- views on increasing the strength threshold at which a product can be described as 'alcohol-free' from 0.05% alcohol by volume (ABV) to 0.5% ABV. Current guidance set out here.
- implications for dependent drinkers, pregnant women, driving, children and ways to mitigate
- impact on disparities
- emerging evidence which could be useful
- ways for monitoring progress in this policy area

Meeting stakeholders has helped us to shape our consultation and this policy area, and helped us to consider ways to mitigate unintended consequences on sub population groups.

Engaging stakeholders in shaping the policy or programme proposals

Please see above.

Summary of analysis

Impact of this work

The government's policy aim is to reduce alcohol consumption and associated harm among those who drink above the UK chief medical officers' guideline to not regularly drinking more than 14 units per week. This aim is underpinned by the following objectives:

Objective 1: to increase substitution of alcoholic drinks with NoLo alcohol alternatives among people who drink above low-risk levels.

Objective 2: to facilitate a shift in the market from sales and promotion of alcoholic drinks towards NoLo alcohol alternatives.

We have identified a potential differential impact of this policy in pregnancy, on dependent drinkers, children and young people and by socioeconomic status, and have considered ways to mitigate this impact including published an evidence review on the potential effect on changing the alcohol free descriptor threshold to 0.5% ABV. We are seeking additional views through this consultation.

Overall impact

Please see above.

Addressing the impact on equalities

We have identified a potential differential impact of this policy to pregnant women, dependent drinkers, children and young people and by socioeconomic status, and have considered ways to mitigate this impact including looking at including the UK CMOs' low risk drinking guidance on products, and ABV labelling, among other considerations. We have also published an evidence review on the potential effect on changing the alcohol free descriptor threshold to 0.5% ABV to pregnant women, dependent drinkers and on driving.

We are seeking additional views in the consultation on this matter.

Monitoring and evaluation

The Department, through the National Institute for Health Research, is funding a research project to monitor and evaluate the impact of the increasing NoLo market on consumer behaviour and public health, including unintentional effects. The research project commenced in Summer 2022. It is expected that policy officials will receive annual reports on the progress and the full research is expected to be published in 2026.